



INSIDE THIS ISSUE:

Federal Issues Preview	2
State Issues Preview	3
2010 Congressional Visits by Practice	4
US Oncology Receives Texas' Inaugural Governor's Business Hall of Fame Award	5
US Oncology Hosts Special Session on Texas' Legislative Environment	5
Good Government Committee 2010 Contributors	7



Under the Dome

Health policy decisions being made right now are bringing unprecedented levels of change within our health care system and the way health care will be delivered moving forward. From the heated policy debates in the corridors of Congress and in local town halls, to the passage of sweeping health care reform legislation, to the appointment of a new Centers for Medicare and Medicaid Services (CMS) administrator, 2010 has proven to be a truly historic year for America's patients and those who provide their care.

Throughout these developments, US Oncology has worked steadfastly within our own organization and our partners in the broader cancer care delivery system to ensure that community oncologists' perspective has been heard on the issues that stand to affect our patients and our profession.

In the states, we have seen enhanced levels of activity this year as well. States are facing ever-growing Medicaid rolls, while at the same time dealing with overburdened budget bottom lines with demand exceeding tax revenues, which are at an all-time low. State legislatures and governors are working to prepare for the implementation of the new health insurance exchanges, grappling with how to staff and execute new reform provisions, and being hit from all sides by health care providers and patient organizations who maintain that they cannot sustain any more funding cuts.

With this year being an election year, even more is at stake. If Republicans regain the majority in the U.S. House, for example, they have noted that they may use individual legislative vehicles or regulatory processes to whittle down certain aspects of the health care reform bill.

No matter which way the elections go, provisions of health care reform will quickly begin to march forward, and it is certain that the United Network of US Oncology is well-positioned to lead as these dramatic policy changes unfold. Being on the front lines of cancer care, our relationships with key members of Congress and the Administration will be essential as we work closely to monitor the implementation of these new policies to ensure care is not negatively impacted, nor the integrity of our profession.

With all this activity and change both nationally and statewide, one thing is certain: We need your active participation in advocacy efforts, now more than ever. This special issue of the Capitol Report aims to provide you with everything you need to know about US Oncology's national policy priorities through the remainder of 2010 and beyond, what's happening in the states, and – most importantly – what role you can play in advocating for progressive cancer care policies, and how to get involved in doing so.

I encourage each of you to get involved with our Good Government Committee (GGC) so that we can support the elected officials who take a stand to protect access to quality cancer care. Further, please check out our new Legislink Action Center, found at www.legislink.com. If you are not familiar with the GGC and our work, please take a moment to learn more and to speak with some of your colleagues who are already active in the GGC. Each individual's participation, outlined on pages 7-8, has been absolutely essential to our political successes thus far.

Although we currently face many unanswered questions in the wake of health care reform's passage and with 2010 elections on the horizon, with a strong commitment from all of you, we will be able to position ourselves for beneficial change and enduring security in this new era of health care delivery for our practices and the patients we serve.



Top Practices By Participation in the GGC

EC and Vice Presidents	88%
Cancer Centers of North Carolina	73%
Alliance Hematology Oncology, P.A.	67%
Regional Cancer Care - Durham	67%
Cancer Care Centers of South Texas	52%

Federal Issues Preview

With the outcomes of the November elections yet to be seen and the resulting balance of the House and Senate up in the air, much remains to be determined for the 2011 Congressional agenda when it comes to health care. In particular, if Republicans take control, we may expect to see the advancement of “repeal and replace” legislation to offer an alternative to the current law; the use of appropriations, the budgeting process or new bills to withhold reform legislation funding or otherwise counter certain provisions; or the use of oversight hearings to target specific components of reform legislation.

That said, in looking ahead to next year, several key issues are emerging at this time as areas of particular focus for US Oncology, the cancer care community and the patients we serve. These include:

ENSURING CONTINUED ACCESS TO QUALITY CANCER CARE IN THE COMMUNITY:

US Oncology will continue to educate lawmakers on the value of integrated cancer care in the community, allowing patients to receive comprehensive chemotherapy and radiation therapy at the same site close to home. Some of these specific benefits include improved quality of care, continuity of treatment, lower costs, greater convenience, access to promising clinical trials, ease of treatment and greater collaboration among physicians.

