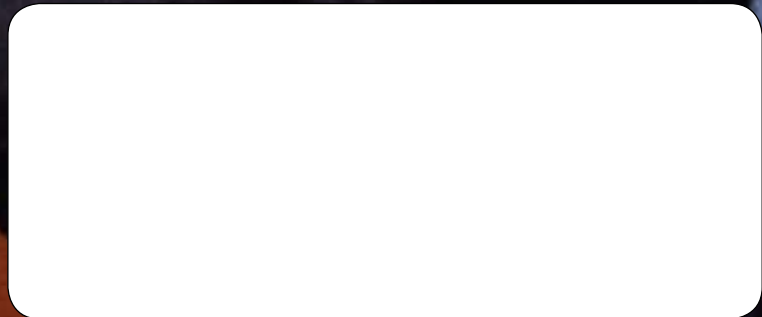


# ASTRO news

SUMMER 2009



CONGRESSMAN AND  
RADIATION ONCOLOGIST  
**PARKER GRIFFITH, M.D.**  
**ADVOCATING FOR  
OUR SPECIALITY**



*"A healthy person has many wishes, but the sick person has only one." – Indian Proverb*

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*– Krishnan Suthanthiran*

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I HOPE YOU'VE NOTICED THAT IN THE PAST YEAR, we've been working hard to improve the content in this *ASTROnews*. We are including more feature articles with information to improve your practices, such as our recent articles on preparing for natural disasters and how practices are benefiting from adding patient navigator programs.

We have also worked to move the content online to its new home at <http://cs.astro.org/blogs/astronews>. (Earlier issues are at [www.astro.org/Publications](http://www.astro.org/Publications).) The last issue of *ASTROnews* (our spring edition) is now online and allows keyword searches. Members can log in, rate articles and leave comments. Please do give us your feedback. ASTRO is the world's largest community of radiation oncologists and collaborators, and we want to make sure we're providing the most useful content. This site is also home to some online only content such as breaking news from our Government Relations and Health

## ASTRO, HERE'S LOOKING AT YOU!

Policy departments on legislative and regulatory changes that may affect your practices. Please add our site to your bookmarks or favorites.

We are also expanding our editorial bench with a new editorial board. The intent is to blend members from academic and community practices with international, nursing, physics and trainee representation to expand the reach of *ASTROnews*.

### 2009-2010 ASTRONEWS EDITORIAL BOARD:

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- **Nicole Napoli**, ASTRO Publications Specialist, Fairfax, Va.

These talented individuals will serve one-year terms to advise me and our wonderful ASTRO staff. Already we have started with conference calls and e-mail exchanges to develop stories and to plan the focus of the quarterly issues. We would love ideas on how we can further serve you. Also, if you're interested in serving on future editorial boards, let us know. Please send me an e-mail to [communications@astro.org](mailto:communications@astro.org).

You're looking good, ASTRO!

*Dr. Devlin practices at Brigham and Women's Hospital in Boston. He welcomes comments on his editorial at [communications@astro.org](mailto:communications@astro.org).*





## LEGISLATIVE EFFORTS PAYING OFF

*"Nice to meet you, too, Rep. Davis," I said politely, almost reverently, to the Florida 11th District congressman. "My pleasure," was his courteous reply. "And by the way, are you satisfied with that AWP fix?"*

*Pause for orientation. There I was, just outside the House chamber at the U.S. Capitol, on a private evening tour of that most famous building. You know the place, site surveyed by George Washington, who laid the cornerstone. Famous speech given there by Daniel Webster in 1850 pleading for compromise, a speech that historians agree kept us from remembering him as President Webster. More famous speech given by Abraham Lincoln in 1865 pleading for charity and reconciliations after the Civil War. Place where Kennedy lay in state after his assassination. Home to a million ghosts from less fortunate places and times who revisit the earth to experience what is arguably the most significant place in the history of civilization. You know the place, right?*

*It was after the representative spoke about the average wholesale price that I realized he thought I was a medical oncologist. In fact, he thought all oncologists were medical oncologists. "No, Mr. Davis. I'm a radiation oncologist. We are physicians who treat cancer patients with radiation. There are not as many of us as there are medical oncologists, but 60 percent of all cancer patients will receive some form of radiation at some time during their illness."*

*"Oh, of course, yes," came the political reply, but his face said otherwise.*

*It really was not his fault. The medical oncologists have spent a lot of time in Washington over the past few years. It seems they have had some pecuniary issues on which they have been working. So I forgive Davis for the lack of recognition. Why should he recognize me? Unless he had been informed by some previous personal experience, and based on who has been talking to him recently, he would have no reason to suspect that there are other doctors besides medical oncologists who take care of cancer patients. Or even if I did treat cancer patients with radiation, whatever that meant, I mainly give patients chemotherapy because that's what cancer doctors do, right?*

*-Senior Editor Timothy M. Williams, M.D., April-June 2004 ASTROnews*

**ASTRO HELD ITS SIXTH ADVOCACY DAY** in Washington, D.C., in March and I'm thrilled to report that our legislative training and advocacy efforts have come a long way since Tim's first visit to the hill for ASTRO in 2004. In fact, as someone who has attended several of these in the past few years, I would say the tide has finally begun to turn and our efforts are really beginning to pay off.

During Advocacy Day this year, 100 members from 33 states came to

town for two days, a far cry from the 35 members from 19 states who attended that first meeting in 2004. Our first day was legislative training where we learned more about the legislative process and talked about how to best frame our issues, such as self-referral, physician payment and cancer research funding.

Monday evening we were honored to have one of our own speak to us. For the first time ever, a radiation oncologist is

*(Continued on Page 4)*

a member of Congress. Parker Griffith, M.D., (D-Ala. – see profile on Page 10) spoke at our dinner for those who have given at least \$500 in 2009 to ASTRO PAC, our political action committee. Dr. Griffith was relaxed and pleased to discuss the burning issues in our field, like self-referral, with us.

The following day, we traveled to Capitol Hill for meetings with our elected representatives. As someone who has done this before, I am delighted to report that many of the staffers and legislators are finally “getting it.” And by “getting it,” I mean they are finally seeing the difference between radiation oncologists and other oncologists, or radiologists. Many of those we met with even asked knowledgeable questions about treatments they have heard about, such as proton therapy and IMRT.

This is not to say that our work is done – no, far from it. But it shows that we’re finally having the discussion. This actually means we need your help more than ever.

President Obama has pledged to reform healthcare. No one knows exactly how this will look, but ASTRO is at the table during the discussion and we must keep the dialogue open to ensure that radiation oncologists and our patients will have access to this lifesaving treatment.

We need you. We need you to talk to your elected representatives about the serious issues facing your practice and your patients. If you need help, contact one of our talented government relations staff members (Emily Wilson, Dave Adler, Richard Martin or Shandi Hill) at 1-800-962-7876 or

governmentrelations@astro.org, and they can help you get started.

We also need your support of ASTRO PAC<sup>1</sup>. I’m proud to participate in ASTRO PAC because it greatly strengthens our ability to educate Congress about our key issues, such as the damaging effects of profit-motivated self-referrals, and allows us to support our champions on these key issues.

I would love for ASTRO’s chairman in 2013 to look back on my comments as fondly as I look back on Tim’s – full of enthusiasm that the process does work and that we are making a difference in how the specialty and the patients we care for so dearly are treated.

*Dr. Eifel practices at M.D. Anderson Cancer Center in Houston.*

<sup>1</sup>Contributions to ASTRO PAC are not deductible for federal tax purposes. Contributions to ASTRO PAC are entirely voluntary. You have the right to refuse to contribute to ASTRO PAC without reprisal. Any suggested contribution levels are merely suggestions; you may contribute more or less than the suggested amounts or not at all. The American Society for Radiation Oncology will not favor or disadvantage anyone by reason of the amount of their contribution or decision not to contribute.

## TALK TO YOUR PATIENTS ABOUT THE BENEFITS OF RADIATION THERAPY



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ASTRO offers 15 brochures in English and Spanish to help patients better understand treatments. Order 50 copies for only \$5 (\$7.50 for nonmembers).

**Order at [www.astro.org/shop](http://www.astro.org/shop).**



## MEMORIAL TO THEODORE J. BRICKNER JR., M.D., FASTRO

**1998 ASTRO GOLD MEDALIST**  
**THEODORE J. BRICKNER JR., M.D.,**  
**FASTRO**, died April 13, 2009, after a battle with cancer. Jerry, as he was known, served as a mentor and collective conscience for a generation of ASTRO socioeconomic affairs leaders, but his impact extends far beyond.

