

NOMINATIONS FOR ACCC OFFICERS AND TRUSTEES

The ACCC Nominating Committee is soliciting nominations for the following 1989-90 board positions:

- President-Elect
- Secretary
- Four Trustee Seats

The term of President-Elect is one year. The Secretary and Trustee positions are two-year terms. While nominees are not required to be the voting representative from their institution, they must represent an ACCC Delegate Institution.

Letters of nomination should be sent to the ACCC Executive Office, citing the nominees' names and their respective Delegate Institution, along with a copy of their curriculum vitae. **Nominations must be received no later than December 1, 1988.**

Further information about the nomination process may be obtained from Lee E. Mortenson, Executive Director, ACCC Executive Office at 301/984-9496.

proposed rules and formulate new basic quality assurance regulations with the help of concerned associations, Simeon T. Cantril, M.D., chairman of the radiation department at Children's Hospital of San Francisco, and a member of the ACCC board, will act as the ACCC's technical advisor to the NRC during the revision process.

WEICKER CRITICIZES NEGLECT OF HEALTH ISSUES IN CAMPAIGNS

Health is not an issue in this year's presidential race and, if "its not a topic now, it won't become one during the next four years," warned Sen. Lowell P. Weicker, Jr. (R-CT), at a recent meeting of the National Coalition for Cancer Research (NCCR). Weicker, ranking minority member of the Appropriations Subcommittee that funds NIH research

programs and a senior member of the Senate Labor and Human Resources Committee, told participants of NCCR's annual Capitol Hill Day that it is up to cancer providers and others who are knowledgeable and concerned about the disease to "elect those who believe science and health are important to the future of this nation and to defeat those who don't."

The presidential and congressional elections make the present the "ideal time to focus on health issues," Weicker said. Those issues need to be raised now if "you want people who are receptive to your needs elected."

Weicker also contended that senior congressmen, rather than cancer care providers and researchers are "carrying the ball on the basis of our seniority," in bringing health care issues to the attention of Congress. We would like to be "part of a majority," he said, but that will require the raising of the "consciousness of the nation with regard to health care"—a challenge that Weicker does not believe the cancer care community is adequately addressing. ■

COPING WITH BREAST CANCER

This practical guide to coping with the emotional impact of breast cancer was written by a psychologist whose breast cancer was successfully treated. "Invisible Scars: A Guide to Coping With the Emotional Impact of Breast Cancer," by Mimi Greenberg, Ph.D., addresses such concerns as the patient-physician relationship, adjusting to the diagnosis and psychologically preparing for treatment, and weighing the emotional pros and cons of available surgical treatment options.

The book is available through the publishing firm of Walker and Company, 720 Fifth Ave., New York, NY 10019 at a cost of \$17.95. For more information about the book, call Mallory Tarcher of Dougherty and Associates: 213/273-8177.

LETTERS TO THE EDITOR...

Exerting marketing pressures on insurers

I read with great interest in the Spring 1988 issue of the *Journal of Cancer Program Management* Lee Mortenson's thoughts concerned the rating of insurance companies according to their cancer therapy reimbursement policies.

I think this is a wonderful idea. I have always believed that marketing pressures would be the most effective mechanism for persuading insurance companies to act in their own interest by supporting cancer research.—*F. J. McKay, executive vice-president, Fox Chase Cancer Center, Philadelphia.*

Taking a lead in reimbursement reform

I found the Winter 1988 issue of the *Journal* extremely interesting. It contained a great deal of food for thought. As a medical oncologist, I have long felt the need for a mechanism to recognize standard practice in the use of oncologics. This recognition should obviously be based on clear cut guidelines. For example, support for an indication might rest upon an article in a peer reviewed journal in which a certain minimum number of patients have been treated. A certifying group should be fairly liberal in rules and regulations for certifications, which should be designed to encourage patients to take advantage of clinical trials. In other words, the group may, in fact, promulgate the notion that if there is a clinical trial available, the drugs should not be certified when given off protocol.

In any event, as a member of the ACCC, I would certainly like to see our organization take the lead in this sort of effort. This is something that might be done jointly with the ASCO, and I am sure meetings, publication costs, etc. could be borne by drug company contributions. All of this would definitely put pressure on third parties to recognize the realities of oncologic practice and, if done properly, could also limit practice that is not standard.—*Donald J. Higby, M.D., chief of hematology/oncology, Baystate Medical Center, Springfield, MA.* ■