

CDC Reorganizing, Office on Smoking and Health Saved

'Futures Initiative'

By Andrew Holtz

"Aunt Julie wants YOU!"

Although that line probably won't be the official slogan, Julie L. Gerberding, MD, MPH, Director of the Centers for Disease Control and Prevention, does want to enlist health care providers in a new effort to connect CDC programs with the public.

"Health care providers are the key to public health in the United States," Steven Solomon, MD, the CDC's Associate Director for Health Systems at the

Physicians, nurses, and other health care providers will be asked to become partners in certain public health efforts.

CDC, told *OT*. Although specialists in oncology may not think of themselves as natural participants in public health work, Dr. Solomon includes them in that vision.

The effort by the lead public health agency to reach out to health care practitioners is one aspect of an attempt to fundamentally reorganize the CDC. One surviving aspect, that is. In late March the CDC unveiled key proposals of its "Futures Initiative," and then quickly pulled back from the most ambitious options that would have changed almost every aspect of how the CDC is structured and operates.

The CDC leadership looked at bulldozing the categorical structure



CDC Director Julie L. Gerberding, MD, MPH: "Everyone needs to get involved in some way in the Futures Initiative because everyone has a stake in it....Innovation occurs at all levels, and we can't afford to miss anyone's good idea....CDC is key to improving the public's health, and we've learned that we need to listen more and improve services to our customers and our many partners and stakeholders in all sectors, whether that's the governmental public health system, the health care delivery system, the business sector, or in our schools and educational system."

of centers, programs, and projects that's been cobbled together over decades. But critics worried about what might be lost during such a revolution.

For instance, tobacco-control activists feared that the work of the Office on Smoking and Health would be dispersed and perhaps dissipated.

Within days, though, the CDC announced that the most radical proposals were too disruptive, and a spokesman specifically guaranteed that the Office on Smoking and Health would survive intact.

Relevance to Oncology

The CDC usually deals with populations and prevention, while oncology practice tends to focus on individuals and treatment. Nevertheless, there are two ways that the CDC Futures

(continued on page 50)

Lung Cancer

continued from page 48

inhibit the tyrosine kinase of the epidermal growth factor receptor, which is found in most non-small-cell lung cancers.

If treatment with gefitinib fails to control the disease, the guidelines suggest treating the patient with best supportive care or having the person enroll in a Phase I or II clinical trial.

Where It Fits

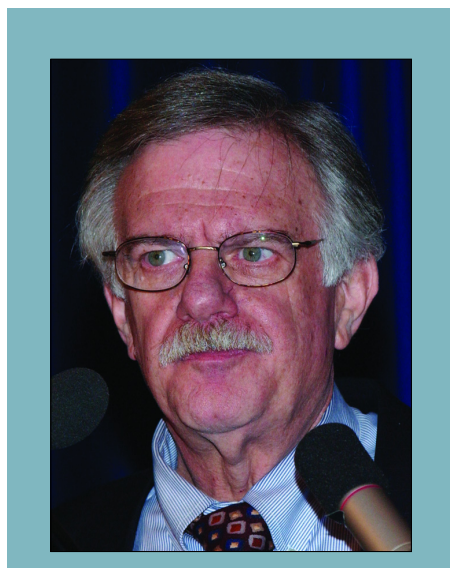
"The guideline panel has appropriately placed gefitinib in the treatment algorithm where it belongs," said Len Lichtenfeld, MD, Acting Deputy Chief Medical Officer of the American Cancer Society.

"The studies with gefitinib show where the drug should be used. We have a lot to learn about how these targeted therapy drugs should be used and in what stages and situations. Most of these drugs are going to result in incremental impacts on treatment of disease and in patient survival.

"While some of these increments will be small and not dramatic, we have to bear in mind that small increments add up to substantial improvements."

Adjuvant Chemotherapy

In the guideline update, expected to be the pathway of choice for the 19-member hospitals and affiliates of the NCCN, Dr. Kris also said there was a consensus to recommend adjuvant chemotherapy in patients following



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curative surgery for the lung cancer.

"We have seen that adjuvant chemotherapy improves outcomes—although modestly—in other cancers such as breast cancer," he noted, citing recent studies that suggested that a similar and possibly greater improvement in outcomes could be achieved if chemotherapy was offered to lung cancer patients.

Even when lung cancer is found and excised at its earliest manifestation—the T1N0M0 stage—the five-year survival rate amounted to 67%. In addition, about 70% of non-small-cell lung cancers recur only outside the chest and another 10% recur both locally and distant, he said.

"If we are going to make any impact on non-small-cell lung cancer, it has to be with systemic therapy. Because patients with Stage III disease suffer both local and distant failures, theoretically, the use of chemotherapy may eradicate micrometastatic disease obviously present but undetectable at diagnosis.

"The timing of this chemotherapy varies with no one clear preference," Dr. Kris continued. "Such chemotherapy may be given alone, sequentially, or concurrently with radiation therapy. In addition it could be given preoperatively or postoperatively in appropriate patients."

PET vs CT

In the same presentation, David Ettinger, MD, Associate Director for Clinical Research at the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins School of Medicine, suggested that positron-emission tomography imaging appears to outperform computed tomography scanning for diagnosis of non-small-cell lung cancer.

"Because they detect tumor physiology as opposed to anatomy, PET scans are thought to be potentially more sensitive than CT scans," Dr. Ettinger

In the new guidelines, gefitinib can be used as a second-line agent if the patient received a platinum/docetaxel first-line treatment after recurrence or metastases were discovered. If the patient has a performance status of 0, 1, or 2, third-line chemotherapy with gefitinib may be applied.

explained. "The panel now believes that PET scanning can play a role in the evaluation and more accurate staging of non-small-cell lung cancer. However, positive PET scan findings need pathologic or other radiologic confirmation."