Jerry grew up in Depression-era Tulsa, Okla., and received his undergraduate degree from Purdue University in 1954 and his M.D. from Washington University School of Medicine in St. Louis in 1958. A military commitment landed him at Walter Reed Army Medical Center. His Walter Reed experiences led to a residency in general radiology at Fitzsimmons Army Hospital in Denver.

After his residency, Jerry served as a radiologist at a forward MASH unit in Korea and later at Sandia Base in Albuquerque, N.M., where he served as a nuclear safety officer for the Nuclear Emergency Team, Defense Atomic Support Agency. Still in the Army, but missing patient care responsibilities, Jerry sought out the late Jack Mayer, M.D., the senior military radiation oncologist and long-time chief of radiation oncology at Walter Reed.

Dr. Mayer had just begun a radiation oncology training program, and because of a last minute change, a spot had opened. Jerry jumped at the opportunity. At the completion of his training, he was assigned to Tripler Army Hospital in Honolulu. After resigning his commission in 1968, Jerry returned to Tulsa to become director of radiation oncology at St. Francis Hospital, a post he held for almost 40 years, until his retirement.

During his early years at St. Francis, Jerry received funds to create a new hospital facility and sought the advice of Simon Kramer, M.D., regarding design, equipment and staffing for the new department. Dr. Kramer recognized Jerry's skills as an organizer and consensus-builder and recruited him to work with David Herring and John Curry and others in development of the Patterns of Care in Radiation Oncology project. Jerry was so effective in this role that he ultimately chaired three Patterns Task Forces.

In the 1980s, when the movement toward development of a national relative value system to better rationalize physician payment from Medicare was gaining impetus, Jerry and others within the American College of Radiology recognized that a relative value scale appropriate for other specialties might not translate well for diagnostic radiology and radiation oncology and that, unless they acted quickly, a solution developed by others would be mandated. Working primarily with Carl Bogardus Jr., M.D.,

FASTRO, the pair created a system never before envisioned and then were able to convince the Health Care Financing Administration (now the Centers for Medicare and Medicaid Services) to adopt the system.

Although the subsequent creation of the AMA/Specialty Society Relative Value Update Committee (RUC) has led to many changes in the "Bogardus/Brickner" schema, the foundations remain intact and have served both specialties well for almost 20 years.

At the time ASTRO and ACR began the evolutionary process that led to formal and complete separation of the societies in 1998 and 1999, Jerry was a member of the ACR Board of Chancellors and was recruited to serve as co-chair of the ACR/ASTRO Joint Economics Committee. His service in that role unquestionably improved the efficiency and collegiality of the separation, and Jerry enthusiastically and gracefully took a new group of volunteers under his wing. Jerry's "kids" have subsequently led the socioeconomic efforts of ASTRO.

Jerry leaves behind his beloved wife Suzanne, his three daughters and their extended families, and a profession and group of close-knit colleagues as devoted to him as he was to them. He will be sorely missed.



## RADIATION ONCOLOGISTS IN THE NEWS

### PRINT

**Beth Beadle, M.D.'s**, study in the Red Journal that found that younger breast cancer patients face an increased risk of recurrence was featured in *U.S. News and World Report* on March 13, 2009.

A March 26, 2009, article in the *Tulsa World* on the decreasing adult smoking rate in Oklahoma quoted **Diane Heaton, M.D.** Dr. Heaton said in the article that she believes the best way to prevent smoking is to tax cigarettes.

**Christopher King, M.D., Ph.D.'s**, study in the Red Journal that found that stereotactic radiotherapy provides good PSA response for early-stage prostate cancer patients ran on [www.FoxBusiness.com](http://www.FoxBusiness.com) on March 31, 2009.

**Ken Stevens, M.D.**, was quoted in a story that ran March 29, 2009, in the *Arizona Star* about the legalization of the Death with Dignity Act. In the article, Dr. Stevens expressed his concern that patients are not being properly psychiatrically screened before being prescribed life-ending drugs.

In an April 4, 2009, article on CBS4 news in Miami, **Anne Lewis, M.D., M.P.H.**, was quoted on the benefits of using a radiation boost after a lumpectomy, chemotherapy and radiation.

## DRS. LAWRENCE AND SHIPLEY NAMED 2009 GOLD MEDALISTS



Theodore S. Lawrence, M.D., Ph.D., FASTRO, and William U. Shipley, M.D., FASTRO, have been chosen to receive the 2009 ASTRO Gold Medal during ASTRO's 51st Annual Meeting in Chicago. The Gold Medal is ASTRO's highest honor. It is bestowed on revered members who have made outstanding contributions to the field of radiation oncology, including research, clinical care, teaching and service. Recipients are drawn from any of the scientific disciplines represented by the members of the Society. Visit [www.astro.org/AboutUs/Awards/GoldMedal](http://www.astro.org/AboutUs/Awards/GoldMedal) for more information on this prestigious award.

## *In Passing*

ASTRO recently learned that the following members passed away. Our deepest sympathies go out to their families and friends.

Dean M. Ameen, M.D.  
Theodore Brickner Jr., M.D., FASTRO  
Darlene J.M. Johnson, M.B.A.  
Arlene J. Lennox, Ph.D.  
Chris A. Philippart, M.D.  
Klaus Ziegler, M.D.

The Radiation Oncology Institute (ROI) graciously accepts gifts in memory of or in tribute to individuals. For more information, visit [www.roinstitute.org](http://www.roinstitute.org) or call 1-800-962-7876.

## NURSE EXCELLENCE AWARD NOMINATIONS DUE

The second annual ASTRO Nurse Excellence Award will be awarded to a registered nurse and ASTRO member who:

- Goes above and beyond the normal standards of nursing practice.
- Consistently portrays a positive image of the field of nursing within ASTRO, their institution and the community.
- Demonstrates excellence in direct patient care delivered in a hospital or clinic setting.

The winner will receive a \$1,000 grant and will be recognized at the nurses' welcome and orientation luncheon at ASTRO's 51st Annual Meeting in Chicago being held November 1-5, 2009.

**The nomination deadline is July 1, 2009.**



For more information, visit [www.astro.org/AboutUs/Awards/ResearchGrants/MeritAwards](http://www.astro.org/AboutUs/Awards/ResearchGrants/MeritAwards).





# Corporate Ambassadors

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PEOPLE ON THE MOVE

**Arnab Chakravarti, M.D.**, has been named professor and chair of The Ohio State University Department of Radiation Medicine and as a member of the experimental therapeutics program at The Ohio State University Comprehensive Cancer Center.

**Walter Curran Jr., M.D.**, has been awarded the inaugural Lawrence W. Davis Chair of Radiation Oncology at Atlanta's Emory University School of Medicine. Dr. Curran is chairman of the department of Radiation Oncology and medical director of the Emory Winship Cancer Institute.



**Dennis E. Hallahan, M.D.**, is the new head of the Department of Radiation Oncology at Washington University School of Medicine in St. Louis. Dr. Hallahan will be the first Elizabeth H. and James S. McDonnell III Distinguished Professor of Medicine.

The National Academy of Sciences has elected **Rakesh K. Jain, Ph.D.**, of the University of Massachusetts, a member in recognition of his distinguished and continuing achievements in original research. The 72 elected in April bring the total number of active members to 2,150.

**S. Eric Olyejar, M.D.**, and **Mark K. Ono, M.D.**, were selected as *Phoenix Magazine's* 2009 TopDocs in radiation oncology in their April 2009 issue.

**George A. Trivette, M.D.**, was elected to serve on the Board of Trustees for Randolph-Macon College in Ashland, Va. Dr. Trivette is a 1976 graduate of the school and now practices at Virginia Radiation Oncology Associates in Richmond, Va.

**Richard K. Valicenti, M.D., M.A.**, has been named chair and professor of the Department of Radiation Oncology at the University of California Davis School of Medicine in Sacramento.



*Promoted? Changed jobs? Received an award? Tell us about it at [communications@astro.org](mailto:communications@astro.org).*



ASTRO STAFF HELPS CANCER PATIENT SUPPORT PROGRAM WITH ANNUAL FUNDRAISER

FOR ASTRO'S THIRD ANNUAL VOLUNTEER DAY, the staff once again took time out of their busy work schedules to help those in need.

On April 30, 18 ASTRO staff volunteered to help Life with Cancer set up for their 11th annual Lobster Extravaganza, which raises more than \$700,000 for the organization. Life with Cancer is a program based in Fairfax, Va., that provides numerous free services to adults and children with cancer, including support groups, speakers, professional counseling, exercise classes, play groups and a teen lounge.

To prepare for the fundraiser, ASTRO staff arrived at 10:00 a.m. to help set up tables and chairs for almost 1,000 people, roll silverware, clean, decorate and stuff programs.

"This is a very worthwhile organization, and while it is always very rewarding to help out organizations that provide help to people in need, this year was especially rewarding because we were helping cancer patients – the same people who our members help on a daily basis," Elizabeth Parks, ASTRO's human resources director and Volunteer Day organizer, said.

