



## Clinical Research

Lee E. Mortenson

To cite this article: Lee E. Mortenson (1993) Clinical Research, *Oncology Issues*, 8:4, 3-3, DOI: [10.1080/10463356.1993.11904432](https://doi.org/10.1080/10463356.1993.11904432)

To link to this article: <https://doi.org/10.1080/10463356.1993.11904432>



Published online: 18 Oct 2017.



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## FROM THE EDITOR



## Clinical Research

by Lee E. Mortenson, D.P.A.

**N**ow you see it...zap, zoom, ugh...Now you don't. After a cursory look at the President's 240-page health care reform plan, you tend to breathe a sigh of relief! It says that the costs of care for patients on clinical trials are covered. It says there is even going to be a \$6 billion trust fund established for clinical research!

But, I've been living in Washington, D.C., for too long not to be suspicious. So, I sat down to grind through every page and paragraph. Guess what? Clinical trials in community cancer programs are dead meat under this proposal, and all the AmFAR AIDS research sites are history, too. Even university-based clinical trials may have a little difficulty, since the dean is now going to control the funding.

"What?" you ask, "But it says right here that routine costs of patients on clinical trials are covered!"

Yes, it does say that. But, if you read all the cross references, you find out that the routine costs are limited to *no more* than conventional management of the disease *without* a clinical trial. Right. So, let me make this clear: It costs you \$20,000 to treat a patient using conventional management, and the trial also requires \$10,000 in extra testing, plus data collection and drugs.

Well, we know the data collection and drugs are taken care of by the sponsor. But, the extra \$10,000 in tests? Are they covered by this comprehensive package? Nope!

Okay, so what happens now? Well, the \$6 billion kicks in. Whew! That was close! Right. Yeah, but if you read the cross references, it turns out that the Clinton plan zaps the academic health centers, and the \$6 billion all goes to the deans for their use to make up some of the money they are taking away from other stuff.

Careful now. Don't nod off. This is important. The Clinton plan asks: Why supplement the academic centers anymore? All those indigent patients are now going to be paying customers. So, zap, there goes their medical education supplement. Instead, the academic medical centers are going to get some share of this \$6 billion pie to make up for the costs of clinical trials not covered by the basic benefits.

So, zoom, we're back in the 1960s...with clinical research done only at university medical centers. Good-bye, community-based cancer and AIDS research programs. Hello again, two-hour drive to get on a clinical trial!

Ugh! So what happened here? Well, if you don't know much about research at NIH these days...if you are an old public health staffer...you probably missed the eighties and nineties in clinical research. You probably still think all research goes on in medical schools and don't know that north of 60 percent of all patients on NCI trials are entered by *community* investigators.

And all those cancer prevention trials...guess who is doing those? Opps. You don't know that cancer prevention trials on breast and prostate are being done at the community level where community institutions have access to these asymptomatic individuals and patients? My guess is that the members of the Health Care Task Force who wrote this section just didn't know better.

So, we need to discuss with Congress and the White House the way the money flows.

Here's my suggestion: Use the \$6 billion to supplement any unpaid treatments of patients on clinical trials...make it a voucher system or something...but how about we start a new tradition and have *the funding be where the work is!* ■