PROVIDING EFFICIENT DISTRIBUTION OF ESSENTIAL CANCER CARE DRUGS:

We are working to support prompt pay discount (PPD) legislation (H.R. 1392 / S.1221) that would correct the current improper reimbursement calculation for drugs and biologicals under Medicare Part B, thereby ensuring the efficient distribution of cancer drugs to community-based cancer centers and preventing higher costs to Medicare and taxpayers.

SUPPORTING THE CREATION AND USE OF SPECIALTY-SPECIFIC ACOs:

As US Oncology has also strongly encouraged the use of health information technology from its early stages, we are wholeheartedly embracing the use of specialty-specific accountable care organizations (ACOs) in improving coordination, transparency and quality in health care delivery. Our outreach in this area has included educating lawmakers on the successes of our Innovent Oncology platform in creating significant savings while maintaining and improving care quality, and supporting the utilization of key elements of this platform through specialty-specific ACOs to greatly enhance cancer research and standards of care.

As a result of US Oncology and our partners’ outreach in this area, U.S. Representatives Joe Crowley (D-NY) and Mike Rogers (R-MI) are coordinating a Dear Colleague letter to go to CMS Administrator Don Berwick, asking that the agency issue rules allowing physicians of any specialty who are providing significant primary care services to Medicare patients to establish an ACO. As the letter states, “This regulatory flexibility to establish “specialty-specific ACOs” is critical in the case of certain high-cost diseases in which the specialist becomes the primary provider of care upon onset of the disease.”

ENSURING CANCER PATIENTS’ ACCESS TO LIFE-SAVING ORAL CHEMOTHERAPY DRUGS:

US Oncology supports passage of the “Cancer Drug Coverage Parity Act” (H.R. 2366), which would require health insurance plans to provide equal coverage of oral chemotherapy drugs along with IV chemotherapy. Benefits of this equal coverage would include greater convenience for patients, increased comfort in treatment, and ensuring that coverage is on par with where science is taking us in oncology drug development.

ENHANCING MEDICARE COVERAGE FOR CANCER TREATMENT EDUCATION:

We support the “Assuring and Improving Cancer Treatment Education and Cancer Symptom Management Act” (H.R. 1927), which would close existing gaps in cancer treatment education services and encourage physicians to provide full education to cancer patients early in their treatment, when it can matter most.

PROTECTING PATIENTS FROM COUNTERFEIT CANCER MEDICATIONS:

Pending legislation from Representatives Jim Matheson (D-UT) and Steve Buyer (R-IN), which US Oncology hopes to see hit the floor next year, would help ensure patients’ access to safe cancer medications by requiring the consistent, nationwide use of first-rate shipping and distribution technologies – such as the protected drug supply chain we support that uses radio frequency identification technologies and other advanced safeguards – to stop drug counterfeiting and tampering.

State Issues Preview

As it has been nationally, this year has also been busy in state capitols across the country. While many of the key statewide issues carry over from the federal level, there are specific instances of vital importance to the US Oncology Network specifically, and integrated cancer care in general. As previously noted, each state will be grappling next year with a forecasted increase in its Medicaid population and a need to formulate individual state-based insurance exchanges, all while dealing with near universal budget shortfalls. In addition to closely following these ongoing state challenges, we are focused on many additional issues that are critical to community cancer care:

MARYLAND: The General Assembly and the entire health care community are anxiously awaiting an impending ruling from the Court of Appeals regarding the state's self-referral law. Oral arguments were heard in October 2008 in a case that clarifies the definition of "in-office ancillary services." Despite the pending litigation, we have proceeded with a legislative solution that would protect comprehensive cancer care. Our support in this effort has grown year over year and we expect the momentum to carry through 2011.

MINNESOTA: The state continues to operate under a blanket moratorium on the construction of radiation therapy facilities in the Twin Cities metro region that is currently in effect until 2014. This egregious infringement on integrated cancer care will again be at the forefront of the upcoming legislative session, which begins on January 4, 2011.

NEW JERSEY: Earlier this year, legislation was introduced that would establish a two-year moratorium on new outpatient radiation oncology services that would exist outside of a hospital setting. While we do not believe this is targeted at fully comprehensive cancer centers, the impact will be felt. We will continue to advocate for the protection of patient access to integrated cancer care.

PENNSYLVANIA: In February 2009, legislation was introduced that would have reinstated the Certificate of Need program. Through an aggressive lobbying effort this bill was essentially abandoned in favor of a strict self-referral law similar to Maryland's law mentioned above. Again, through another collective lobbying approach, the initiative culminated in a bill that would expand Stark self-referral regulations to all payers in the state.