To learn more about Life with Cancer visit [www.inova.org/healthcareservices/life-with-cancer-program](http://www.inova.org/healthcareservices/life-with-cancer-program).

*-Nicole Napoli, Publications Specialist, [nicolen@astro.org](mailto:nicolen@astro.org)*



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a comprehensive  
approach to the  
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**Abstract Submission Opens July 8, 2009**

**Registration and Housing Opens August 2009**

Visit [www.headandnecksymposium.org](http://www.headandnecksymposium.org) for updates on the symposium.



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# From Advocate to Decision Maker

PARKER GRIFFITH, M.D., ELECTED AS FIRST RADIATION ONCOLOGIST IN CONGRESS



**RADIATION ONCOLOGISTS NOW HAVE A COLLEAGUE ON CAPITOL HILL.** Last November, Parker Griffith, M.D., who represents Alabama's 5th District, was elected as the first radiation oncologist in Congress after a campaign where he stressed the need to make healthcare more affordable and accessible to all Americans.

"If you don't have an insurance card and you're in America, then you don't have the best healthcare in the world," Dr. Griffith said at a recent Capitol Hill briefing.

He brings more than 20 years of medical-field experience and more than 15 years of experience as a small-business owner to his position in the U.S. House of Representatives, and with his firsthand knowledge of the importance of radiation treatment for cancer patients, Dr. Griffith will serve as an influential voice for the legislative issues affecting the specialty.

"The day Parker Griffith was elected was a great day for medical professionals and cancer patients," Laura I. Thevenot, ASTRO CEO, said. "He understands why cancer funding needs to be increased and why all cancer treatments should be available and accessible to all patients who need them."

## RADIATION ONCOLOGY PIONEER

Dr. Griffith was born and raised in Shreveport, La., and graduated from the Louisiana State University School of Medicine in New Orleans in 1970. After a stint at the LSU Service Charity Hospital in New Orleans and a year of neurosurgery at the University of Texas Medical Branch (UTMB) in Galveston, Texas, Dr. Griffith began his training in radiation oncology through a combined program between UTMB and M.D. Anderson Cancer Center in Houston.

Dr. Griffith speaking and meeting with ASTRO PAC donors during an appreciation dinner held during Advocacy Day.



PHOTOGRAPHS BY ADAM DONAHUE



In 1975, Dr. Griffith earned his board-certification in radiation oncology and moved to Huntsville, Ala., where he became the first radiation oncologist in northern Alabama and established the area's first cancer treatment center at Huntsville Hospital. Dr. Griffith spent four years in a hospital-based practice serving on the staffs of several area hospitals that offered radiation oncology services.

After his time in a hospital setting, Dr. Griffith established the Huntsville Cancer Treatment Center in 1979 as the first freestanding comprehensive cancer treatment center in Alabama. Through this treatment center, Dr. Griffith was able to begin his work helping all Americans in need gain access to vital healthcare services.

"All the radiation therapy in the world and all the chemotherapy in the world will not replace early diagnosis and access to healthcare," Dr. Griffith said.

In the late 1980s and early 1990s, through the treatment center, Dr. Griffith established a free breast cancer screening service that provided complimentary screenings to more than 1,200 women and coupons for reduced cost

mammograms. At that time, mammograms were not covered under insurance and required a doctor's referral.

The treatment center also provided free cholesterol screenings, nursing scholarships and colorectal cancer screening kits and results. In addition, Dr. Griffith provided cancer expertise via an on-air television question and answer program on early breast cancer detection and cancer treatment called the First Call Health Program, which was a partnership between WAAY Channel 31 in Huntsville and Huntsville Hospital.

In 1992, Dr. Griffith retired from medicine, but he continues to earn continuing medical education credits and holds a license to practice in Alabama and Texas.

### ROAD TO POLITICS

Dr. Griffith's political career began in November 2006 when he was elected to the Alabama Senate. During his time in the state legislature, he continued to work on important healthcare issues, including advocating for increased funding for early cancer screening programs and helping to pass a bill that

networks Alabama's trauma centers so that they can coordinate treatment and disaster responses.

Now that Dr. Griffith is a member of the U.S. House of Representatives, he continues to work to help Americans gain access to healthcare.

"Radiation therapy is so effective in early diagnosis, so effective when we have early access," Dr. Griffith said. "What we need to do is be sure every American has access to healthcare."

### FIGHTING FOR HIS CAUSE

On January 28, Dr. Griffith participated in an educational briefing titled "Winning the War on Cancer: The Critical Role of Radiation Oncology" that was organized by ASTRO in cooperation with the House Cancer Caucus. The briefing featured Dr. Griffith and Rep. Sue Myrick (R-N.C.), a breast cancer survivor, and was designed to educate Capitol Hill staffers on what radiation oncology is and why it is important for cancer patients.

He spoke about the importance of supporting early diagnosis and access as well as the high numbers of smoking-related cancer deaths.

“If we took the death rates from cancer and we separated out smoking-related cancer, people dying from cancer would be decreasing,” Dr. Griffith said. “It’s still our number one killer.”

On March 19, he penned a letter to Rep. John Spratt (D-S.C.), chairman of the House Budget Committee, expressing concerns about abuse of the in-office ancillary exception to the physician self-referral law related to radiation therapy and asking Spratt to recognize savings in the federal budget associated with removing the exception for radiation therapy.

“I am confident this step ... will help prevent profit-motivated self-referrals and preserve the independent judgment and choice that patients deserve in making life and death decisions,” Dr. Griffith said in the letter.

In late March, Dr. Griffith, along with 200 other congressmen, reintroduced the Breast Cancer Patient Protection Act, which would allow a breast

cancer patient and her doctor to decide whether the patient should recuperate from a mastectomy or lumpectomy for up to 48 hours at the hospital or whether she is able to recover at home.

“Whether or not a breast cancer patient remains in the hospital following a mastectomy ... should be determined by a doctor and patient. Unfortunately, many patients may be forced to leave the hospital when they are still in pain, groggy from anesthesia and with drainage tubes that require professional attention because their insurance will not cover their stay,” Dr. Griffith said.

“The Breast Cancer Patient Protection Act will help to ensure that any decision in favor of a shorter or longer hospital stay will be made by the patient and her doctor and not an insurance company.”

The bill was in committee at press time.

But Dr. Griffith has said that even though he helps make the laws, he needs the help of advocates to get

the message out to all representatives. During ASTRO’s Advocacy Day held in Washington, D.C., this March, Dr. Griffith spoke at the donor appreciation dinner for ASTRO’s political action committee, ASTRO PAC, and stressed the importance of getting involved in the legislative process.

“We need aggressive lobbying in medicine; we don’t have that,” he said. “I can’t tell you how much power you’ve got if you stand up and say it.”

Dr. Griffith, who in March was appointed co-chair of the Blue Dog healthcare task force — a group of fiscally conservative Democrats, said that he is ready, with the help of his fellow radiation oncologists, to use his time in office to make changes to America’s healthcare system.

“Let’s quit talking about healthcare reform,” he said. “Let’s get something done and get [it] passed.”

*-Nicole Napoli, Publications Specialist,  
nicolen@astro.org*

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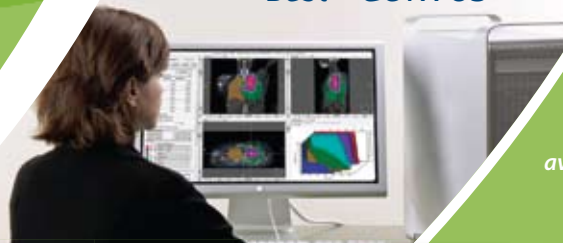
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# ADVOCACY DAY SPARKS MOMENTUM, Opposition on Self-referral

**BOLSTERED BY A STRONG LETTER OF SUPPORT** from the first radiation oncologist in Congress, Rep. Parker Griffith, M.D., (D-Ala.), about 100 ASTRO members told lawmakers to end abuses of the physician self-referral law related to radiation therapy during ASTRO's Advocacy Day, held March 23-24, 2009.

After years of urging Medicare to remove radiation therapy from the in-office ancillary services (IOAE) loophole in the physician self-referral law, ASTRO has expanded its efforts beyond the executive branch to the legislative branch, where at least some in the new Congress appear interested in tackling self-referral as part of healthcare and Medicare reform. Indeed, after meeting with more than 150 congressional offices, many Advocacy Day participants reported that their legislators and their staff were receptive to arguments that the loophole is limiting cancer patients' choice of treatments and leading to inappropriate care.

