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Insurers Increasingly Willing To Cover ABMT For Breast Cancer, GAO Finds

While scientists are awaiting the results of randomized clinical trials of autologous bone marrow transplantation for breast cancer, insurers appear to be increasingly willing to provide coverage for the procedure, a survey by a Congressional agency found.

In a survey of 12 insurers, the Government Accounting Office found that all 12 reimbursed the procedure and only one required that patients enroll in clinical trials.

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In Brief

FDA Names DeLap Director Of Oncology; GM Foundation Pledges $5M To Karmanos

ROBERT DELAP was appointed director of the FDA Division of Oncology Drug Products, effective June 9. DeLap has been acting director of the divison on a rotating basis with colleagues Robert Justice and Charles Hoiberg following the departure of Gregory Burke in November 1994. DeLap joined FDA as a medical reviewer for oncology in 1993. Previously, he was a medical oncologist at Georgetown University. He has held positions with Lederle and Parke-Davis Inc. DeLap received an M.D. and Ph.D. at New York University, and completed his internship and residency at University of Michigan. He held a fellowship in medical oncology at Yale University. . . . **GENERAL MOTORS FOUNDATION** has pledged $5 million to the Barbara Ann Karmanos Cancer Institute. **John Smith Jr**., GM chairman and chief executive officer, and **Ed Levy**, president of Edward Levy Co. of Detroit, will chair the institute's five-year campaign to raise $75 million for new facilities and community outreach projects. . . . **JOB OPENING:** University of California, Irvine Clinical Cancer Center is seeking an associate director for clinical research. An individual with strong clinical research experience and modern biological or molecular approaches to clinical oncology is sought. A laboratory interest is desirable but not required. Submit c.v., letter of interest and list of three references to Dr. Frank Meyskens Jr., director, UCI Clinical Cancer Center, 101 The City Drive, Orange, CA 92668, tel: 714/456-6310, fax: 714/456-5039. . . **YALE CANCER CENTER** received a pledge of $500,000 from the Ted Mann Foundation of Los Angeles, CA. The funds will support lymphoma research at the center and create an endowment at the Yale University

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Seven States Mandate ABMT Reimbursement

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The study, requested by Sen. Ron Wyden (D-OR), was released last week.

All the insurers interviewed by GAO said their decisions to reimburse the procedure were based on non-scientific criteria which included concern about litigation, fear of bad publicity, and the existence of state laws that mandate reimbursement for ABMT.

Altogether, seven states have passed laws that mandate reimbursement for the procedure.

Few Incentives To Enroll In Trials

The findings of the GAO report are consistent with what scientists have been saying for years: since bone marrow transplantation is so widely available and so commonly reimbursed off-protocol, patients have few incentives to enroll in clinical trials.

Thus, two of the three NCI-sponsored clinical trials of the procedure are years behind schedule in patient accrual, Institute officials said.

"It's a really good case of technology outpacing the scientific evidence," said Jeffrey Abrams, a senior investigator in the Clinical Investigations Branch of the NCI Division of Cancer Treatment, Diagnosis and Centers.

In 1994, the last year for which data are available, as many as 4,000 women received ABMT for breast cancer. By contrast, in 1989, about 500 of these procedures were performed, according to an estimate by the Autologous Blood and Marrow Transplant Registry, North America.

The GAO investigators interviewed officials at Aetna Health Plans, Anthem Health Plan of Florida, Blue Cross and Blue Shield of Oregon, CNA Insurance, Harvard Pilgrim Health Care, HealthGuard of Lancaster, HealthPartners, Kaiser Permanente, Mutual of Omaha, Prudential HealthCare Group, United HealthCare (formerly Meta Health), and United HealthCare of Ohio.

The agency's report said the insurers reimbursed ABMT for breast cancer because the procedure has become widely used and may benefit certain patients, the report said.

"[Insurers] told us that a variety of nonclinical factors also strongly influenced their coverage policy, such as the threat of litigation, public relations concerns, and government mandates," the report said.

