

CHARLES MOERTEL

A CHAMPION OF CLINICAL RESEARCH IN THE COMMUNITY

Few things matter more to Charles Moertel than total commitment to cancer patient care. He is the oncologists' oncologist...a man dedicated to his chosen profession...a champion of clinical research in the community.

In honor of his spirit and his commitment to the community, the ACCC Board of Trustees recently conferred the Association's first award for Outstanding Achievement in Clinical Research to Dr. Moertel.

Moertel seems a bit embarrassed when you tell him that his peers say "Dr. Moertel is the conscience of community clinical research." But, he acknowledges the compliment, and says he hopes to live up to that standard.

Does Moertel have critics? "Oh, yes. The primary criticism is that I am too rigid in my insistence of appropriate scientific methodology. I have been known to throw cold water on perceived breakthroughs," replies Moertel.

Moertel espouses that only the rational development of cancer research treatment hypotheses with sound clinical investigation can prove effective outcome. He is emphatic on this point. "Weekly, the clinical treatment market is saturated with questionably effective claims. It builds false hopes. To accept claims as truths without having appropriate scientific data and method is wrong. Foundations of sand will never stand up."

Charles Moertel's contribution to community cancer care began with the passing of the National Cancer Act in 1971. As director of the newly designated Comprehensive Cancer Center at Mayo Clinic in Rochester, Minnesota, Moertel helped form the North Central Cancer Treatment Group (NCCTG). Ever since, he has been advocating the need for active participation of the nation's community oncologists in clinical research.

"I have said this so many times, but I believe it is worth repeating: 'Routine cancer treatment is bad treatment,'" echoes Moertel. "Every patient should be allowed the hope of entry into a clinical research program, because I feel that is the only hope for most of the more common malignant diseases. I refuse to treat such patients with standard therapy. It does not offer any hope to these cancer patients today."

With that philosophy in mind, Moertel set out to preach his dictum to the nation's community oncologist, particularly to those oncologists who are members of the NCCTG. NCCTG serves the area directly west of the Mississippi to the Rocky Mountains.

It is obvious that NCCTG is Moertel's pride and joy. NCCTG has been regarded by National Cancer Institute's Director, Dr. Vincent T. DeVita, as an example of the kind of quality that he expects all groups to display.

Of course, the road has not always been smooth. "Initially, there was a fear at Mayo that we would lose our patient load base. But, I never believed that would be true. I saw it as a way to gain, to open the lines of communications with the community," explains Moertel.

Indeed, Moertel's perception proved true. Oncology at the Mayo Clinic is undergoing the largest increase in patient population compared to its other divisions. According to Moertel, the reason for this success is because referrals work both ways. "NCCTG clearly demonstrates that Mayo and the community are not in competition. When the community oncologist's patient needs more sophisticated treatment than he can offer, he will refer his patient to us. He does not fear that he is losing control of his practice, merely enhancing it."

Despite this success, Moertel is concerned for the future of clinical research in the community. He sees a large, untapped reservoir of clinical research material. He believes the National Cancer Institute's (NCI) Division of Cancer Treatment will continually ask for major increases in patient accruals to their high priority protocols. He fears that NCI might look to other sources, like HMOs, if the community does not meet its expectations. "The CCOP log books show that 90% of patients are eligible to be entered on protocol, but they aren't. My hope is that medical oncologists will reprioritize the use of their time so that they can devote more time to patient clinical research programs."

The community oncologist can participate by being more vocal in the design and conduct of clinical research protocols. "The community oncologist knows what will work in his community," continues Moertel. "He knows what protocol may be too expensive...what the third parties will reimburse...what may be too demanding on a patient. An infusion of that knowledge in the development of protocols helps us all."

What advice can Moertel give the oncologist just starting out? "Take a little more time in training programs to learn the fundamentals of good clinical research so that you can have more fun participating in clinical research."

This spirit of Dr. Moertel clearly exemplifies why ACCC chose him to be the first recipient of its clinical research award. What follows is Dr. Moertel's acceptance speech. ■