Before taking to Capitol Hill, the group of radiation oncologists, medical

physicists and others received in-depth briefings from ASTRO staff, consultants, leadership and outside experts on the latest policy issues facing the new Congress and Obama administration. Legislative training focused specifically on ASTRO's legislative priorities for 2009:

- Ending abuses of the physician self-referral law.
- Stopping the 21 percent Medicare physician payment cuts.
- Doubling cancer research funding.
- Reforming healthcare to ensure access.

In addition to the training, participants heard directly from a top health aide for House Speaker Nancy Pelosi (D-Calif.) and several influential members of Congress.

Rep. Sue Myrick (R-N.C.), a breast cancer survivor and long-time supporter of radiation oncology, attended the Advocacy Day reception, where she spent nearly an hour talking individually with many of those in attendance.

"Rep. Myrick represents so many

patients for whom radiation oncology helped conquer cancer and allowed them to continue leading productive, healthy lives. Her work in Congress on behalf of cancer patients and their healthcare providers is a testament to a determined spirit to overcome challenges and make America a better place," William Bobo, M.D., a radiation oncologist from Charlotte, N.C., where Myrick was treated with radiation therapy, said. Dr. Bobo is ASTRO's grassroots state captain from North Carolina and introduced Myrick at the reception.

Rep. Brian Higgins (D-N.Y.) also addressed Advocacy Day attendees, speaking personally about his family's ongoing battle with skin cancer. Higgins, whose district neighbors Roswell Park Cancer Institute in Buffalo, has been a leader in Congress on efforts to boost cancer research funding, including introducing an ASTRO-supported bill to create a National Cancer Trust Fund to supplement regular appropriations funding.

Higgins also serves on the House Ways and Means Committee, which

*(Continued on Page 18)*

**Row 1** (L) 2009 Advocacy Day participants. (R, top) An Advocacy Day participant reviews the materials in his leave-behind packet, which he gave to each congressional office he visited. (R, bottom) Tim Williams, M.D., addresses participants on "The Economics of Oncology" and ASTRO PAC.

**Row 2** (L) Peter Mahler, M.D., and Vinai Gondi, M.D., listen to one of the many Advocacy Day speakers. The topics discussed include self-referral, quality and payment incentives, and other legislative issues. (C) William Bobo, M.D., Rep. Sue Myrick (R-N.C.), and Vipul Thakkar, M.D., enjoy a casual discussion at the Advocacy Day reception. (R) Sameer Keole, M.D., and Melissa Boersma, M.D., meet with Sen. Tom Coburn, M.D. (R-Okla.)

**Row 3** (L, top) Jonathan Tward, M.D., Ph.D., Karen De Amorim Bernstein, M.D., and Philip Devlin, M.D., discuss strategy before their Hill visits. (L, bottom) Maria Kelly, M.B., B.Ch., and Nina Mayr, M.D., discuss an Advocacy Day speaker's presentation. (C, top) Nicole Anderson, M.D., takes part in an Advocacy Day session. Participants listened to speakers on the first day of the meeting and then they used those talking points on Capitol Hill the next day. (C, bottom) C. Leland Rogers, M.D., and Jonathan Tward, M.D., Ph.D., meet with Rep. Jason Chaffetz (R-Utah). (R) ASTRO CEO Laura Thevenot tells participants about the fundamentals of an effective Hill visit.



(Top) Sen. Maria Cantwell (D-Wash.) discusses issues important to radiation oncology with her constituents. (Bottom) Mark Iozzi, Sen. Cantwell's health aide, Laura Thevenot, ASTRO's CEO, Sen. Cantwell, Bob Meier, M.D., and Sheila Rege, M.D., meet in Sen. Cantwell's office.



colleagues to fight for their patients and work with Congress to ensure that Americans are screened for cancer and diagnosed early, which he said is the surest predictor of the ability for radiation oncologists and other cancer specialists to effectively treat them.

Just days prior to Advocacy Day, Dr. Griffith sent a letter to House Budget Committee Chairman Rep. John Spratt (D-S.C.) urging him to recognize budget savings associated with closing the loophole in the physician self-referral law related to radiation therapy. Dr. Griffith's letter expressed concerns about abuse of the in-office ancillary exception to the self-referral law that

is leading to "higher costs to taxpayers and an increased potential for inappropriate care."

ASTRO worked closely with Dr. Griffith on the letter and applauds his commitment to calling attention to the issue and stopping profit-motivated self-referrals that are limiting patient choice.

During Advocacy Day, attendees visiting House offices asked their representatives to weigh in with House budget writers in support of Dr. Griffith's letter. Many participants reported positive feedback on ASTRO's self-referral concerns and his letter. In addition, 334 ASTRO members responded to an ASTRO Action Alert, which complemented Advocacy Day efforts by asking representatives to support Dr. Griffith's position on this issue.

"Advocacy Day was an essential first step in what will be a challenging trek to fix this serious problem through legislation. Our members did an impressive job carrying a strong message to Capitol Hill, and we should be pleased that many congressional offices seemed sympathetic to our views on self-referral. We have much work to do to, but I'm confident that we are on the right side of this issue," Maria Kelly, M.B., B.Ch., chair of ASTRO's Government Relations Council, said.

Once again, Advocacy Day attendees rated the program very highly in an online evaluation. Ninety-seven percent of survey respondents said that Advocacy Day 2009 was "good" or "excellent," with 76 percent of respondents saying it was excellent.

Respondents said that the presentations provided "great updates on current issues" and were "very well organized, pertinent and informative." Others noted that they appreciated "hearing from several Washington insiders, and thus, getting a feel of the current healthcare landscape."

"The sessions were informative and to the point," one respondent said. "Important concepts were stressed and the important points to make to our representatives were prioritized. I found this to be particularly helpful."

To view Advocacy Day materials, visit [www.astro.org/Meetings/UpcomingMeetings/AdvocacyDay/Agenda](http://www.astro.org/Meetings/UpcomingMeetings/AdvocacyDay/Agenda) and log in with your username and password.

-David Adler, Assistant Director of Government Relations, [davea@astro.org](mailto:davea@astro.org)

*(Continued from Page 17)*

has jurisdiction over healthcare reform and Medicare. He spent considerable time meeting personally with the three representatives from Roswell Park in attendance. An article on Higgins' cancer interest in *The Buffalo News* in April also mentioned ASTRO ([www.buffalonews.com/home/story/633380.html](http://www.buffalonews.com/home/story/633380.html)).

Finally, Dr. Griffith dined with about 40 ASTRO PAC contributors who each have given more than \$500 to the PAC in 2009. Advocacy Day represented a record fundraising effort for ASTRO PAC, as \$40,000 was raised in concert with the event, topping last year's mark of \$28,000.

At the special dinner thanking large donors, Dr. Griffith urged his

# News from the old world

## RADIATION ONCOLOGY IN BELGIUM

DIRK RADES, M.D., Ph.D., *ASTRONews* EDITORIAL BOARD MEMBER

This column has been introduced to *ASTRONews* to help build a bridge between radiation oncologists from Europe and North America. The rubric includes portraits of European national radiation oncology societies and aims to provide some information from the old world for American radiation oncologists in order to improve understanding of each other.

The Kingdom of Belgium is a founding member of the European Union and hosts its headquarters as well as those of other international organizations, including NATO, EORTC (European Organization for Research and Treatment of Cancer) and ESTRO (European Society for Therapeutic Radiology and Oncology). Belgium is 11,787 square miles and has a population of about 11 million. In Belgium, there are three language communities, the Flemish (speaking Dutch), the French-speaking and a small German-speaking community. It is divided into three regions, the Flemish, the Walloon and the Brussels-Capital region. Belgium is well known for science and technology as well as for outstanding fine arts (Flemish painters).

Belgian radiation oncology also has a very good reputation. Today, there are 35 centers, including seven university institutions with more than 150 radiation oncologists. All centers are equipped with linear accelerators. Furthermore, there are seven TomoTherapy units plus several IMRT and radiosurgery facilities. Radiation oncology in Belgium was recognized as a specialty soon after World War II. However, its representation was carried out through the Royal Society of Radiology for almost four decades. In 1983, the Belgian Society for Therapeutic Radiology and Oncology (French: ABRO; Dutch: BVRO) was founded. Meanwhile, this society has been granted official status by national

and international societies. Due to the influence of the Royal Society of Radiology, many radiation oncologists in Belgium still also practice nuclear medicine, chemotherapy or diagnostic radiology in addition to radiotherapy.

Besides the ABRO/BVRO, which organizes three meetings per year and teaching courses for residents, there is also a college of radiation oncology with

*(Continued on Page 20)*



**The Atomium in Brussels, built in 1958 for the Universal Exhibition, is evidence of Belgian technology.**

(Continued from Page 19)

## Belgian radiation oncologists are well recognized for their surveys and studies aiming to assure and improve quality.

members nominated by the ministry. Its mission is to promote quality assurance in radiation oncology for both patient care and technical equipment. This is achieved by an active collaboration of all centers and by conducting and participating in national and international studies.