Nine of the 12 insurers said litigation and the threats of litigation led them to offer reimbursement for ABMT.

"For five of these insurers, legal concerns were characterized as among the most important reasons for choosing to cover ABMT for breast cancer," the report said. "Before changing their policies to cover ABMT for breast cancer, six of the insurers had been sued after denying coverage for the treatment."

The insurers said the news coverage of reimbursement disputes "led to the impression that they were denying a gravely ill patient a beneficial therapy for economic reasons," the report said. "The insurers we spoke with no longer face many lawsuits on the issue since they now generally cover ABMT."

State Courts Favor Policyholders

A review of litigation published recently in the American University Law Review (Vol. 44, No. 5) found that state courts tend to favor policyholders. Federal courts are generally split on whether the procedure should be covered.

According to GAO, at least seven states require some form of reimbursement for ABMT for breast cancer, and similar laws have been introduced in seven other states.

Legislation has been enacted in Florida, Georgia, Massachusetts, Minnesota, New Hampshire, Rhode Island, and Virginia. Bills mandating reimbursement have been introduced in are California, Connecticut,

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Louisiana, Missouri, New Jersey, New York, and Ohio.

The Federal Employees Health Benefits Program, run by the Office of Personnel Management, directed all its participating insurers to reimburse ABMT for breast cancer both in and outside clinical trials. The Department of Defense, by contrast, offers reimbursement only to participants of clinical trials under a pilot program with NCI.

The data on the number of ABMT procedures performed in the US are sketchy at best. "Nobody has the exact number, because there is no requirement to report it," said Mary Horowitz, director of the ABMT Registry.

In 1994, the registry received reports on 1,500 ABMT procedures for breast cancer, which it extrapolates to mean that about 3,000 to 4,000 procedures have been performed.

Horowitz said the registry is conducting a survey to determine the characteristics of the institutions that perform ABMT. The survey is expected to be completed later this year, she said.

"When you see how many transplants are being performed, it is disappointing that we can't get 549 patients randomized in one of our studies," said NCI's Abrams. "It's disappointing, and it means that it will take longer to obtain the answers to our questions."

Two ABMT Studies Delayed By Years

Two of the three NCI studies of ABMT are years behind schedule, Abrams said. A third study, though on schedule, has been expanded, and a fourth study is expected to begin shortly, he said.

The summaries of the studies follow:

—Maintenance Chemotherapy Versus High Dose Chemotherapy With Transplant for Metastatic or Recurrent Breast Cancer (BPT01).

In December 1990, when it was begun by several Philadelphia institutions and Blue Cross/Blue Shield, the study was expected to complete the accrual of 549 women by January 1994.

However, patients were apparently deterred by the study's design, which compared an aggressive treatment with a standard one. As prospective participants were apparently opting to receive aggressive therapy off-protocol, the study fell short of its enrollment target.

Ultimately, study accrual received a boost when a second trial, conducted by the Southwest Oncology Group, was closed because of low accrual, and its participants were added to the Philadelphia study.

As of last May, the study had 419 participants, Abrams said. According to NCI estimates, the enrollment target would be reached in November 1997, and the results would take one to two years to analyze.

—Evaluation of High-Dose Consolidation Chemotherapy With Autologous Bone Marrow Transplantation for Patients With Stage II or Stage IIIA Breast Cancer (INT-0121).

When the study began, in January 1991, it was expected to complete accrual in late 1994. As of last May, the study had accrued 377 patients, significantly short of its target of 536.

The new target for completing the accrual is November 1997.

The study is limited to women with 10 or more positive lymph nodes, a relatively small group which accounts for about 5,000 of the over 180,000 women diagnosed with breast cancer every year, Abrams said.

—High Dose Chemotherapy With Stem Cell Support Versus Lower Dose Chemotherapy for Stage II or Stage IIIA Breast Cancer (INT-0163 and CALGB-9082).

The study began in late 1990, and by 1994 reached its enrollment target of about 500 patients.

