



## Uncle Eddy Would Have Been Proud

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## FROM THE EDITOR



# Uncle Eddy Would Have Been Proud

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

**E**d Moorhead always had a dozen pens smashed into the front pocket of his white shirt, the tail of which was easy to see below the edge of his trademark blue sports jacket. It was pure accident when I discovered he had a dozen of them in his closet at home. I always thought there was just one!

Uncle Eddy, former ACCC President Edward L. Moorhead II, M.D., had charm, vision, and a strong streak of insanity...all the characteristics of a born leader. He was humble and canny and gave more credit than he took.

Uncle Eddy called me up one day and said, "It's time to quit screwing around with this. How 'bout ACCC puts together a 'White Paper' on involving the community docs in research trials and we give it to Congress and [NCI Director] DeVita and the National Cancer Advisory Board."

I laughed and shook my head. Another wild Moorhead dream. He had one about every 15 minutes, so sorting out the good ones from the bad was tricky. Of course, in 1975, he also came up with the idea of developing patient management guidelines on the Donabedian model with widespread community physician involvement! So, you always had to listen closely. Uncle Eddy helped you figure it out. The good ideas—the really good ones—he wouldn't let go of. He would keep coming back to them, and he'd find some way to start the ball rolling.

So, a decade later, all of his dreams have come true. In the White Paper of the early 1980s, he talked about how community cancer programs could be the core of clinical research,

prevention research, and cancer control activities. He could see it, and he helped a number of the rest of us see it. He showed us how data management would work, what kinds of staffing the programs might need, and the strong organizational underpinnings that would need to be established. It's all there now, a national network of community programs with proven credentials in clinical research: quality data management, high accruals, and involvement in the science and leadership of the national cooperative groups.

No doubt Uncle Eddy would have been saddened by the recent events with the National Surgical Adjuvant Breast and Bowel Project. He had tremendous respect for Dr. Bernard Fisher and emulated his nationwide barnstorming to convince community oncologists and hospital administrators that they could indeed launch and maintain successful clinical research enterprises.

Uncle Eddy would have been very excited by the ACCC's Collaborative Research Group, a mechanism that allows a network of established community investigators to collaborate with major pharmaceutical and biotechnology organizations in the development and implementation of trials.

Uncle Eddy died in the mid-1980s at age 50, an age at which he once predicted he would die. His prescience is not to be discounted. His legacy includes patient management guidelines, community involvement in clinical research, and the Collaborative Research Group. It took us a while, Ed, but we are finally getting there. ■