Belgian radiation oncologists are well recognized for their surveys and studies aiming to assure and improve quality. Many surveys have already been published, e.g., regarding radiotherapy of breast cancer (*Van Houtte et al. Radiother Oncol 2007;83:178-86*), radiochemotherapy of rectal cancer (*Beauduin et al. Acta Gastroenterol Belg 2004;67:9-13*), radiotherapy of benign diseases (*Beauduin et al. Cancer Radiother 2001 5:766-9*), brachytherapy (*Elfrink et al. Radiother Oncol 2002;62:95-102*) and radiotherapy for non-small cell lung cancer (*De Hertpgh et al. Radiother Oncol 2006;81: S394*).

Additionally, radiation oncology studies from Belgium have a major focus on lung cancer treatment, including two recent randomized trials. Last year, a phase III trial of 204 patients was published by J.P. Sculier from Brussels et al. on behalf of the European Lung Cancer Working Party comparing two cisplatin-based induction radiochemotherapy regimens for the treatment of limited small cell lung cancer, 39.9 Gy in 15 fractions plus cisplatin (90 mg/m<sup>2</sup> day 1) and etoposide vs. RT plus daily cisplatin (6 mg/m<sup>2</sup>/day) plus etoposide. There was no difference in median (15.5 months vs. 17 months) and five-year survival (18 percent vs. 21 percent) (P=0.50). For local control, there was a trend in favor of 90 mg/m<sup>2</sup> cisplatin. Daily cisplatin was associated with more esophagitis and thrombopenia but less nephrotoxicity. The authors

concluded that both regimens resulted in survival times comparable to the best reported results and that daily cisplatin administration did not improve outcome (*Sculier et al. Ann Oncol 2008;19:1691-7*).

Another phase III trial of 49 patients with unresectable stage III NSCLC (the study was prematurely closed due to inappropriate accrual) will be published in May 2009. The patients received CDDP (60mg/m<sup>2</sup>), GEM (1g/m<sup>2</sup>, days one and eight) and VNR (25mg/m<sup>2</sup>, days one and eight) with reduced dosage of GEM and VNR during radiotherapy (66 Gy). Two cycles of concomitant radiochemotherapy followed by two cycles of chemotherapy alone were administered in arm A or the reverse sequence in arm B.

Response rates and median survival times were 57 percent and 17 months in arm A and 79 percent and 23.9 months in arm B, respectively. Chemotherapy dose-intensity had to be significantly reduced in arm A due to acute toxicity. Both radiochemotherapy regimens appeared feasible. The sequence of chemotherapy alone followed by radiochemotherapy appeared associated with less acute toxicity and better outcomes than radiochemotherapy followed by chemotherapy alone (*Berghmans et al. Lung Cancer 2009;64:187-93*).

Further lung cancer studies will be initiated by Belgian radiation oncologists in the near future. Belgian radiation oncology is an important part of the European radiation oncology network, including EORTC and ESTRO.

**Acknowledgement:** I would like to thank Professor P. van Houtte, Brussels, very much for providing important information.

*Dr. Rades practices at University Hospital Schleswig-Holstein in Lübeck, Germany.*

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The screenshot shows the ASTROnews website interface. At the top, there are navigation links: HOME, CONTACT, RSS FOR POSTS, ATOM, and RSS FOR COMMENTS. Below this is a 'Feedback' section with a form to add comments. The main content area features a 'Web Exclusive: Memorial to Theodore J. Brickner Jr., M.D.' article. The article text is partially visible, mentioning Theodore J. Brickner Jr., M.D., FASTRO, and his contributions to radiation oncology. Below the article is a 'Subscription Form' with fields for Name, Email, and a 'Go' button. At the bottom, there are 'Tags' for 'ASTROnews Spring 2009 At the Agencies' and 'Feature Story'.

## FOOD AND DRUG ADMINISTRATION

The U.S. Senate has approved Margaret Hamburg, M.D., a former New York City health commissioner, as Food and Drug Administration (FDA) Commissioner, and Joshua Sharfstein, M.D., a pediatrician and former staffer for Rep. Henry Waxman (D-Calif.), as deputy commissioner. There has been speculation that the dual appointments of Drs. Hamburg and Sharfstein signal intent to break the agency into two components, with Dr. Hamburg focusing on food safety, and Dr. Sharfstein overseeing drug approvals. Formally splitting the FDA would entail the biggest overhaul of domestic government since the creation of Homeland Security, however, and it does not appear likely.

## SEBELIUS CONFIRMED AT HHS

The U.S. Senate has approved Kansas Gov. Kathleen Sebelius as secretary of Health and Human Services. Sebelius' appointment was approved despite her disclosure in March that she and her husband paid almost \$8,000 in back taxes and interest owed because of filing errors. As head of the HHS, which oversees Medicare and Medicaid, the Food and Drug Administration and the National Institutes of Health, Sebelius is expected to play a central role in President Obama's effort to overhaul the healthcare system. As a former governor and state insurance commissioner, Sebelius has a track record of making tough decisions in the face of fierce opposition.

## NRC CONSIDERS PLAN FOR COBALT-60 PRODUCTION

The Nuclear Regulatory Commission (NRC) is considering an application from Exelon Corporation for the production of cobalt-60 at its Clinton Nuclear Power Station in Illinois. Citing the long-term global production capacity of radioactive isotopes used in nuclear medicine as a serious concern, Exelon outlined its proposal to the agency at a meeting in March. Under the proposal, GE-Hitachi and Exelon would partner to engage in bulk generation of cobalt-60 isotope targets to be used for Gamma Knife and sterilization irradiator sources.

Exelon hopes to conduct a lead test assembly project (LTA) commencing in 2010 during its scheduled refueling to verify whether the fuel bundles perform satisfactorily in service prior to use on a production basis. The lead test assembly project would result in the removal and shipment to Vallecitos of one cobalt target rod after two years of irradiation, during the 2012 scheduled refueling outage. The balance of the LTA cobalt target rods would be removed after four or six years of irradiation, during the 2014 or the 2016 scheduled refueling outages. If the LTA proves viability of a bulk large scale isotope generation program, Exelon would move ahead with the project.

## ASTRO SUCCESSFUL IN INFLUENCING ELECTRONIC BRACHY THERAPY REGULATIONS

The Board of Directors of the Conference of Radiation Control Program Directors Inc. (an association of state radiation regulatory executives) approved a draft of suggested state

electronic brachytherapy regulations, which incorporated the training and experience requirements and other patient safety provisions developed and supported by ASTRO. It is expected that states will begin adopting these model regulations now that they have been approved by the CRCPD Board.

## NRC COMMISSIONERS ADOPT CESIUM CHLORIDE RECOMMENDATIONS

ASTRO's advocating for continued use of cesium chloride at the NRC's Roundtable last fall has paid off. The NRC says it agrees that near-term replacement of cesium chloride sources in existing blood, research and calibration irradiators is not practicable and would be harmful to the delivery of medical care, research and emergency response capabilities. The commission has directed NRC staff to look at enhancing security of cesium chloride radiation sources while encouraging research and further technological developments for alternative chemical forms of cesium-137. NRC staff will now develop a policy statement detailing the commission's emphasis on security of cesium chloride sources.

## CDC FACILITATES VOLUNTEER RADIATION PROFESSIONAL

The Centers for Disease Control and Prevention (CDC) recently hosted a Volunteer Radiation Professionals Roundtable in Atlanta. A number of professional organizations, including ASTRO, SNM, AAPM and HPS, as well as government representatives, met to discuss the development of a volunteer corps of radiation professionals to be called upon in the event of a

*(Continued on Page 26)*

## MEDICARE'S PHYSICIAN SUPERVISION REQUIREMENTS

*This article attempts to simplify the physician supervision requirements related to the practice of radiation oncology and is in response to an overwhelming number of questions received from ASTRO members regarding Centers for Medicare and Medicaid Services (CMS) requirements related to physician supervision of radiation therapy and other services.*

*The recent discussions of physician supervision requirements in the outpatient hospital setting in the Hospital Outpatient Perspective Payment System (HOPPS) Proposed and Final Rules for 2009 have raised even more questions for ASTRO members. It is clear that ASTRO members want to ensure compliance with CMS supervision requirements, regardless of practice setting. The answers to these questions are not simple. ASTRO strongly encourages all radiation oncologists to work closely with their compliance officers and/or hospital administrators to ensure compliance with all Medicare supervision requirements.*

*Please note that what follows does not reflect ASTRO policy but rather is a summary of the Medicare laws and regulations.*

### Physician supervision requirements for diagnostic tests in an office or freestanding center

The physician supervision requirements described below apply to the technical component of diagnostic tests performed in physicians' offices or freestanding radiation therapy centers. Nearly 1,000 services (CPT or HCPCS codes) have been identified by Medicare as diagnostic tests that are subject to these supervision requirements. All IGRT codes are considered diagnostic tests subject to the physician supervision requirements in the Code of Federal Regulations (CFR) at 42CFR §410.32(b)(3). The regulation defines the levels of physician supervision for diagnostic tests as shown below. The IGRT codes assigned to a given level are listed in parentheses.