SOUTH CAROLINA: As with most states, South Carolina is facing a tough budgetary climate. However, unlike most states, South Carolina is considering placing a tax on drugs that are administered in a physician's office. This proposal has been met with much resistance, particularly with the oncology community, as the price of cancer drugs is abnormally high. We have had initial success regarding the exclusion of this provision, but we must remain vigilant to ensure that physician practices in South Carolina are not unduly burdened with this potentially damaging tax.

TEXAS: We expect 2011 to bring a continued attack on integrated cancer care in Austin. Last session we were successful in defeating efforts to establish onerous and at times duplicative disclosure, reporting, accrediting and registration regulations on the use of advance imaging equipment. Despite our success, we anticipate similar efforts this year.

HOT TOPICS ACROSS THE STATES:

- **Coverage of Clinical Trials:** Many states have enacted or are attempting to establish legislative efforts to ensure private payers cover routine care costs associated with clinical trials. This measure was included in the federal health care reform package, but does not take effect until 2014. As of today, 33 states mandate this coverage and two states are currently debating such measures.
- **Access to Oral Chemotherapy:** The expected growth of oral chemotherapy agents within the next few years has caused many cancer advocates to attempt to rectify the current disparity in patient out-of-pocket costs between oral & IV drugs. In addition to legislation on the federal level, nine states have already passed parity bills and 19 states are currently debating similar action.

For more information or to get involved in any of these public policy initiatives, please visit www.legislink.com or contact the Government Relations department.

Top Practices by Contributions to the GGC

\$139,200

Texas Oncology

\$43,180

EC & Vice Presidents

\$19,800

Rocky Mountain Cancer Centers

\$18,500

Cancer Centers of the Carolinas

\$14,950

Virginia Oncology Associates



2010 Congressional Visits by Practice

ARIZONA

Arizona Oncology Associates

Congressman John Shadegg
Congresswoman Gabrielle Giffords Staff
Congressman Raul Grijalva Staff
Congresswoman Ann Kirkpatrick Staff

COLORADO

Rocky Mountain Cancer Centers

Congressman Mike Coffman
Congresswoman Betsy Markey
Congressman Jared Polis
Congressman Doug Lamborn Staff

FLORIDA

Advanced Medical Specialties

State Representative Matt Hudson

Florida Cancer Institute

Congresswoman Ginny Brown-Waite

Southern Florida Hematology

State Representative Matt Hudson

ILLINOIS

Cancer Care & Hematology Specialists of Chicagoland

Congresswoman Janice Schakowsky

MINNESOTA

Minnesota Oncology

Congresswoman Michelle Bachman Staff
State Senator John Doll
State Senator Amy Koch
Fmr. State Senator Brian LeClaire
State Senate Candidate Ted Lillie
State Senator Julianne Ortman
State Senator David Senjem
State Representative Kurt Zellers

NORTH CAROLINA

Cancer Center of North Carolina

Congressman David Price

OHIO

Dayton Oncology & Hematology

Congressman Steve Austria

OREGON

Northwest Cancer Specialists

Congressman Kurt Schrader

PENNSYLVANIA

Venango Oncology Hematology, P.A.

Congressman Glenn Thompson

SOUTH CAROLINA

Cancer Care Centers of the Carolinas

Senator Lindsey Graham
Congressional Candidate Jeff Duncan
Congressional Candidate Trey Gowdy

TEXAS

Cancer Care Centers of South Texas

Congressman Lamar Smith
Congressman Lamar Smith Staff

Texas Oncology

Congressman Michael McCaul Staff
Congressman Pete Olson
Congressman Mac Thornberry

US Oncology Headquarters

State Representative Rob Eissler
State Senator Tommy Williams

VIRGINIA

Fairfax-Northern Virginia Hematology Oncology

Congressman Gerry Connolly
Congressman Jim Moran

Virginia Oncology Associates

Congressman Randy Forbes
Congressman Glenn Nye
Congressman Rob Wittman
State Senator Chris Stolle
State Delegate Brenda Pogge

US Oncology Receives Texas' Inaugural Governor's Business Hall of Fame Award

This February, Texas Governor Rick Perry honored US Oncology at the Texas vs. the Nation All-Star Football Challenge in El Paso, Texas, as an inaugural inductee to the Governor's Business Hall of Fame along with Baker Hughes, Bell Helicopter, and Texas Instruments.

