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ACCC DEVELOPS UNIFORM HEALTH INSURANCE LANGUAGE

The Association has developed uniform health insurance language that it plans to distribute, in pamphlet form, to members, the public, advocacy groups, and other concerned parties. It is the ACCC's hope that the public will press employers and insurance companies to adopt this language, which ensures adequate reimbursement for state-of-the-art cancer treatment. The language is as follows:

Most health insurance policies indicate that reimbursement will be provided only for "medically necessary" services. In the policy, this term will usually be defined, and the definition will typically exclude "experimental/investigational" care. The type of care given to many cancer patients is defined by health insurance carriers as "experimental/investigational." The following language could be added to the health insurance policy to modify the definition of "experimental/investigational" care.

Experimental/investigational care does NOT include:

1) The administration of, and clinical care associated with, drugs prescribed for unlabeled indications (i.e., indications which are not specifically included in the drug label approved by the Food and Drug Administration [FDA]) as long as usage of the drug for those indications is recognized by one or more of the following sources:

- Initially, consideration should be given to using the three compendia that serve as reference sources for the use of unlabeled drugs. The compendia are national in scope in that they represent three independent, national efforts to pull together current information on drug use. These authoritative medical compendia are: the American Medical Association's *Drug Evaluations (AMA-DE)*; the U.S. Pharmacopoeia *Drug Information (US PDI) Guide*; and the *American Hospital Formulary Service Drug Information (AHFS-DI)*.
- Consideration should be given to reviewing the peer reviewed literature to determine if there is sufficient data to support one or more unlabeled uses as generally safe and effective therapy.

"ACCC has developed language that ensures adequate reimbursement for state-of-the-art cancer treatment"

2) The administration of drugs designated by the National Cancer Institute (NCI) as Group "C" drugs and the clinical care associated with the administration of such drugs.

3) The administration of drugs approved by the FDA, including drugs that have received the FDA designation of "Compassionate IND" or "Treatment IND," and the clinical care associated with the administration of such drugs.

4) Patient care (e.g., diagnostic testing, hospital stay, etc.) associated with the administration of experimental/investigational therapy in conjunction with a protocol approved by either the Food and Drug Administration (e.g., an approved IND application) or by any of the organizational components of the National Institutes of Health (e.g., the National Cancer Institute [NCI], the National Institute of Allergy and Infectious Disease [NIAID] and other Institutes) in furtherance of their biomedical research.

NEW ACCC DELEGATE MEMBERS APPROVED BY BOARD

The ACCC board approved the following 13 institutions for delegate membership at the the 16th Annual Meeting. Total ACCC delegate institutions now number 405.

Alachua General Hospital
Gainesville, FL

Baton Rouge General Medical Center
Baton Rouge, LA

Cancer Institute of Brooklyn
Brooklyn, NY

Georgia Baptist Medical Center
Atlanta, GA

Hematology Oncology Associates
Dewitt, NY

Memorial Hospital at Gulfport
Gulfport, MS

Memorial Hospital of Martinsville
Martinsville, VA

New York University Medical Center
New York, NY

Rockdale Hospital
Conyers, GA

Southwest Texas Methodist Hospital
San Antonio, TX

St. Vincent Hospital and Medical Center
Portland, OR

Suburban Hospital
Bethesda, MD

United Hospitals
St. Paul, MN

NATIONAL MINORITY CANCER AWARENESS WEEK

The National Cancer Institute (NCI) prepared an information kit on early detection of cancer, targeted to minorities, for its 1990 National Minority Cancer Awareness Week, April 15 through April 21.

The kit was designed to raise awareness among minorities of their increased risk of contracting cancer; the need to participate in early detection and screening programs, particularly mammography and rectal examinations; and the risk factors associated with cancer.

NCI distributed the kits to cancer programs, hospitals, physicians, and other health care providers. Providers were urged to seek media exposure and to plan and implement appropriate events during this year's National Minority Cancer Awareness Week.

ACCC APPROVES 18 COLLABORATIVE RESEARCH GROUP PARTICIPANTS

The Steering Committee of the ACCC Collaborative Research Group has approved the applications of 18 ACCC delegate institutions for participation in the ACCC Collaborative Research Group (CRG). (See box at right). More than 130 additional applications are in the midst of the review process.