- **General supervision** – Means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. (76950–*Ultrasonic guidance for placement of radiation therapy fields*, 77417–*Therapeutic radiology port film(s)*).

- **Direct supervision** – Means the physician must be present and immediately available to furnish assistance and direction throughout the procedure. It does not mean that the physician must be present in the room when the procedure is performed. (77014–*Computed tomography guidance for placement of radiation therapy fields* – Note this service was previously reported with CPT code 76370.)
- **Personal supervision** – Means a physician must be in attendance in the room during the performance of the procedure. (76965–*Ultrasonic guidance for interstitial radioelement application*, 77421–*Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy*.)

As shown above, CMS believes that codes 76965 and 77421 require personal supervision. It remains ASTRO's position that these codes should be subject to direct supervision, and ASTRO continues to work with CMS to bring about the necessary changes in policy. In the meantime, ASTRO wants radiation



oncologists to be aware of the current supervision requirements and to understand that services furnished without the required level of supervision are not covered under Medicare.

### Physician supervision requirements for diagnostic tests furnished in an outpatient hospital setting

The physician supervision requirements for diagnostic tests that apply to services furnished in physicians' offices (and described above) also apply to provider-based departments of hospitals that provide diagnostic services, whether on or off the hospital's main campus. The term "provider-based" refers to a provider of healthcare services that is either created by, or acquired by, a main provider for the purpose of furnishing healthcare services of a different type from those of the main provider under the ownership and administrative and financial control of the main provider. Regulations at 42 CFR 410.28(e) require that diagnostic tests (e.g., IGRT) in a provider-based department be furnished under an appropriate level of supervision (general, direct or personal) as though they were furnished in a physician's office.

The Medicare manuals do not explicitly state that the physician supervision requirements of general,



direct or personal apply when diagnostic services are provided on hospital premises – as opposed to provider-based departments where they do apply. When diagnostic services are provided on the hospital premises, it is ASTRO’s position that the physician supervision requirements are met because staff physicians would always be nearby within the hospital. Therefore, ASTRO does not believe there is a Medicare requirement that the radiation oncologist be present in the radiation therapy department or suite during the time that diagnostic services are being provided. However, because CMS regulations and manual instructions are not clear on physician supervision requirements for diagnostic tests provided on hospital premises, ASTRO requested for written clarification of CMS policy on December 30, 2008.

### **Physician supervision of “incident to” services in an office or freestanding radiation therapy center**

The term “incident to” refers to the services or supplies furnished as an integral, although incidental, part of the physician’s personal professional services in the course of diagnosis or treatment of an injury or illness. Examples of “incident to” services include the services of auxiliary personnel such as physicists, nurses and technicians. Auxiliary personnel must act under the direct supervision of a physician, regardless of whether the individual is an employee, leased employee or independent contractor of the physician, or of the legal entity that employs or contracts with the physician.

Direct supervision in the office setting does not mean that the physician must be present in the same room with auxiliary personnel. However, the physician must be present in the office suite and immediately available to provide assistance and direction throughout the time the auxiliary personnel are performing services. Therefore, if the radiation oncologist leaves the office to go to the hospital, the services of the

auxiliary personnel provided during this absence cannot be covered by Medicare.

It is important to note that the supervision requirements for this “incident to” benefit category do not apply to radiation therapy services. Such services are subject to their own, albeit similar, physician supervision requirements that are described later in this article.

### **Physician supervision of “incident to” services in an outpatient hospital setting**

Therapeutic services, which hospitals provide on an outpatient basis, are services and supplies (including the use of hospital facilities) that are “incident to” the services of physicians in the treatment of patients. Such services include radiation therapy, clinic services and emergency room services.

To be covered as incident to physicians’ services, the services and supplies must be furnished on a physician’s order by hospital personnel and under a physician’s supervision. A hospital service or supply would not be considered incident to a physician’s service if the attending physician merely wrote an order for the services or supplies and referred the patient to the hospital without being involved in the management of that course of treatment.

There is no requirement that the physician who orders the hospital services be directly connected with the department that provides the services.

The physician supervision requirement for therapeutic hospital services furnished incident to physicians’ services (including radiation therapy) is generally assumed to be met where the services are performed on hospital premises and the hospital medical staff that supervises the services need not be in the same department as the ordering physician. However, if the services are furnished at a department of the hospital that has provider-based status (e.g., a facility that is not physically located within or connected to the hospital), the services must be rendered under the direct supervi-

sion of a physician. The requirement for direct supervision in a department of a hospital that has provider-based status applies to both on-campus and off-campus departments of the hospital.

Direct supervision in this context means the physician must be present and on the premises of the location and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

### **Physician supervision of radiation therapy services in an office or freestanding radiation therapy center**

Radiation therapy services (X-ray, radium and radioactive isotope therapy) furnished in an office or freestanding center require “direct personal supervision” of a physician. The physician need not be in the same room but must be in the area and immediately available to provide assistance and direction. Therefore, if the radiation oncologist leaves the office or the freestanding radiation therapy center to go to the hospital, any radiation therapy services provided during this absence cannot be covered by Medicare. The services covered under this benefit also include materials and services of technicians.

Unfortunately, similar terms are used to describe the supervision requirements under the various benefits, causing confusion. For example, the term “direct supervision” is used for the “incident to” and diagnostic test benefits and the term “personal supervision” is used for the diagnostic test benefit. In the case of radiation therapy, the term “direct personal supervision” is used but its definition is similar to the definition of “direct supervision” under the “incident to” and diagnostic test benefits.

A separate charge for the services of a physicist in an office or freestanding radiation therapy center is not recognized unless such services are covered

*(Continued on Page 26)*

## SUMMER STUDENT TRAINING OPPORTUNITIES AT NIH, ACADEMIC RESEARCH INSTITUTIONS

THE NATIONAL INSTITUTES OF HEALTH is the main U.S. Department of Health and Human Services agency designated for conducting and supporting biomedical research that will improve people's health and save lives. Within the 27 institutes and centers, NIH scientists investigate ways to prevent disease as well as determine the causes, treatments and even cures for common and rare diseases, while also providing leadership and financial support (e.g., grants) to researchers in every state and throughout the world. NIH also has a commitment to support the education and training of the next generation of biomedical researchers.

To address this future need, high school, university, postbaccalaureate, graduate and medical/dental level students have a unique opportunity during the summer to work side by side with some of the NIH's leading scientists in the world in an environment devoted exclusively to biomedical research.

ASTRO members are encouraged to help identify prospective students interested in biomedical research and inform them about the different training opportunities available. You must be proactive and involved now to ensure that the next generation of cancer researchers has the best education and training opportunities available.

**1. Summer Internship Program in Biomedical Research** – Students 16-years-old or older who are U.S. citizens/permanent residents and currently enrolled at least half-time in high school or an accredited college/university/U.S. medical/dental school are eligible to apply. See [www.training.nih.gov/student/sip](http://www.training.nih.gov/student/sip) for more information.

**2. NIH Undergraduate Scholarship Program (UGSP)** – This program offers scholarships to exceptional students from disadvantaged backgrounds who are committed to biomedical, behavioral and social science health-related research. The program offers scholarship support, paid research training at the NIH during the summer, and paid employment and training at NIH after graduation. See <https://ugsp.nih.gov> for more information.

**3. NIH Academy** – This postbaccalaureate in resident program provides opportunities for recent college graduates to spend a year engaged in biomedical investigation at NIH. The mission of the academy is to enhance research dedicated to the elimination of domestic health disparities through the development of a diverse cadre of biomedical researchers. See [www.training.nih.gov/student/pre-irta/irtamanualpostbacAcademy.asp](http://www.training.nih.gov/student/pre-irta/irtamanualpostbacAcademy.asp) for more information.

The NIH Office of Extramural Research also provides information online at <http://grants.nih.gov/training/extramural.htm> about the various extramural training mechanisms for individuals and institutions.

**1. Ruth L. Kirschstein National Research Service Awards (NRSA)** – These awards are for individuals working on a research or health-professional doctorate, institutional research training grants (T32) and individual predoctoral (F31), postdoctoral (F32) or senior (F33) fellowships. See <http://grants.nih.gov/training/nrsa.htm> for more information.

