



Oncology Issues
Journal of the American Society of Clinical Oncology
Volume 19, Number 4, July/August 2001

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How the American Cancer Society
and the National Cancer Institute
are changing the health care
landscape

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ISSN: 1046-3356 (Print) 2573-1777 (Online) Journal homepage: <https://www.tandfonline.com/loi/uacc20>

Letter to the Editor

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To cite this article: Mary S. McCabe & Leslie G. Ford (2000) Letter to the Editor, Oncology Issues, 15:4, 10-10, DOI: [10.1080/10463356.2000.11905140](https://doi.org/10.1080/10463356.2000.11905140)

To link to this article: <https://doi.org/10.1080/10463356.2000.11905140>



Published online: 17 Oct 2017.



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NCI RESPONDS TO RAND STUDY EDITORIAL

In the editorial from the "President's Corner" published in the March/April 2000 issue of *Oncology Issues*, Margaret Riley expressed concern about the NCI-sponsored Cost of Cancer Treatment Study being conducted by the RAND Corporation. This study is designed to compare costs for patients on clinical trials with those treated with standard therapy at 55 institutional clusters across the country, including many CCOPs. She also expressed concern about the NSABP minority outreach project for STAR.

The importance of the RAND study cannot be overstated. The studies that have been done to date all come from small, single institutions, and even the authors of these studies state that one cannot assume that the results can be generalized across institutions, especially community settings.

Health plans, including Medicare and Medicaid, play an increasingly important role in guaranteeing access to trials for all racial and ethnic groups. However, health plans argue that they cannot allow broad access to clinical trials without general cost information to support it. This study will fill this information vacuum. If the cost differences between trial and non-trial participants are zero or close to zero, then plans will no longer be able to credibly argue that they limit access for cost reasons. More data on costs—not less—are needed to produce better policies for trial participation. All individuals at risk for or with cancer, regardless of race/ethnicity, will benefit from these policies.

We have had numerous discussions with CCOPs over the past several months and have made modifications in the RAND study design and have increased payments in response to their concerns. We are hopeful that these changes will make participation in this crucial study possible.

With respect to minority recruitment, the NSABP has a minority outreach program, which is one of a number of programs within the NSABP and the NCI, to address barriers to clinical trials participation for racial/ethnic minorities. While our track record in treatment accrual is quite successful, there is still work to be done for prevention.

We welcome the opportunity to clarify these important activities. It is only through working together that our mutual interest of providing access to prevention and treatment clinical trials for all segments of our population will be achieved.

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