President’s Corner
By Charles F. Miller, MD, FACP

This spring has been a busy one for me as I am sure it has been for all oncologists. We are in demand as our population ages and more and more cases of malignancy are diagnosed. It is humbling to realize that our specialty is only a little more than 40 years old. I would urge all of you to review the history of ASCO on their web site if you have not already done so. I had the pleasure of being at a forum where seven of the “founding fathers” of medical oncology were present on a single panel. It was both fascinating and inspiring to hear the stories from Emil Frieriech, George Canales, Phillip Schine, Eli Gladstone and others about the early developmental years of oncology. There were so many successes, but so many disappointments as well. What is most impressive to me from a perspective of 30 years of taking care of cancer patients is the dramatic advances that have occurred in the past few years with new designed and targeted therapies. I firmly believe that the next decade will bring a wealth of new advances that will lead to not just better patient care, but perhaps also tools to help normal people live longer and healthier.

The second part of this letter is a dramatic juxtaposition to the above; while most of my colleagues were at the ASCO meeting in Orlando, I had the privilege of attending a conference on Military Medicine in Hanoi, Vietnam. I first went to Vietnam in 1971 as a new Captain in the Army Medical Corps, and worked with the Vietnamese civilian doctors, assisting them in caring for the civilian population. This medical conference in Hanoi marks the very first military to military contact between our countries since the end of the war. It was a fascinating experience and helped to put in perspective the incredible level of health care that we in America take for granted. Oncology is the quintessential example of the difference between health care in America and the developing nations. I talked with many Vietnamese physicians who stated that the only cancer treatment available is surgery. There is essentially no medical oncology because of the expense of the drugs and the poor quality of any sort of cancer screening program. It was a very enlightening trip and stimulated me to think about how we as American oncologists could possibly assist them in improving cancer care in Vietnam. Perhaps in the future, ASCO will develop a program for American physicians to visit and teach at their universities. We in Hawaii are in a great position to assist in these sorts of programs.
There are 80 members in the HSCO: 62 physician members, 15 associate members and 3 affiliate members.

**Welcome New Members**

- Michael E. Carney, M.D.
  University of Hawaii
  Honolulu
- Melvin S. Inamasu, M.D.
  Honolulu
- Rosal R. Ridela-Tibas
  Oncare Hawaii, Inc.
  Honolulu
- Mark T. Wakabayashi, M.D.
  University of Hawaii
  Honolulu
- Wesley Wong, Pharm. D.
  Kaiser Permanente
  Waipahu
- Arnold Yee, M.D.
  Oncare Hawaii, Inc.
  Honolulu
- Janice Yonamine, R.N.
  Pacific Cancer Institute of Maui
  Wailuku

**Upcoming Event**

- **Dinner Meeting**
  *June 13, 2005*
  *6:30 PM*
  *Ruth’s Chris*
  *Honolulu*

- **2005 Annual Membership Meeting**
  *November 12, 2005*
  *Shriner’s Hospital for Children*
  *Honolulu*

**2005 Sponsors**

The Society gratefully acknowledges the following companies who have contributed to the advancement of our Society. We would like to recognize and thank them for their help and support.

**Corporate Sponsors**

- **Platinum**
  Sanofi-Aventis
- **Gold**
  Amgen
- **Silver**
  Bristol-Myers Squibb

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**ACCC’s 22nd National Oncology Economics Conference: Partnering to Shape the Future of Cancer Care**

*September 13-16, 2005*

Learn how to increase practice and program efficiency, boost patient and staff satisfaction, and survive recent legislative and regulatory reimbursement changes, including ASP and the Competitive Acquisition Program.

And there’s more…Partnering is also key to success, especially in times of reimbursement restraints. Joint ventures between private oncology practices and hospital-based cancer programs are becoming increasingly popular. But be careful: One size does not fit all. Learn about partnership options and pitfalls.

Plus, you’ll have the opportunity to network with other practices and hospitals across the country via roundtable sessions and networking receptions, and visit exhibitors with the latest technologies and treatments.

ACCC’s annual economics meeting is the only national educational conference to meet the needs of providers in both private oncology practices and hospital cancer programs. So join us September 13-16 at the Doubletree Hotel & Executive Meeting Center Portland – Lloyd Center in Portland, Oregon.

Log on to [www.accc-cancer.org](http://www.accc-cancer.org) for updates and to register online or call 301.984.9496. And don’t forget—your state society is a member of ACCC, so you qualify for the membership discount!

