



**Clinical Trials:
The Road Ahead**
What's in the pipeline for 2000?
State System
A comprehensive national network
of cancer care
A Model Patient Management System
Using Personalized Care to Support
Community Oncology Programs

**The Need for More Research on
Clinical Trial Eligibility**
The number of patients who are not
eligible for clinical trials is
growing rapidly
Preparing for NCI
Oncology centers and programs for
a new National Cancer Institute
Radiation Oncology Coding

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John E. Feldmann

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ACCC and Quintiles Join Forces

by John E. Feldmann, M.D., F.A.C.P.

After an intense selection process, the Association of Community Cancer Centers has announced its newly formed relationship with Quintiles Oncology Therapeutics. The agreement makes Quintiles Oncology the contract research organization for the Association's Collaborative Research Group (CRG). The CRG is a benefit of Institutional/Group Practice membership. This agreement will make Quintiles Oncology a conduit for providing CRG members access to many industry clinical trials. In addition to identifying the trials appropriate for and of interest to CRG members, Quintiles Oncology will provide CRG sites access to a central research Institutional Review Board and administrative support, as well as assistance with functions such as data collection and data management. Quintiles Oncology is one of the largest clinical research organizations in the world, with more than 16,000 employees operating clinical trials in new drug development and biotechnology.

IMPROVED ACCESS TO CLINICAL TRIALS

Since the beginning of the Community Clinical Oncology Program (CCOP) movement in the early 1980s, the Association of Community Cancer Centers has placed support of community research high on its list of priorities within the organization's strategic plan. The new relationship with Quintiles Oncology will allow

John E. Feldmann, M.D., F.A.C.P., is chairman of ACCC's CRG Steering Committee and medical director, cancer services, with Mobile Infirmiry Medical Center in Mobile, Ala.

ACCC to improve access to clinical trials for its member institutions.

Quintiles Oncology will give preferential access for CRG members to all cancer trials suitable for community cancer centers. Member institutions have no obligation to work only with the CRG, but the quality of the studies proposed by Quintiles Oncology and its use of the newest optical fax and web-based technology for data collection should greatly enhance the research programs of all CRG members, regardless of size. The ACCC CRG Steering Committee will work with Quintiles Oncology to develop the CRG into a major player in the clinical research arena. The volume of work available to CRG members should increase dramatically without loss of control of the group by ACCC and its board of trustees. As the CRG increases in size, Quintiles Oncology will be able to convince pharmaceutical companies to use the CRG for their clinical trials in the area of new drug and technology development. This new affiliation will lead to exciting new research opportunities for the membership and fulfill the original CRG goal of implementing high-quality clinical research in the community cancer center setting.

THE CRG CHANGES

ACCC's CRG first took shape in 1990 when it became clear that many member institutions were committed to clinical research, but were not able to participate through the CCOP mechanism because of smaller bed size or lack of institutional commitment. These cancer programs often had difficulty developing access to major pharmaceutical trials. At the same time, some larger institutions with established clinical research programs were

looking for ways to expand their contacts and diversify their studies.

The CRG began with the participation of approximately 55 institutions of various sizes. The CRG Steering Committee reviewed trials for suitability, and contracts were negotiated with the sponsoring pharmaceutical companies. This mechanism led to several successful efforts for the CRG, especially in the trials of pamidronate for the prevention of bone disease in metastatic breast cancer and myeloma.

Over the past few years, however, accessing major pharmaceutical trials through the present CRG mechanism has become increasingly difficult. The slow process of review and the need to contract with many different companies made the CRG less competitive. Companies began to contract directly with individual members in an effort to save time. Maintaining adequate personnel for the CRG became difficult because major national reimbursement issues competed for staff time. All these barriers gradually brought group activities to a standstill.

Last year ACCC's board of trustees proposed a major overhaul of the CRG mechanism to restore it as a major Association program and increase its value to the membership. Rather than the CRG doing all the group operations in-house, the committee proposed that the CRG partner with a clinical research organization with all the needed mechanisms already in place. A request for proposals was prepared and sent to leading clinical research organizations. The CRG Steering Committee then held interviews for the leading candidates. The process led to the selection of Quintiles Oncology Therapeutics as the clinical research organization to operate the CRG for the Association. ■