Accrual in the trial appears to have been more successful because the trial offered a more aggressive therapy for patients randomized into the control group and because its principal investigator, William Peters, one of the pioneers of the procedure, was attracting a large number of patients to what was then his institution, Duke University.

However, the data monitoring committee of the Cancer and Leukemia Group B decided to increase the enrollment to 800 patients, to refine the quality of the results. That action became feasible because mortality from the procedure had dropped from 15 percent to about 5 percent.

The trial requires that participants have 10 or more positive nodes.

—High-Dose Chemotherapy With Stem Cell Support Versus Intensive Sequential Chemotherapy With G-CSF Support for Breast Cancer Patients With 4-9 Involved Nodes (S9623).

The trial, which is scheduled to begin in July, incorporates the input from patient advocates and the insights picked up from focus groups with patients, Abrams said.

The scientific committee that designed the trial

included Amy Langer, executive director of the National Alliance of Breast Cancer Organizations. As the trial proceeds, NCI officials hope that patient groups will help with recruitment.

"I think women have confidence in the patient advocacy groups and the information they provide," Abrams said. "They have been effective in getting patients to think of clinical trials not as situations in which they are guinea pigs, but in which they are getting state of the art treatment."

While two previous trials attempted to recruit patients with 10 or more positive lymph nodes, the new trial is designed for women with four to nine nodes, a more frequent occurrence.

Also, the trial will compare two aggressive treatments, thus potentially lowering the patients' resistance to being randomized, Abrams said. The study will be led by SWOG with the participation of members of CALGB and the Eastern Cooperative Oncology Group.

Abrams said the study will seek to recruit 1,000 patients over five years.

In Brief

Yale Gets Endowment Pledge For Lymphoma Research

(Continued from page 1)

School of Medicine. Ted Mann made the donation following successful treatment for lymphoma under the care of center director **Vincent DeVita** and **Dennis Cooper**. . . . **RAY LYNCH JR.** was named vice president and chief operating officer of the Cancer Therapy & Research Foundation, of San Antonio, TX, and president of the CTRC Clinical Foundation. Lynch has been with the organization for seven years as chief financial officer. . . . **JAMES HEVEZI**, director of medical physics at the Cancer Therapy & Research Center, was named chairman of the committee on economics of the American College of Radiology's Commission on Physics and Radiation Safety. The committee establishes new codes for reimbursement for radiological procedures; recommendations are submitted to the American Medical Association. Hevezi also assumed the presidency of the southwest chapter of the American Associaiton of Physicists in Medicine. . . . **MARY DALY**, a medical oncologist and epidemiologist at Fox Chase Cancer Center, has been promoted to member with tenure of the center's division of population science. She joined Fox Chase in 1989. Daly is PI at Fox Chase for the Breast Cancer Prevention Trial and directs the quality of life study for the Philadelphia Bone Marrow Transplant Group's clinical trial of BMT for advanced breast cancer. She established the center's Margaret Dyson Family Risk-Assessment Program. . . . **CLARIFICATION:** An item in the May 17 issue of **The Cancer Letter** on the results of the 1996 election of officers for the Oncology Nursing Society was not clear. **Pamela Haylock** was elected president-elect of the society, and new Directors at large were elected. They are: **Kristine Hartigan**, of Santa Rosa, CA; and **Georgia Decker**, of Albany, NY. **Kathi Mooney** assumed the presidency after a year as president-elect. **Paula Rieger** continues as secretary and **Marcia Rostad** continues as treasurer.

NCI Offers Scientific Services, Resources For Research

The Biological Carcinogenesis Branch in the NCI Division of Cancer Biology has the following resources and services available to the scientific community for cancer-related research:

—Cell Culture Identification Service. Using Isozyme Analysis, Immunofluorescence, Karyotypic Analysis (Chromosome Banding), Fluorescence In-Situ Hybridization and DNA Fingerprinting. Contract: #N01-CB-33063. Cost: Reasonable; inquire with specific requests.

Contact: Dr. Joseph Kaplan, Children's Hospital of Michigan, 3901 Beaubien Blvd, Detroit, MI 48201, tel: 313/745-5570, fax: 313/993-7158.