According to the Texas Workforce Commission, Texas is the only top 10 state with more jobs today than three years ago when the American economy started to slow, and in November 2009, Texas had the largest employment increase for the second straight month.

"Texas has a culture that celebrates business success. The companies and the people we honored through the Governor's Inaugural Business Hall of Fame have paved the way for a fertile business environment and a prosperous future in the state of Texas," said Governor Perry.

Dr. Lloyd Everson, Vice Chairman of US Oncology, met privately with Governor Rick Perry to discuss the award and US Oncology's achievements. Fred Ekery, M.D., medical oncologist and hematologist at Texas Oncology – El Paso, an affiliate of US Oncology, represented US Oncology on the field on game day and accepted the award on behalf of the company.



Dr. Lloyd Everson meets with Governor Rick Perry to discuss the Texas Business Hall of Fame.

US Oncology Hosts Special Session on Texas' Legislative Environment



State Senator Tommy Williams with employees at US Oncology Headquarters.

On Monday, October 18, US Oncology hosted Texas State Senator Tommy Williams and State Representative Rob Eissler for a special session on "The State of the Texas Legislature and What it Means to You."

In the event with US Oncology employees, the lawmakers discussed pressing issues including what Texas is doing to protect community cancer care, the biggest challenges facing the state legislature and how health care reform will take shape in Texas.



State Representative Rob Eissler converses with Gaurav Mehta following the event.

What is the Good Government Committee?

The Good Government Committee (GGC) is US Oncology’s official political action committee. Established in 1998, the GGC aims to support the selection, nomination and election of individuals to public office who support community-based cancer care.

How are the funds distributed?

Your investment to the GGC is extremely valuable and how it is spent entails a great amount of thought, analysis and discussion. Essentially, the GGC supports candidates through financial donations to individual candidate’s campaigns. These donations do not influence any vote, but they do allow us the opportunity to support those lawmakers who play a key role in supporting our network’s mission to advance cancer care in America.

What if I do not personally support every candidate to which the GGC contributes?

It is important to remember that Cancer is nonpartisan and as an issue-specific organization, we are as well. In order to be an effective voice for cancer patients, physicians and caregivers, we must support lawmakers (regardless of party affiliation) who can help community cancer care. The GGC aims to amplify the voice of you and your patients no matter the vehicle. If you have a specific concern with a GGC supported candidate, please contact us at goodgovernmentcommittee@usonology.com.

Do I have the opportunity to recommend how the GGC allocates support?

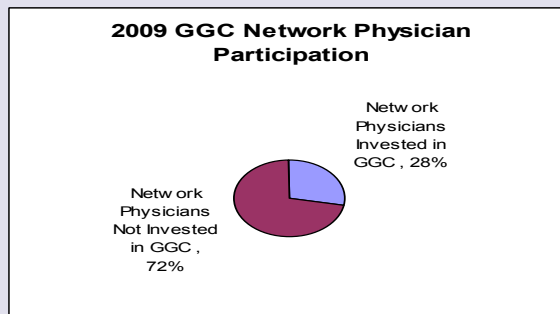
Yes, we are always looking for input from our members and will take suggestions into consideration. If you have any thoughts or suggestions, please let us know.

What are some of the successes of the GGC?

The GGC has recently grown in size and scope becoming one of the leading healthcare advocacy organizations in Washington, DC (see chart to the right). The GGC has hosted dozens of events for policy makers and contributed to hundreds of successful campaigns of individuals who have ensured that cancer care was not as adversely impacted as other specialties during this tight budget crunch. For more information on the activities and successes of the GGC, please log on to our advocacy website, www.LegisLink.com.

Who is eligible to contribute?

US Oncology network physicians as well as most all caregivers and employees may contribute to the GGC. However, currently less than 1/3 of network physicians participate in this critical area.



Can I contribute online?

