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Bill Seeks Cancer Registries Nationwide

New legislation introduced by Rep. Bernard Sanders (D-VT) and Sen. Patrick Leahy (D-VT) (H.R. 4206/S. 2205) proposes to appropriate \$30 million per year to establish and/or support cancer registries in every state and create a national database to track cancer statistics. The bill also calls for a study of the elevated breast cancer mortality rates in the Northeastern and Mid-Atlantic states. At *Oncology Issues* deadline, the bill was approved by the Senate and awaited action by a House committee.

Currently, approximately 38 states have a cancer registry, according to April Fritz, President of the National Tumor Registrars Association. If the bill is enacted, the HHS Secretary would make grants to states to operate registries; provide matching funds for states that have no current registry; provide planning grants to states that do not currently comply with registry legislation and eligibility requirements; and establish a population-based cancer registry for the entire nation.

"Both states with existing registries and states without cancer reporting legislation would benefit from this bill," says Fritz. "Twenty years into the 'War on Cancer,' this is the federal government's first attempt to provide a national, population-based cancer registry."

The bill would also facilitate the study of elevated breast cancer mortality rates in the Northeast and Mid-Atlantic regions. The HHS Secretary would award grants to collect data on the factors contributing to elevated cancer rates in the relevant states (CT, DE, MD, MA, NH, NJ, NY, RI, VT, and DC).

Program Compensates Victims of Radiation-Related Cancers

A new program, administered by the Department of Justice, will make lump sum compensation payments to individuals who have contracted certain radiation-related cancers following employment in underground uranium mines or as the result of other proximity or association with the government's nuclear weapons testing program. Eligible claimants or their survivors may receive \$50,000, \$75,000, or \$100,000 if

they have contracted the following cancers:

- Leukemia (excludes chronic lymphocytic leukemia)
- Non-Hodgkin's Lymphoma
- Multiple Myeloma
- Primary cancer of the bile ducts, breast (female), esophagus, gallbladder, liver, lung, pancreas, pharynx, small intestine, stomach, or thyroid.

Program regulations, claim forms, and guidebooks, which set forth eligibility requirements, are available from: Radiation Exposure Compensation Program, U.S. Department of Justice, P.O. Box 146, Ben Franklin Station, Washington, DC 20044-0146. 800/729-RECP.

ACCC Legislation Prompts Off-Label Agreement by HI Blues

In an effort to avoid uniform off-label drug legislation pending in the state legislature, the Hawaii Medical Service Association (HMSA)—the state's Blue Cross and Blue Shield carrier—signed an agreement to provide coverage for off-label use of FDA-approved drugs to treat cancer, under certain conditions. The letter of agreement was offered in response to ACCC's uniform off-label legislation (SB 3282 and HB 3758), which was receiving considerable support in the Senate and the House.

HMSA's willingness to negotiate an agreement represents a major victory for cancer patients in Hawaii. Scott Hundahl, M.D., a local oncologist who helped spearhead the effort, believes the threat of passage of the bills, which required reimbursement for off-label uses for all life-threatening diseases, including AIDS, prompted HMSA to seek an agreement that would limit coverage to cancer agents.

The HMSA, which represents about 60 percent of the market in Hawaii, has agreed to provide coverage for off-label uses when the following conditions are met:

- The drug is ordered by a licensed physician for the treatment of a specific type of cancer; and
- The drug is approved by the FDA for use in cancer treatment; and
- The drug is used as part of a drug regimen for the treatment of cancer; and
- The drug is recommended in one of the three standard drug compendia (*US PDI*, *AMA's Drug Evaluations*, and

AHFS Drug Information); or, if it is not recommended by the compendia, the drug is recommended for a particular form of cancer by at least two valid, independent, randomized, controlled scientific studies published in major peer-reviewed medical journals.

HMSA noted that if an off-label use does not meet these criteria, it would, as in the past, evaluate coverage on a case-by-case basis. ACCC will continue to work with local oncologists and cancer programs to monitor HMSA's compliance with the agreement. Should the conditions of the agreement not be met, there would be a strong basis for reintroduction and passage of the original legislation. In addition, ACCC is supporting the efforts of State Representative Duke Bainum (D-HI), the bill's sponsor, to pass a resolution in the legislature that encourages the State Department of Health to mediate similar agreements with other third-party payers.

Columbus, OH, Office Relocates

The Association's Columbus, OH, office will occupy permanent quarters on May 1, 1992. The new address is: 445 Hutchinson Ave., Suite 125, Columbus, OH 43235. Phone: 614/848-5404. Fax: 614/848-5420.

The Columbus office serves as the executive office for the Illinois Medical Oncology Society, the Indiana Medical Oncology Society, and the Minnesota Society of Clinical Oncology. ACCC staff members in the Columbus office include: Carol Johnson, Association Director; Jamie Young, Director of Public Policy; and Vickie Stora, Administrative Secretary.

CRG Update

Ciba-Geigy corporation has entered into an agreement with ACCC's Collaborative Research Group (CRG) to fund three protocols at more than 20 CRG sites. The three protocols involve research with Ciba-Geigy's Aredia (pamidronate disodium) and involve Stage IV breast cancer patients with osteolytic bone lesions, and Stage III multiple myeloma patients also with osteolytic bone lesions. The total size of the agreement depends upon the number of patients entered and the length of time the patients stay on the protocols, but is likely to be in excess of \$3 million for participating institutions. ■