—Goat Antisera Against: Avian, Bovine, Feline, Murine, and Primate Intact Viruses and Viral Proteins; Antibodies to Immunoglobulins for a number of species. Preimmune Sera are available to match antisera for some viruses. Contract: #N01-CB-62600. Cost: $75/5 ml. Antisera; $25/5 ml. Preimmune Sera; $65/100 ml. Immunoglobulins (Frozen material); (plus shipping and handling).

—Viruses: Avian, Feline, Murine, and Primate Viruses Produced in vivo and in vitro. Contract: #N01-CB-62600. Cost: Reasonable; inquire with specific requests.

—Monoclonal Antibodies are available with specificities for synthetic peptides representing the amino acid sequences of the left end, right end and active site of the oncogene products of avian and

mammalian retroviruses. Blocking peptides are also available, as are a limited number of cell lines producing the monoclonal antibodies. Contract: #N01-CB-62600. Cost: Peptides $25/mg.; Ascites Fluid $45/ml.; Cell Culture $100/culture; (plus shipping and handling).

Contact: Dr. Steven Per, BCB Repository, Quality Biotech Inc., 1667 Davis St., Camden, NJ 08104, tel: 609/966-8000, fax: 609/342-8078.

—Human sera from donors with various malignancies (including nasopharyngeal carcinoma), non-malignant disorders, and from normal individuals. Cost: Shipping and handling charges only.

Contact: Leota Hall, NCI Division of Cancer Biology, Executive Plaza North Rm 540, 6130 Executive Blvd-MSC 7398, Bethesda, MD 20892-7398, tel: 301/496-1951, fax: 301/496-2025.

Letter to the Editors:

Center Biostatistics Directors Organize Working Group

To the Editors:

Directors of the Biostatistics Core Shared Facilities of over 25 NCI-designated cancer centers met to establish an informal working group during the recent spring meeting of the Eastern North American Region of the International Biometric Society, held in Richmond, VA.

The goals of the meeting were to exchange information on clinical trials research support for biostatistics, data management, and database development; to form an alliance, just as directors of the NCI-designated cancer centers have done, to interact with NCI; and to identify issues of concern for discussion at the Joint Statistical Meetings in Chicago in August.

The working group discussed the Cancer Center Support Grant Guidelines as they relate to the Biostatistics Core, support for biostatistical collaborative and consulting efforts, methods for documenting biostatistical collaborative and consulting efforts, and communication between the biostatistics director and the cancer center's senior leadership.

The working group elected a liaison to the Cancer Center Directors' Working Group so that the concern of the biostatistics directors can adequately be voiced and that this representative also function as a liaison to NCI. The working group tentatively agreed to hold regular meetings at least once a year at the Joint Statistical Meetings.

Directors of the biostatistics core of NCI-designated cancer centers and other cancer centers who wish to be included in the mailing list for the working group may contact KyungMann Kim, director of biostatistics, University of Michigan Comprehensive Cancer Center, 107 Simpson Dr., Box 0752, Ann Arbor, MI 48109 or send an e-mail to kmkim@umich.edu.

KyungMann Kim
University of Michigan
Comprehensive Cancer Center

New Postdoctoral Fellowship Offered By NCI's DCEG

A new three-year postdoctoral fellowship program offered by the NCI Division of Cancer Epidemiology and Genetics emphasizes training in the epidemiology and clinical, molecular, and qualitative genetics of cancer.

The program provides opportunities to conduct interdisciplinary research to identify factors that predispose to cancer and elucidate the role of gene-environment interactions conferring cancer risk within individuals and populations at large.

Candidates must have either an M.D., Ph.D. or equivalent degree in a related discipline with less than three years postdoctoral experience and be US citizens or resident aliens eligible for citizenship within four years.

Deadline for applications is Nov. 30 for the July 1, 1997 start. Applications must include c.v., bibliography, three letters of recommendation, and a letter describing the basis for interest. Contact: Dr. Dilys Parry, NCI DCEG, 6130 Executive Blvd, EPN Rm 400 MSC 7360, Bethesda, MD 20892-7360, tel: 301/496-4947, fax: 301/496-1854, e-mail: parryd@epndce.nci.nih.gov.