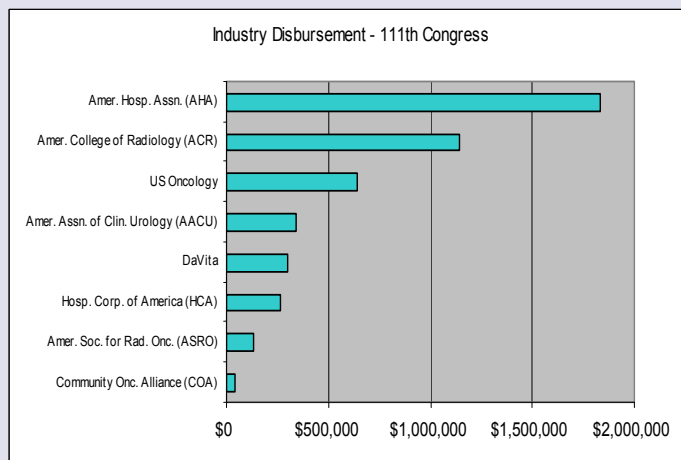
Yes, contributions can be made by payroll deduction or credit card directly on our new website – www.goodgovernmentcommittee.com or by mailing a personal check. You can also use the contribution form on the reverse of this page. We highly recommend the use of payroll deductions - this simple method provides the GGC with a constant stream of resources while allowing you to fulfill your pledge gradually.

Is my donation tax deductible?

Support for the GGC is entirely voluntary and, unfortunately, donations are not tax deductible.

How much can I contribute?

Each individual and their family members are able to contribute up to \$5,000 per year to the GGC. However, any amount would be greatly appreciated and will help us reach our 2010 goal of \$550,000!



Good Government Committee 2010 Contributors

\$5,000

Bruce Broussard
Leslie Busby, M.D.
Mark Engleman, M.D.
Sukumar Ethirajan, M.D.
Lloyd Everson, M.D.
Jeffrey Giguere, M.D.
Manish Gupta, M.D.
Frankie Holmes, M.D., F.A.C.P.
Glen Laschober
James Sanchez, M.D.
Nini Wu, M.D.

Carolyn Matthews, M.D.
Robert Mennel, M.D.
Jeffrey Morton, M.D.
Eric Nadler, M.D.
Carl Nuesch, M.D.
Kevin Olson, M.D.
Joyce O'Shaughnessy, M.D.
Michael Park, M.D.
Gregory Patton, M.D.
Steve Paulson, M.D.
Tammy Roque, M.D.
Frank Saputo
Mark Saunders, M.D.

Roy Beveridge, M.D.
Arvind Bhandari, M.D.
Grant Bogle
James Bordelon, M.D.
David Bronsweig
Robert Brooks, M.D.
Glenn Buchanan, M.D.
Elizabeth Campbell, M.D.
Thomas Cartwright, M.D.
Lenny Castiglione
John Caton, Jr., M.D.
Byron Chesbro, M.D.
Ernest Cochran, M.D.
Barry Cooper, M.D.

Yousuf Gaffar, M.D.
Lawrence Garbo, M.D.
Julie Gemmell, M.D.
Jerome Goldschmidt, M.D.
Andrew Greenspan, M.D.
Gregory Guzley, M.D., F.A.C.P.
James Hathorn, M.D.
Ralph Heaven, Jr., M.D.
John Hennessy
Bill Herman
Stuart Hinton, M.D.
John Hoverman, M.D.
Sharad Jain, M.D.

\$2,500 - \$4,999

Thomas Anderson, M.D.
Jerry Barker, Jr., M.D.
Matt Brow
Scott Cheek, M.D.
Kathy Christman, M.D.
James Corwin, M.D.
Linda Couch, M.D.
Paul DeCarolis, M.D.
Claude Denham, M.D.
Dale Duncan, M.D.
William Edenfield, M.D.
Carlos Encarnacion, M.D.,
F.A.C.P.
William Esler, M.D.
Larry Frase, M.D.
Timothy George, M.D.
Jeffrey Greenberg, M.D.
Kenneth Hancock, M.D.
Mary Hebert, M.D.
Thomas Hutson, D.O.
Colin Koon, M.D.
Scott Kruger, M.D.
Michael Manning, M.D.
Joseph Martinez-O'Hara, M.D.
John Mattern, Jr., D.O.

Michael Savin, M.D.
Mark Sitarik, M.D.
Michael Spivey, M.D.
Christopher Stokoe, M.D.
Claude Stringer, M.D.
Bernard Taylor, M.D.
David Walker, M.D.
Michael Zurenko, M.D.

\$1,000 - \$2,499

Neeraj Agrawal, M.D.
Edward Agura, M.D.
Ivan Aksentijevich, M.D.
Thomas Alberico, M.D.
Burton Alexander, III, M.D.
Heather Allen, M.D.
Jay Andersen, M.D.
Roger Anderson, Ph.D.
Daniel Atienza, M.D.
Larry Barker, M.D.
Rebecca Barrington, M.D.,
F.A.C.P.
Dolores Basden, M.D.
Scott Bearman, M.D.
Carlos Becerra, M.D.
Robert Berryman, M.D.