**2. Career Development Awards (K Awards)** – These NIH career development awards are available to both research and clinical scientists who are in the various stages of their research career path. See <http://grants.nih.gov/training/careerdevelopmentawards.htm> for more information.

**3. NOT-OD-09-060: Availability of Recovery Act Funds for Administrative Supplements Providing Summer Research Experiences for Students and Science Educators** – American Recovery and Reinvestment Act (ARRA) of 2009 funds are available for administrative supplements from NCI-funded Principal Investigators holding NCI-funded grants to provide research training opportunities to high school and college students or science educators. See [www.cancer.gov/researchandfunding/announcements/recoveryact](http://www.cancer.gov/researchandfunding/announcements/recoveryact) for more information.

For additional NIH training opportunities for minorities and underrepresented individuals, see <http://grants.nih.gov/training/extramural.htm>. NCI also has the following specific targeted programs:

**1. NCI's Center to Reduce Cancer Health Disparities (CRCHD)** – For a listing of various funding opportunities for training minority students in the field of health disparities, see <http://crchd.cancer.gov/students/students-index.html>.

**2. NCI's Comprehensive Minority Biomedical Branch (CMBB)** – For a listing of extensive opportunities for research training and career development of minorities and for involving minority institutions in cancer research,

*(Continued on Page 26)*

## HOW ARE YOU ADDRESSING THE NATIONAL NURSING SHORTAGE?



**THAT THE UNITED STATES IS EXPERIENCING** a shortage of registered nurses is not new. It has been going on since the 1960s and has been described as a supply and demand issue. In 2002, President Bush signed the Nurse Reinvestment Act into law. The law authorized loan repayment programs and scholarships for nursing students, a public service announcement to encourage interest in the nursing profession, career ladder programs, best practice grants, long-term care training grants and fast track faculty loan repayment programs.

Sadly enough, the shortage continues to grow. According to the U.S. Bureau of Labor Statistics, by 2025 the nursing shortage could reach as high as 500,000. The demand is expected to grow by 2 to 3 percent each year.

I have been in nursing for more than 25 years and over the years the issues have been the same. Enrollment in the nursing schools is not growing swiftly enough to meet the demand. The lack of nursing school faculty is restricting the amount of accepted applicants. Thus, the lack of enrollees added to the aging nursing population lends itself nicely to a nursing shortage. The age of the average R.N. in 2004 was 46.8 years old, according to the 2004 National Sample Survey of RNs.

It's important to also review what is impacting the current staffing levels. Factors affecting turnover include income, job satisfaction and stress. These factors have been known to drive many nurses from the profession. A registered nurse's annual income nationally is about \$67,000, according to [www.salaryexpert.com](http://www.salaryexpert.com). Many nurses have the ability to work overtime hours, pushing their income to a salary greater than \$100,000 per year.

Healthcare organizations review their turnover and retention rates quarterly, and look for reasons or rationale as to why their nurses are leaving their institutions. The national nursing turnover rate for 2007 was 8.4 percent for hospitals, according to Pricewaterhouse Coopers Health Research Institute.

Some hospitals are looking for creative ways with which to entice nurses to their organizations. The most practical way is to "grow their own." This philosophy is that hospitals hire nursing assistants who are in nursing school and have completed their first medical surgical clinical rotation. The student then is eligible for the organization's tuition forgiveness program with the quid pro

quo of staying on after graduation for three years with the hospital. A win-win situation for all involved.

Another way with which to ease the shortage is overseas recruitment. In 2007, approximately 25 percent of the nurses who earned their licenses were educated internationally. Nurses are coming from the Philippines, India, Mexico and Canada, according to an AP story in the *Denver Post* on January 5, 2009. The percentage of foreign-born RNs from 1994 to 2002 was 71 percent, according to a *Health Affairs* report in November/December 2003. Nurses from abroad must have a visa screen and must pass the CGFNS (Commission of Graduates of Foreign Nursing Schools) prior to being employed in the United States. The exam has a high failure rate for our foreign nursing graduates.

The current economy has pushed many second degree students into nursing. These are students who may have been a CAD designer for Ford or an architect and are now looking for a new career at age 40. They are taking advantage of the government financial opportunities to go back to school and step into a new career or second degree.

We acknowledge that the U.S. is enduring a national nursing shortage. We must ask how we are actively or proactively ensuring retention of nurses and how we are preventing the turnover of radiation oncology nurses. Radiation oncology is a specialty that requires an R.N. who has years of experience allowing him or her to function independently within the outpatient clinical setting. Focusing on job satisfaction and what the drivers are for the R.N.

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## at the AGENCIES

radiological or nuclear incident. The CDC, which characterizes itself as a facilitator, presented its vision of piggy-backing a radiation professional volunteer corps onto the existing Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) under the HHS/Office of the Assistant Secretary for Preparedness and Response ([www.hhs.gov/aspr/index.html](http://www.hhs.gov/aspr/index.html)) and the Medical Reserve Corps (MRC) sponsored by the Office of the U.S. Surgeon General ([www.medicalreservecorps.gov](http://www.medicalreservecorps.gov)).

The MRC organizes volunteers locally, integrating with existing programs and resources. With MRC/ESAR-VHP integration, MRC would utilize ESAR-VHP's program for registering and verifying credentials of members, train and prepare volunteers for activation at the local level, share responsibility for identifying and recruiting potential volunteers, and coordinate activities with ESAR-VHP.

A task force of roundtable participants was formed for developing

functional criteria establishing roles and training requirements for radiation protection volunteers who could be used for population monitoring. The group will address communications, infrastructure and training issues in the future. We will keep you updated on developments.

## PQRI PROSTATE MEASURE SPECIFICATIONS REVISED

This spring, ASTRO learned that Physician Quality Reporting Initiative (PQRI) measures related to radiation therapy services for prostate cancer include CPT Category I codes in the denominator for technical services (radiation treatment delivery 77401-77409, 77411-77418). This has resulted in confusion among ASTRO members about whether and how to report these measures for the 2009 PQRI program. After reviewing the issue with CMS, we concluded that these codes do not reflect the professional components of services provided by physicians who are the "eligible providers" for this program. CMS and the AMA Physician Consortium for Practice Improvement, which developed the measures, have

agreed that the denominator for these measures should be limited to those CPT codes including the professional component for radiation oncology services as listed below:

- Measure 102: 77776, 77777, 77778, 77787 (brachytherapy) and 77427 (radiation treatment management).
- Measures 104 and 105: 77427 (radiation treatment management).

We recommend ASTRO members reporting on measures 102, 104 and 105 submit CPT II codes only on claims for the professional services reflected in the codes listed above.

After PQRI measure specifications are finalized, it is CMS' policy not to make changes to the specifications during the reporting period. Therefore, CMS will address this issue through a modification to PQRI analysis by including radiation therapy claims with CPT 77427 and 77776, 77777, 77778, 77787 and excluding claims submitted with the radiation therapy delivery codes. This modification to PQRI analysis will be applied to 2008 and 2009 PQRI for prostate cancer measures 101 (2008), 102, 104 and 105 (2008 and 2009).

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## HEALTHpolicy

under the "incident to" provision (see Page 23). The "incident to" provision may also be extended to include all necessary and appropriate services supplied by a physicist assisting a radiologist when the physicist is in the physician's employ and working under his or her direct supervision.

*Dr. Mohideen practices in the Radiation Oncology Department at Northwest Community Hospital in Arlington Heights, Ill. Bart McCann and Trisha Crischock, M.S.W., also contributed to this article. If you have questions regarding the summary or any of the references to the Medicare laws and regulations, please contact ASTRO's Health Policy Department at 1-800-962-7876.*

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## RESEARCH

research training, education and outreach, see <http://minorityopportunities.nci.nih.gov>.

**3. CMBB's Continuing Umbrella of Research Experience (CURE) program** – For a listing of innovative programs that offer long-term funding to qualified underrepresented minority students and professionals from high school to the first professional appointment, see <http://minorityopportunities.nci.nih.gov>.

**4. PA-08-190: Research Supplements to Promote Diversity in Health-Related Research** – These programs allow NCI-funded principal investigators holding NCI-funded grants to apply for minority research supplements to support students (i.e., high school, undergraduate, pre/postdoctoral and junior investigator) interested in cancer research and training, during the summer and all year-round, in an ongoing focused research project of the grant. See <http://grants1.nih.gov/grants/guide/pa-files/PA-08-190.html> for more information.