He cautioned that there is enough error even with PET—albeit significantly less than with CT—so that confirmative biopsies must be performed. "It has to fit the data clinically," he said.

The panel said the routine use of magnetic resonance imaging to exclude asymptomatic brain metastases and bone scans to exclude bone metastases is not recommended, although the tests may be useful in evaluating patients with later-stage disease.

Hormone Status Elevated in New NCCN Breast Cancer Treatment Guidelines

By Ed Susman

HOLLYWOOD, FL—When a physician sets out a treatment plan for a patient with breast cancer, the first thing that should be done is to determine the hormone receptor status of the malignancy, doctors said in reporting revised guidelines for the National Comprehensive Cancer Network (NCCN).



"Prior versions of this guideline went through this stratification for treatment decisions first based on anatomic prognostic characteristics,"

explained Robert W. Carlson, MD, Professor of Medicine in the Division of Oncology at Stanford Medical Informatics at Stanford University Medical Center.

"The current version of the guideline, however, utilizes the biologically important hormone-receptor status as the first stratification factor in getting to treatment," he said in reporting the eighth update in the breast cancer guideline process begun by the NCCN member institutions in 1995. The breast cancer algorithm has been updated each year since.

Complexities Abound

Dr. Carlson said the newest guideline, unveiled here at the 9th annual conference on Clinical Practice Guidelines and Outcomes Data in Oncology, is

complex and can be difficult to follow.

"Some people interpret this as showing how much we know about breast cancer and its prognostic factors," he said. "I suspect it actually is a demonstration of how little we understand about breast cancer and would love to have much more simple stratification factors here."

For example, following determination that axillary lymph nodes are negative, doctors then make choices on the basis of whether the cancer is estrogen-receptor positive and/or progesterone-receptor positive or whether the cancer is estrogen-receptor negative and/or progesterone-receptor negative.

"The importance here, of course, is that only those women who have hormone-receptor positive breast cancers are felt to be candidates in the current guideline for adjuvant hormonal therapy," Dr. Carlson said.

"The panel is not willing based upon current data to specify a preferred sequence of single agents or combinations."

py," Dr. Carlson said.

"Today, knowing that hormone-receptor status is critical to providing the best treatment for breast cancer patients," said Len Lichtenfeld, MD, Acting Deputy Chief Medical Officer in the Cancer Control Science Department of the American Cancer Society.

"It is surprising that we still have
(continued on page 55)

CDC

continued from page 49

Initiative is relevant to oncology.

First, physicians, nurses, and other health care providers will be asked to become partners in certain public health efforts.

Second, the clash between the CDC's blackboard brainstorming exercise and its real-world constituencies illustrates important aspects of basic human nature—particularly, how society and individuals approach matters of health and medicine, including oncology.

The factors that influence health are, for the most part, not specific to any particular disease or organ. In other words, the general advice for reducing cancer risk is essentially the same as advice for reducing the risk of heart disease, diabetes, emphysema, etc.

Yet the historical organization of advocacy groups and public agencies has been built around specific organs or diseases, not the common threats to health.

Not that this is unexpected. After all, a tumor is concrete and specific,



Steven Solomon, MD, said that as more cancer patients become long-term cancer survivors, oncologists will increasingly need to deal with health issues outside their specialty.

while the causes of that individual tumor can be hard to pin down.

Of course, tobacco is a clear culprit and there is a lot of ongoing effort devoted to smoking prevention and cessation. But the mechanisms of health care often make it easier to refer a patient to surgery than to get someone into a smoking-cessation program before he or she gets sick.

And if you wanted to attack the root causes of smoking, where would you turn? Things get more complex and harder to grapple with in the move from medicine to behavior to social science.

Yet Dr. Solomon said that a guiding principle of the CDC discussions was that despite the categorical structure of the agency and the health care system, most people take a broader view of their health.

"I'm an infectious disease specialist and I do my clinical work in HIV," he said. "When patients come in with HIV, the ones who are doing well on their antiretroviral regimens, the complaints that they have when they are sitting in my office are as likely to be about hypertension or diabetes, and some of them are cancer patients."

Similarly, cancer patients may be open to learning about other health issues.

Captive Audiences

"We tend to think people are more receptive to receiving health messages when they are at a doctor's office. So take advantage of that," Dr. Solomon said.

"When people come looking for health information, give them the information they want, but offer them additional information that they

can accept or reject. If you don't offer it, they don't have the chance to accept or reject it."

For the CDC, gaining entrée to those patients means building connections beyond traditional public health partnerships.

"The governmental public health system does not touch everybody as directly as the health care delivery system does," he continued.

"The health care delivery system touches people directly every single day. So the opportunity to improve public health through the health care delivery system is something that we want to take much more advantage of. And the way to do that is to ask the providers what they need."

And as more cancer patients become long-term cancer survivors, oncologists will increasingly need to deal with health issues outside their specialty, Dr. Solomon said.

The clash between the CDC's blackboard brainstorming exercise and its real-world constituencies illustrates important aspects of basic human nature—particularly, how society and individuals approach matters of health and medicine, including oncology.

"Absolutely. There's a real parallel there to the work I do in HIV. Fifteen or 20 years ago, tragic as it was, especially with the young people that we saw, we didn't spend a lot of time thinking about their cholesterol. We've now, fortunately, got people who are surviving with HIV 15 years. They are in their 40s. They are in their 50s. They've got hypertension, they've got hypercholesterolemia, and as an infectious disease sub-specialist, I've got to be familiar with taking care of those aspects of their health as well, and not just their HIV."

So don't be surprised if sometime soon, you get a note from the CDC that says, "Aunt Julie wants YOU!"

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