Jay Courtright, M.D.
Sreedevi Daggubati, M.D.
Khoi Dao, M.D.
Ajay Dar, M.D.
Mark Davidner, M.D.
John Davis, M.D.
Rolando De Cardenas
Greg DeAtkine
Margaret Deutsch, M.D.
Nicolaas Dewette, M.D.
Nicholas DiBella, M.D.
Yuhoe-Gia Dice, M.D.
Chuck Dowling
Charles Eisenbeis, M.D.
Maha Elkordy, M.D.
James Ellis, M.D.
Susan Escudier, M.D.
Daniel Farray, M.D.
Anne Favret, M.D.
John Feigert, M.D.
William Fintel, M.D.
Thomas Fisher, M.D.
Maria Flores, M.D.
David Friedman, M.D., Ph.D.
David Fryefield, M.D.

Paul Jardina
Ben Jones
Bryan Jones
Vivek Kavadi, M.D.
John Kessler, M.D.
Pankaj Khandelwal, M.D.
Edwin Kingsley, M.D.
Robert Kirby, M.D.
Chris Knight, M.D.
Peter Kovach, M.D.
Alan Kritz, M.D.
Flavio Kruter, M.D.
Alisan Kula, M.D.
Lucy Langer, M.D.
Jae Lee, M.D.
Michael Lee, M.D.
Seah Lim, M.D., Ph.D.
Matthew Logsdon, M.D.
Regan Look, M.D.
Arsenio Lopez, M.D.
Roger Lyons, M.D. F.A.C.P.
Michael Maris, M.D.
Robert Marsh, M.D.
Jeffrey Matous, M.D.
Robert Meister, M.D.
Mark Messing, M.D.

Good Government Committee 2010 Contributors

Paul Michael, M.D.
 Timothy Murphy, M.D.
 Mark Myron, M.D.
 Marcus Neubauer, M.D.
 Rupesh Parikh, M.D.
 Brian Parker
 Dipti Patel-Donnelly, M.D.
 Sumalatha Patibandla, M.D.
 Matt Pine
 Luis Pineiro, M.D.
 Robert Pluenneke, M.D.
 Sashidhar Reddy, M.D.
 Mark Redrow, M.D.
 Robert Reid, M.D.
 John Reilly, M.D.
 Dianne Richardson
 Nicholas Robert, M.D.
 Roger Rodgers, M.D.
 Patricia Rodriguez, M.D.
 Virgil Rose, M.D.
 Carlos Rubin De Celis, M.D.
 Howard Saiontz, M.D.
 Shaker Saman, M.D.
 John Sandbach, M.D.
 Manuel Santiago, M.D.
 Granger Scruggs, M.D.
 Scot Sedlacek, M.D.
 Maureen Sheehan, M.D.
 Kathleen Shide, M.D.
 Anand Shivnani, M.D.
 Ather Siddiqi, M.D.
 Ernie Sims
 Paramjeet Singh, M.D.
 Christopher SIRRIDGE, M.D.
 Matthew Skelton, M.D.
 Charles Smith
 Harry Smith, M.D.
 John Smith, Jr., M.D.
 Edward Soo, M.D.

Stephen Sorgen, M.D.
 Scott Stone, M.D.
 Brent Sullivan
 Valiant Tan, M.D.
 Daniel Tell, D.O.
 Lewis Terry, Jr. M.D.
 Mark Thompson, M.D.
 Timothy Toonen, M.D.
 Jean Van Soelen
 Joe Vegso
 Jay Walls, M.D.
 Katherine Wang, M.D.
 Frank Ward, M.D., F.A.C.P.
 Ralph Weinstein, M.D.
 Merideth Wendland, M.D.
 Geoff Werth
 Jeff West
 Jeannette Wilcox, M.D.
 Lalan Wilfong, M.D.
 Michael Willen, M.D.
 Tim Wright
 Mark Yoffe, M.D.
 David Young
 Alexander Zweibach, M.D.,
 Ph.D.

\$500 - \$999

Nik Abdul Rashid, M.D.
 Linda Anderson
 Andrew Antell, M.D.
 Vikas Aurora, M.D.
 Jerry Barker, Sr., M.D.
 Pamela Bernick, M.D.
 Errin Bullard
 Edward Chang, M.D.
 Cynthia Chavez
 Andrew Cohen, M.D.
 Nathan Cook
 Henry Cromartie, M.D.

