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ACCC Joins Research!America

The ACCC Board recently approved the Association's membership in Research!America, an alliance of organizations and individuals dedicated to making medical research a national priority. Research!America was founded in 1989 by a consortium of "concerned research institutions, pharmaceutical and biotechnology companies, legislators, lobbyists, and private philanthropists with an interest in health research," says President Mary Woolley.

"We came together to deal with the reality that the American public knows very little about medical research and hasn't spoken as a constituent force in support of medical research," she explains. "Congressmen typically don't hear from their constituencies about the importance of medical research. Research!America was founded to inform and persuade the American public that the status quo in medical research is not enough and it is not meeting the needs of the American public."

Research!America does not focus on particular segments of medical research, but "the entire spectrum" of health research, Woolley says, from basic research to clinical research, as well as research by ancillary health professions. The organization is pursuing a broad-based advocacy effort to build public support for medical research, and to influence Congress to increase funding for more research into the cure, treatment, and prevention of physical and mental disorders.

To that end, it is concentrating on "public, media-based advertising campaigns to inform the public and to encourage members of the public to take action by becoming advocates for medical research," Woolley explains. (See the advertisement on the second cover.) Another primary thrust is to "involve more members of the research and medical communities in political advocacy." In specific, Research!America stresses the need for scientists and physicians "to reach out to the community, to serve as a spokesperson, and to encourage friends, neighbors, and patients, to learn more about medical research," Woolley says.

Members of Research!America's Board of Directors include C. Everett Koop, M.D., the former Surgeon General; Thomas "Tip" O'Neill, former Speaker of the House; former Senator Lowell Weicker, Jr.; Mary Woodard Lasker, the Albert and Mary Lasker Foundation; and Edwin C. Whitehead, founder of the Whitehead Institute.

UAB To Serve As CRG Research Base

The University of Alabama (UAB) Comprehensive Cancer Center, Birmingham, has agreed to serve as the research base for the ACCC Collaborative Research Group. UAB staff will be available to review potential protocols and to make suggestions on protocol design, sample size, stratification, and other aspects of clinical trial development. It is expected that in some cases, pharmaceutical or biotechnology companies will provide data analysis; in others, UAB will serve as the statistical center—randomizing patients, generating the data collection forms, and performing interim and final analyses.

Lloyd K. Everson, M.D., ACCC President and Chairman of the CRG, expects the new arrangement with UAB to "dramatically increase the participation of pharmaceutical and biotechnology companies in the CRG."

The CRG currently has 45 active institutional members and the following three institutions were recently approved: Hackensack (NJ) Medical Center, North Shore University Hospital, Manhasset, NY, and Overlook Hospital, Summit, NJ.

ACCC Schedules 20 Regional Meetings in 1982

ACCC will be holding 20 regional reimbursement meetings in 1992. These meetings will be held in cities throughout the country. Tentatively scheduled meetings sites include Washington, DC (January); Northern California, Southern California, and Hawaii (February); Colorado, Florida, Georgia, Michigan, Ohio, Pennsylvania, and Texas (to be

determined). To date, ACCC has sponsored 10 meetings focusing on local reimbursement difficulties. The meetings feature joint sessions for oncologists and practice managers, as well as breakout sessions for the two groups.

First Issue of Drug Bulletin Published

The ACCC distributed the first issue of the *Compendia-Based Drug Bulletin* in mid-November to all Association Members, as well as oncologists and office practice managers throughout the country. The *Bulletin* will be updated on a quarterly basis, providing new antineoplastic agents, biologic response modifiers, and other classes of cancer agents recently recognized by one of the three authoritative drug compendia (*The United States Pharmacopeia Dispensing Information*, *The American Medical Association's Drug Evaluations*, and *The American Hospital Formulary Service Drug Information*.)

The first four issues of the *Bulletin* are being supported by an educational grant from Ortho Biotech.

Board Approves New Delegate Members

During the recent Fall Leadership Conference in San Diego, the ACCC Board of Trustees approved 21 additional institutions for delegate membership. The ACCC now has 455 institutional members, 338 general members, and one sustaining member.