*Dr. Wong is program director at the National Cancer Institute in Rockville, Md.*

(Continued from Page 25)

## FOCUSonNURSING

is integral. Some areas that radiation oncology centers can focus on are:

- Mentoring new radiation oncology nurses.
- Promoting professional growth and satisfaction by developing a nurse/physician practice model within the outpatient clinical setting where R.N.s are accountable for the patient practice in conjunction with the physician. This allows nurses to collaborate and feel as if they are a crucial part of the practice team.
- Allowing nurses to participate in and conduct research initiatives and encourage them to publish and present their results.
- Encouraging nurses to lead positions within the department, such as with HDR or prostate brachytherapy.
- Supporting active membership in professional nursing organizations, such as becoming a nurse/associate member in ASTRO.
- Supporting additional education for nurses.

On March 9, 2009, President Obama said of nurses, “[They are] the front lines of the healthcare system; they do not get paid very well. Their working conditions aren’t as good as they should be.” Acknowledging the R.N.’s role within the healthcare spectrum is key as we move forward toward ensuring that we are continuing to grow the nursing profession for years to come.

*Filipczak is the Michigan Regional Administrator for 21st Century Oncology in Plymouth, Mich.*

# CAREERopportunities

## BC RADIATION ONCOLOGIST

Outstanding opportunity for a board-certified radiation oncologist to join a well-established, progressive private practice in desirable Southern Westchester County, New York. The Center for Radiation Oncology, a division of New Rochelle Radiology, a comprehensive diagnostic imaging and radiation oncology center, seeks a full-time, BC radiation oncologist to replace a retiring partner. Equal partnership track with excellent salary and benefits. Located in close proximity to New York City, the Center for Radiation Oncology’s recently renovated offices have an Elekta accelerator with IMRT capabilities, Nulcetron HDR system, Precise Treatment Planning system with PET/CT simulation capabilities, Stereotactic Body Frame and Variseed Brachytherapy Planning system. Flexible start date. Please contact Adele Gargano by phone at 914-633-7700, by e-mail at agargano@newrorad.com or by fax at 914-576-3587.

## RADIATION ONCOLOGIST AND MEDICAL DIRECTOR

Jefferson City Medical Group (JCMG) is physician-owned and led. Enjoy the security of a large, successful multispecialty practice with a sizable primary care base and partners who have trained at world class programs and have excellent reputations in the region. JCMG is accredited by AAAHC. We believe the best medical decisions are made by patients working closely with their physicians. Practice at a well-respected hospital that has provided care for more than 100 years, where they have a sophisticated cancer registry, a dedicated 25-bed acute care oncology unit and three palliative care beds with highly skilled staff. The radiation oncologist would serve as medical director of the program and provide input into the purchase of state-of-the-art equipment. We offer competitive compensation with a productivity bonus and signing bonus. Our region is known for boating, water skiing, swimming, hunting, fishing, golf, biking/hiking, children and youth activities (art, music, theatre, sports), Big 12 college sports, award-winning wineries, as well as four distinct and beautiful seasons. Jefferson City is ranked the 35th smartest place to live in the U.S. by *Kiplinger’s Personal Finance* magazine. See for yourself why this is a desirable opportunity. Send your CV to Janet at jwenloe@jcmg.org; 573-619-2975.

## RADIATION ONCOLOGIST

The Department of Radiology, Division of Radiation Oncology, at the Medical College of Georgia (MCG), Georgia’s premiere health sciences university, is recruiting a full-time faculty position in radiation oncology. Applicants should be board eligible or board certified in radiation oncology. Both salary and academic rank are competitive

and commensurate with experience. Position offers an excellent fringe benefits package (i.e., including but not limited to professional liability insurance coverage, home owners/ auto insurance, disability insurance, health and dental insurance). MCG ranks in the top 10 medical schools in basic science grant revenue per faculty member and is located in historic Augusta, Ga. A newly-established cancer center has ambitious plans for growth in basic, translational and clinical cancer research. The campus offers excellent core facilities including cell and small animal imaging. Additional information is available at [www.mcg.edu](http://www.mcg.edu), or from the chair of the Search Committee, James V. Rawson, M.D., chair, Department of Radiology. Please send curriculum vitae and three references to Medical College of Georgia, Irene Dillard, Department of Radiology, 1120 15th St., Augusta, Ga., 30912, or e-mail Irene Dillard at [idillard@mcg.edu](mailto:idillard@mcg.edu). The Medical College of Georgia is an EOE, AA and ADA employer.

## RADIATION THERAPY MANAGER

The radiation therapy manager is responsible for daily coordination and supervision of operations in multiple radiation oncology sites. Must carry out assignments in a manner to assure success in financial management, staffing management, leadership, quality and operational management objectives. Provides input into and participates in program development, policy development and unit performance improvement, including regulatory and billing compliance, fiscal and capital budget preparation, and strategic planning. Prepares and delivers employee performance evaluations and disciplinary actions. Must be technically and clinically competent, adhere to department standards and can fill in when department needs dictates. Must serve as customer service role model to employees. Major decisions are subject to the review and approval of the clinical director.

### EDUCATION AND EXPERIENCE

- Graduate of an accredited school of radiation therapy.
- Bachelor of Science degree in associated field.
- Master’s degree preferred.
- Licensed as a radiation therapy technologist in the state of Washington or Certified Medical Dosimetrist.
- Five years recent clinical experience in specialty area.
- Three years management experience.

To apply, send resume/CV to [shari.workman@multicare.org](mailto:shari.workman@multicare.org) or call Shari at 253-403-6721.

For more information on classified advertising, visit <http://jpc.astro.org>, or contact Faith Brown at [faithb@astro.org](mailto:faithb@astro.org).

# UPCOMING MEETINGS

## 2009

### TRANSLATIONAL ADVANCES IN RADIATION ONCOLOGY AND CANCER IMAGING SYMPOSIUM

**September 11-12, 2009**

Sheraton St. Louis City Center  
Hotel and Suites  
St. Louis

### BREAST CANCER SYMPOSIUM

**October 8-10, 2009**

San Francisco Marriott  
San Francisco  
*Co-sponsored by  
ASTRO, ASCO, ASBS and SSO*

## 2010

### MULTIDISCIPLINARY HEAD AND NECK CANCER SYMPOSIUM

**February 25-27, 2010**

Sheraton Wild Horse Pass Resort and Spa  
Chandler, Ariz.

*Co-sponsored by ASTRO, AHNS, ASCO, and SNM*

### MULTIDISCIPLINARY SYMPOSIUM IN THORACIC ONCOLOGY

**December 9-11, 2010**

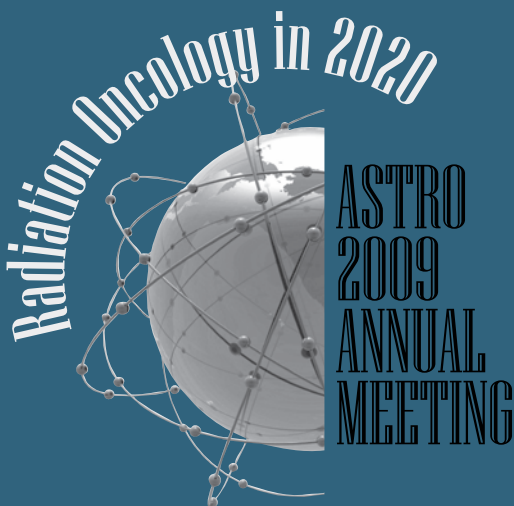
*Co-sponsored by ASCO, ASTRO, IASLC and University of Chicago*  
Hilton Chicago  
Chicago

## 2009 ASTRO ANNUAL MEETING

**November 1-5, 2009**

McCormick Place West  
CHICAGO

**Registration and  
Housing Opens  
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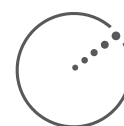
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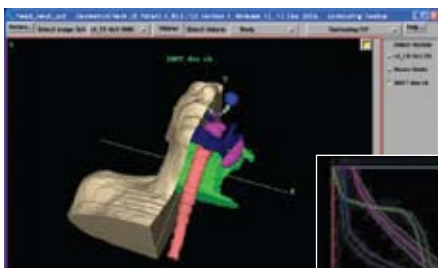
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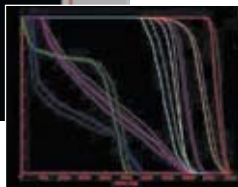


# Dosimetry Check IGQA™

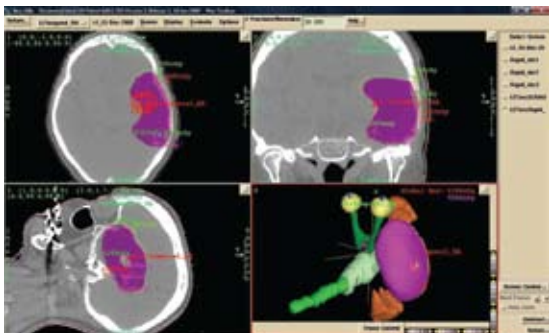
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