Mark DeLeon, M.D.
 Dana Dilbeck
 Todd Doyle, M.D.
 Scott Dulitz
 Stephanie Dutton
 Chet Dye
 Sheri Dyke
 Jayson Ecuyer
 Edward George, M.D.
 Wilfred Geschke, M.D.
 Arve Gillette, M.D.
 Lorry Harju
 Victor Horadam, M.D.
 Daniel Katcher, M.D.
 Ronald Kline, M.D.
 Deborah Konrade
 Kevin Krenzke
 Joseph Litam, M.D.
 Maureen McGrath
 Patrick Moran, M.D.
 Rebecca Orwoll, M.D.
 John Paschold, M.D.
 Robert Patman
 James Petrikas, D.O.
 Linda Pottinger
 John Rogers, M.D.
 Hamidreza Sanatinia, M.D.
 Courtney Sheinbrein, M.D.
 Sean Sipko
 Karen Tedesco, M.D.
 John Thachil, M.D.
 Brian Ulrich, M.D.
 Tony Van Ho, M.D.
 Thomas Whittaker, M.D.
 Barry Wilcox, M.D.
 Kevin Wilson
 Ann Wolford
 Scott Zeilinger

\$1 - \$499

Christopher Achten
 Lakshmi Balasubramanian, M.D.
 Sridhar Beeram, M.D.
 Gregory Cain
 William Daniel, M.D.
 Neelima Denduluri, M.D.
 John Ferraro, M.D.
 Janet Gargiulo, M.D.
 Debra Gregory
 Paul Griffith
 John Helfrich
 Amy Irwin, M.D.
 Lori Jensen, M.D.
 Michael Johnson, M.D.
 Daniel Keleti, M.D.
 Tom Kelley
 Steven Ketchel, M.D.
 Darrin Kistler
 Carl Lenarsky, M.D.
 Michael Marino
 Elaine McDonald
 Raymond McNeal
 Billy O'Barr
 David Powell, M.D.
 Elise Powers
 Rawlins Rountree
 David Salinger, M.D.
 Lisa Serig
 Mark Short
 Guru Sonpavde, M.D.
 Mindy Swayne
 Tom Tisone
 Sharon Wilks, M.D., F.A.C.P.
 Penny Wilson
 Ed Wu

2010 CONTRIBUTION FORM

I agree to contribute to the US Oncology Good Government Committee (the "Committee") to support candidates and lawmakers who support community cancer care. My contribution is entirely voluntary, and I acknowledge that my right to refuse to contribute is without reprisal. I understand that contributions to the Committee are not deductible for federal income tax purposes.

Calendar Year 2010 Contribution Level (select one)

\$5,000/yr \$2,500/yr \$1,000/yr \$500/yr Other \$ _____

You have three options for submitting your contribution:

OPTION 1: Payroll Deduction (Minimum calendar year payroll contribution is \$250.)

NOTE: Signature of this pledge form authorizes the specified payroll deduction to continue until notification of discontinuation is sent to the US Oncology Good Government Committee.

Payroll or Employee ID: _____ Company Code: _____ Paygroup: _____

OPTION 2: Personal Check

OPTION 3: Credit Card

Complete the following section and mail or fax the form to the address listed below OR to donate quickly online, visit www.goodgovernmentcommittee.com (simply enter your employee ID number and USON e-mail address to get started).

Name: _____

Home Address: _____

City, State, Zip: _____

Occupation & Employer: _____

Signature: _____ Date: _____

(If contributing via credit card):

Contribution Amount: \$ _____

Payment Type: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number: _____

Expiration Date: _____ Name On Card: _____

Billing Address (if different from address listed above): _____

MAIL THIS CONTRIBUTION FORM WITH CHECK OR FAX PAYROLL DEDUCTION/CREDIT CARD AUTHORIZATION FORM TO:

US Oncology Good Government Committee
c/o Georgeann Durant, 10101 Woodloch Forest, The Woodlands, TX 77380
FAX: 832-601-8116

Federal law requires political committees to use their best efforts to obtain and report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. The maximum allowable contribution under federal law is \$5,000 per individual family member per year. Political contributions are not deductible for federal tax purposes. Corporate contributions are prohibited. Contributions from foreign nationals are not permitted.