The new members are:

- Central DuPage Hospital, Winfield, IL
- Children's Medical Center, Dallas, TX
- Community Health Center, Coldwater, MI
- Georgetown University Medical Center, Washington, DC
- Healtheast, Inc.-St. Joseph's Hospital, St. Paul, MN
- Mary Greeley Medical Center, Ames, IA
- Memorial Mission Hospital, Asheville, NC
- Mercy Hospital, Janesville, WI
- Mercy Hospital, Port Huron, MI

- Mercy Hospital and Medical Center, San Diego, CA
- Northern Michigan Cancer Center, Petoskey, MI
- Orlando (FL) Cancer Center
- San Antonio Community Hospital, Upland, CA
- Sparrow Hospital, Lansing, MI
- Staten Island (NY) University Hospital
- St. Bernardine Medical Center, San Bernardino, CA
- Sun Towers Hospital, El Paso, TX

Call for Officer And Trustee Nominations

- Swedish Medical Center, Englewood, CO
- Touro Infirmary, New Orleans, LA
- Veterans Memorial Medical Center, Meriden, CT

The ACCC Nominating Committee is soliciting nominations for the following 1992-1993 board positions:

- President-Elect
- Secretary
- Four (4) Trustee Seats

The term of President-Elect is one year. The Secretary and Trustee positions are two-year terms. Although nominees are not required to be the voting representative of 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 2, 1991**.

For information about the nomination process, call the ACCC Executive Office, 301/984-9496.

Call For Proposed Bylaws Amendments

ACCC Bylaws, adopted March 1984 by the House of Delegates, state: "Bylaws may be amended by the vote or written assent of two-thirds of the Delegate Representatives voting. Written notice of proposed bylaws amendments must be sent to voting members at least 30 days prior to the meeting at which they are to be acted on."

Any delegate representative who wishes to suggest a Bylaws change must inform the ACCC Executive Office of that intent no later than December 2, 1991, for consideration by the House of Delegates in March 1991. All suggested amendments should be sent to ACCC, 11600 Nebel St., Suite 201, Rockville, MD 20852. Phone: 301/984-9496.

NCI: Seven New High-Priority Trials

The NCI Division of Cancer Treatment Board of Scientific Counselors and Cooperative Group chairmen have given high-priority designation to seven new phase III clinical trials. The high-priority program, which was established in 1988, is intended to speed accrual to cancer treatment trials. The trials are judged on their potential to increase survival rates for common cancers and their ability to answer questions of scientific significance.

The new trials are:

- ◆ Tamoxifen with lumpectomy and radiation for noninvasive breast cancer (NSAPB-B24)
- ◆ Postoperative adjuvant therapy for non-small cell lung cancer (INT-0115)
- ◆ Adjuvant chemotherapy for gastric adenocarcinoma (INT-0116)
- ◆ High-dose chemotherapy with autologous bone marrow transplantation for stage II or III breast cancer (CALGB-9082)
- ◆ Evaluation of high-dose consolidation chemotherapy with autologous bone marrow transplantation for stage II or III breast cancer (INT-0121)
- ◆ Postoperative adjuvant interferon alpha-2 for metastatic melanoma (EST-1690)
- ◆ Postoperative hormonal therapy for prostate cancer (EST-3886)

GAO Urges HHS To Rely On Compendia

In its final report to the Committee on Labor and Human Resources of the U.S. Senate on off-label drugs, the General Accounting Office (GAO) has recommended that the Secretary of the

Department of Health and Human Services (HHS) issue a policy on off-label reimbursement for cancer drugs as soon as possible," and that such a policy should "reference the drug compendia" to "promote more uniform reimbursement of off-label drug use."

ACCC, which was instrumental in the development of GAO's 1990 survey of off-label drug use by oncologists, is "highly gratified that the GAO has recommended that the Secretary of HHS formulate an official off-label reimbursement policy that relies, at least in part, on the drug compendia," said Lee E. Mortenson, D.P.A., ACCC Executive Director.

The GAO's recommendations to the Secretary of HHS also state that use of the compendia is likely to "reduce the number of instances in which there are disputes between oncologists and third-party payers on the appropriateness of specific drug treatments." In its report, the GAO also recommended that the policy be evaluated within the first two years of its introduction, because it is "unclear how reliance on the drug compendia for reimbursement decisions will influence the processes by which information is entered in the documents," and the "likely advent of new and expensive forms of therapy for cancer argues for a timely review of coverage and reimbursement policy."

The report also raised the problem of off-label use that is not cited in any of the three major drug compendia, noting that "reimbursement would be denied for these treatments under any policy that relied on the drug compendia for support." According to the GAO, the problem is that "although exclusion from the compendia may indicate that the drug is not beneficial (and therefore not reimbursable by insurers), it may also occur when the benefits have only recently been demonstrated." The development of a general policy that "distinguishes between these situations" remains "problematic," the report states. ■