The Steering Committee has also approved participation in two clinical protocols sponsored by Adria Laboratories. Approved participating institutions will be receive RFPs for these two protocols. Robert Enck, M.D., former ACCC President and now Medical Director for Adria Laboratories, presented an overview of the protocols at the Annual Meeting. In brief, the protocols are as follows:

- ADR-529 as a cardioprotective agent in a phase III randomized trial of FAC vs. FAC + ADR-529 in the treatment of disseminated carcinoma of the breast.
- Phase III efficacy and safety trial of toremifene vs. tamoxifen in postmenopausal patients with metastatic breast cancer.

ACCC Executive Director, Lee Mortensen, said that the Collaborative Research Group will provide many benefits to approved members, including the strengthening of individual indemnification clauses, consistent reimbursement for patients on trial, and the possibility for members that have no proven track record in clinical research to attain provisional status to allow for their participation in approved protocols.

PROSTATE CANCER AWARENESS WEEK

The Prostate Cancer Education Council is gearing up for its second annual Prostate Cancer Awareness Week, a national public education and screening effort scheduled for the week of September 16-23, 1990.

The Council hopes to screen 25,000 men nationwide at more than 200 sites in 1990. Last year, nearly 15,000 men received free examinations at 81 locations in 30 states and Washington, D.C. ACCC

ACCC COLLABORATIVE GROUP PARTICIPANTS

- Centre Community Hospital, State College, PA
- Community Hospitals of Indianapolis (IN)
- Decatur (IL) Memorial Hospital
- Frederick (MD) Memorial Hospital
- Good Samaritan Regional Medical Center, Phoenix, AZ
- Grand Rapids (MI) Clinical Oncology Program
- Grand View Hospital, Sellersville, PA
- Kalamazoo (MI) Community Hospital Oncology Program
- Medical Center Hospital, Tyler, TX
- Mercy Hospital Cancer Center, Scranton, PA
- Mercy Medical Center, Cedar Rapids, IA
- Mobile (AL) Infirmiry Medical Center, The Cancer Institute of the South
- The Reading Hospital & Medical Center, Beaver, PA
- Schumpert Medical Center, Baton Rouge, LA
- South Community Hospital/Central Oklahoma Cancer Center, Oklahoma City, OK
- St. Luke's Hospital MeritCare/Roger Maris Cancer Center, Fargo, ND
- Virginia Mason Medical Center, Seattle, WA
- Winthrop-University Hospital, Mineola, NY

participation was invaluable, and delegate institutions have been asked, once again, to help fight the most common cancer among men.

ACCC involvement in the program is vital to the success of the 1990 campaign. As you know, the community goodwill and visibility generated by your screening efforts can also be valuable to your institution. Information on how to get involved has been mailed to all delegate members with a May 30 deadline date. ■

From The Editor

(Continued from page 3)

Third, leaders tend to get to the point a lot quicker. After you've been a consultant to two or three dozen programs where everyone listened politely and then didn't do anything, you tend to be more direct and honest; you tell people what needs to be done, what the costs are, and whether there is any chance that they are going to be able to do it right. Of course, this is a lot easier to say if you are from somewhere else (see point number two)!

Fourth, leaders tend to have vision. This isn't so surprising if they have seen a lot of programs succeed and fail.

Fifth, leaders go for the right decision, rather than the easy one. They are willing to compromise or alter their position if new data emerges. They do not tie their ego to a particular position; they look to maximize the outcome by pressing for the "best" solution and then, if necessary, working for the next best accommodation. They tend not to become defensive if you challenge their position. They also tend to give others credit; usually their ego is big enough to allow others to succeed and get the glory.

Where do we find these individuals? That is a critical problem in cancer care. The first generation of cancer leaders has, with a few notable exceptions, passed out of the picture. This is true at the university level and in community cancer programs. These were the individuals who had an opportunity to build programs when money was plentiful and health care was on the high road (although many of them did not know it at the time). Now, as our situation becomes increasingly complex, and as tougher decisions need to be made, tough-minded leaders are required; individuals that still hunger to build quality programs, regardless of the costs of the battle, and who see how that can be accomplished.

Many of the individuals involved in ACCC are the type who have started down the leadership path within their own communities. Our task is to help them continue down the road so that, despite the forces against success, a number of truly great cancer programs, accessible to patients throughout the nation, emerge and survive.



Lee E. Mortenson, M.S., M.P.A.
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ACCC Executive Director