Lymphoma Foundation Offers Fellowship Grants

The Cure for Lymphoma Foundation, an nonprofit organization, is seeking candidates for fellowship grants.

The awards will provide salary support of $25,000 for one year. The grants also provide $5,000 of additional support (including fringe benefits).

Candidates must hold an MD, PhD, or DVM degree and must have completed at least two years of postdoctoral research. Research should address important translational or clinical questions relevant to the etiology or treatment of lymphoma. Only one candidate may be proposed by a sponsor who will supervise the candidate's research.

Grant application deadline is Nov. 1. Grants will be announced in February 1997 and will begin July 1, 1997. The grant applications will be reviewed by an advisory board, chaired by Joseph Bertino, immediate past president of the American Association for Cancer Research. Other board members include James Armitage, George Canellos, Charles Coltman, Vincent DeVita, David Golde, William Hryniuk, Stanley Korsmeyer, Saul Rosenberg and John Ultmann.

Inquiries: Cure for Lymphoma Foundation, 1 Dag Hammarskjold Plaza, New York, NY 10017, tel: 212/319-5857, fax: 212/758-8950.

AHCPR Invites Suggestions For Priority Research Topics

The Agency for Health Care Policy and Research invites suggestions for priority topics for research related to prevention, diagnosis, treatment and/or management of common diseases and clinical conditions, according to a notice in the May 28 Federal Register.

These suggestions will be considered in AHCPR's plans for future research on the outcomes and effectiveness of health care services.

To date, AHCPR's outcomes and effectiveness research has focused on conditions that meet the following criteria:

--High incidence or prevalence in the general population or in major population subgroups, as defined by age, gender, or ethnicity;

--Controversy or uncertainty about the effectiveness and relative effectiveness of available clinical strategies;

--High cost, whether due to the number of people needing care, high unit cost of care, or high indirect costs;

--Needs, of the Medicare and Medicaid programs;

--Data available, or readily developed.

Since 1989, AHCPR has supported special projects known as Patient Outcomes Research Teams. PORTs are large-scale, 5-year studies designed to determine "what works best" in clinical treatment for common diseases and conditions. In July 1993, AHCPR introduced a new generation of PORT research, known as PORT II. PORT IIs focus on the establishment of direct linkages between practice and outcomes and on research methods that facilitate direct comparisons of two or more distinct clinical strategies.

In addition to PORTs and PORT IIs, AHCPR has funded approximately 130 other outcomes and effectiveness research clinical studies.

Topic selection for the original PORT projects was guided by work of the Institute of Medicine which was described in the 1990 IOM publication, "National Priorities for the Assessment of Clinical Conditions and Medical Technologies.'' Based on the IOM work and expert discussions, AHCPR has initiated a three stage process for identifying topics:

1. Develop a preliminary list of priority topics and reasons for importance, representing the views of health care providers, insurers, medical and health specialty societies, consumers, and the general public;

2. Convene an expert panel to review and assess the preliminary research priorities and suggested criteria;

3. Identify which topic areas can be most appropriately addressed using outcomes and effectiveness research methods.

This notice initiates the first step, a solicitation of topics from health care providers, insurers, health-related societies, consumers, and the public. Written suggestions for research topics that fit within the parameters of AHCPR's outcomes and effectiveness research program are invited.

For each suggestion, the nominee should provide rationale and supporting evidence for the topic's importance and clinical relevance. Responses should be submitted by July 29, to: Carolyn Clancy, acting director, Center for Outcomes and Effectiveness Research, AHCPR, Suite 605, 2101 E. Jefferson St., Rockville, MD 20852, tel: 301/594-1485.

NCI Contract Awards

Title: Laboratory support for government scientists working at the Fred Hutchinson Cancer Research Center. Contractor: Fred Hutchinson Cancer Research Center, $1,958,712.