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**Just for Administrators**

On Sept. 13, 2005, ACCC will host a special pre-conference session just for new cancer program administrators. The one-day meeting will precede ACCC’s 22nd National Oncology Economics Conference, Partnering to Shape the Future of Cancer Care, to be held Sept. 13—16, 2005, in Portland, Oregon.

Program details and registration form are available now at [www.accc-cancer.org/Meetings](http://www.accc-cancer.org/Meetings).
Resources to Use when Your Patients Cannot Afford to Pay for Prescription Drugs

By Marci Cali, Managing Director, State Society Services Consulting

A growing number of patients with whom we come in contact are working at jobs without healthcare benefits and/or are unable to purchase health insurance because the commodity far exceeds the family’s budget. In some circumstances, families with limited income that exceeds the qualifying level for government assistance, find themselves up against daunting odds when illness strikes and healthcare services and medications are unaffordable.

Doctors, nurses, pharmacists and other healthcare professionals lead the charge when it comes to finding programs that will cover medications. Generally, the physician is responsible for providing the prescription information, signing the application form and getting the application to the program sponsor. There are also patient advocacy organizations and community organizations that will help patients enroll and renew enrollment in public (state) or private prescription assistance programs. Certain applications can be completed online while others need to be sent through the mail.

Prescription Assistance Programs are not widely publicized but medical office administrators generally know that many major drug companies sponsor programs that provide assistance to patients who cannot otherwise afford medications. In addition to the pharmaceutical sponsors, there are consumer organizations and foundations that are equally as charitable and even less well known.

Each drug company and other sponsoring organizations establish their own program eligibility and enrollment process; and criteria may vary by drug within each program. Additionally, the type of assistance varies from program to program. For example, programs may supply medications for free, provide prescription drugs at a reduced cost, offer discounts on certain drugs only, or provide financial assistance to help pay insurance premiums, co-payments on doctor visits, and/or pharmacy co-payments. Patients may also qualify and receive assistance from one or more programs.

The following is a list of several resources that are available to consumers and medical professionals. Many of these resources have links to other programs and information that can assist with obtaining prescription. Some of the websites have message boards for visitors to offer support and share with others their own personal experiences.

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<tr>
<th>American Association for Retired People (AARP)</th>
<th>NeedyMeds Inc.</th>
<th>Together Rx</th>
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<td>800.289.8849</td>
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<th>Partnership for Prescription Assistance</th>
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<td><a href="http://www.pparx.org">www.pparx.org</a></td>
<td><a href="http://www.patientadvocate.org">www.patientadvocate.org</a></td>
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<th>Patient Services Inc.</th>
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<td><a href="http://www.rxhope.com">www.rxhope.com</a></td>
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<td><a href="http://www.helpingpatients.org">www.helpingpatients.org</a></td>
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<td>800.675.8416</td>
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<td>573.996.3333</td>
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**Drugs in the News**

**Approved Drugs**

- The U.S. Food and Drug Administration (FDA) has granted full approval to **Doxil® (doxorubicin HCl liposome injection)** for the treatment of patients with ovarian cancer whose disease has progressed or recurred after platinum-based chemotherapy. Doxil, marketed in the United States by Tibotec Therapeutics, Division of Ortho Biotech Products, L.P., originally received accelerated approval for refractory ovarian cancer in June 1999.

- Targent Inc. (Princeton, N.J.) announced that the FDA has authorized the transfer of two orphan drug designations to its lead oncology candidate, **Isovorin (L-leucovorin)** for use in the treatment of colon cancer with 5-Fluorouracil and for use in conjunction with methotrexate for osteosarcoma.

- Genta, Inc., (Berkeley Heights, N.J.) announced that **LR3001**, an antisense compound directed against a gene known as c-myb, has received orphan drug designation from the FDA for the treatment of chronic myelocytic leukemia.

- Viventia Biotech’s (Toronto, Canada) **Proxinium** has been granted orphan drug designation by the FDA for the treatment of advanced, recurrent head and neck cancer. Proxinium is a targeted therapeutic consisting of a proprietary antibody fragment conjugated with a cancer-killing payload. It targets a cell surface protein found on most head and neck cancers and has been designed to deliver a therapeutically potent anticancer payload directly to tumors, avoiding healthy, normal tissue.

- Rexahn Coporation’s (Rockville, Md.) lead product, **RX-0201**, has been granted orphan drug designation by the FDA in the treatment of people with ovarian cancer, renal cell carcinoma, glioblastoma, stomach cancer, and pancreatic cancer. RX-0201 is a first-in-class signal inhibitor that directly represses the production of Akt, a protein kinase that plays a key role in cancer progression.