



In the News

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SURVEY TARGETS RADIATION ONCOLOGY

In an environment of managed care, radiation oncology patients will suffer, according to a new national study of radiation oncologists and administrators.

More than seven in ten radiation oncology professionals surveyed say patient care will become worse under managed care.

The study was conducted by American Opinion Research for the Oncology Care Systems Group of Siemens Medical Systems, Inc. The survey results, based on interviews with 771 radiation oncologists and administrators selected at random from across the United States, were released at the 1994 annual meeting of the American Society for Therapeutic Radiology and Oncology (ASTRO), recently held in San Francisco, Calif.

Overwhelmingly, these medical professionals said that managed care means potential problems for the field of radiation oncology.

- Care will be rationed.
- Costs will become a more significant consideration in the decisions of how to treat patients.
- In some cases, respondents said, treatment decisions will be made by administrators and clerical staff, not doctors.
- Patients will have fewer choices and probably have to travel farther for treatment.
- Equipment manufacturers will invest less money in developing cancer-fighting technologies.

Even if new technologies were available, a significant percentage (45 percent) of respondents doubted that their facility under a managed care system would have the funding to take advantage of this technology.

Despite concern over managed care, most respondents expect there will be technological advances over the next five years to improve oncology treatment. Most likely advances include three-dimensional treatment planning, conformal therapy, and improved chemotherapy/biotherapies.

More than a third of respondents said their hospital or center had already signed a capitated contract with an HMO or other managed care provider. Almost half of those remaining said their hospital or center planned to sign a capitated contract soon.

Looking to the future, more than half of all radiation therapy health professionals didn't know how hospitals and centers will receive reimbursement for oncology care. Of those who could respond, most mentioned some type of capitation. Only five percent said they expect patients will self-pay.

Most radiation oncologists said

AMGEN WINS AWARD

The biotechnology company Amgen, Inc., was one of five winners of the National Medal of Technology, presented September 14, 1994, by Commerce Department Secretary Ron Brown. The presidential medal recognizes excellence in technological innovation and commercialization. Amgen was cited for its "leadership in developing innovative and important commercial therapeutics based on advances in cellular and molecular biology for delivery to critically ill patients throughout the world."

they feel less secure in their professions than they did 12 months ago. Although respondents were more likely to cite concern for patients rather than for themselves, 11 percent expected that their own incomes will be reduced due to managed care.

One positive outcome, respondents said, could be that more patients who require radiation therapy will be treated as outpatients.

If you would like copies of the survey findings, please fax your request to American Opinion Research at 609-683-8398.

LOOKING FOR PATIENTS

The National Cancer Institute (NCI) is sponsoring a patient accrual promotion campaign for a study comparing standard chemotherapy and high-dose chemotherapy combined with autologous bone marrow transplantation (ABMT) for the treatment of two different stages of breast cancer. The study, INT-0121, will compare two ways of treating Stage II and Stage IIIA breast cancer at high risk of recurrence. All patients will receive usual doses of chemotherapy. Half of the group also will undergo bone marrow harvesting for ABMT and will receive high doses of chemotherapy.

According to NCI's October 1994 *Update* newsletter, the study has accrued only 173 patients toward a total accrual goal of 429 patients over a three-year period. The NCI has indicated that if accrual does not significantly improve, it will close in January 1995.

To find out more information about enrolling patients in this clinical trial and others, call NCI's Cancer Information Service at 1-800-4-CANCER. ■