LET’S CLARIFY CONFUSING HEALTHCARE-REFORM TERMINOLOGY

Note: The views expressed in this article are not necessarily those of the American College of Radiation Oncology.

To say that President Obama’s attempts to reform the American healthcare system have run into some opposition is a gross understatement. The American people seem to be collectively holding their breaths as arguments over the details of reform have split largely along party lines. Meanwhile, third-party payers, professional medical organizations, and public groups try to sway lawmakers toward a system that would benefit specialized constituents. In late November 2009, when a government-backed task force recommended that women in their 40s should no longer undergo mammography screenings, many Americans began to think they were witnessing the government’s first attempt toward rationed care, which they fear could be the cornerstone of the federal government’s healthcare reform.

During the presidential-election campaign in early 2008, candidates such as former New York Mayor Rudy Giuliani, threw around negative-sounding terms such as “socialized medicine” to criticize the type of healthcare reform championed by the Democratic candidates. Yet he never defined exactly what he meant by such a term. As the healthcare debate wears on, the media continues to bandy about terms such as “public option” and “single-payer plan,” which are unclear to many Americans.

The ‘Public Option’

Simply put, a public-option plan is a healthcare system run by the government. Currently, the public-option plan is being discussed as just one component of a larger reform and would apply only to those Americans who do not have health insurance. The

continues on page 4

When it comes to healthcare reform, President Obama appears to be finding that change can be much harder to accomplish than anticipated.
ACRO extends invitation to attend its 20th annual meeting in Florida

ACRO 2010 has been designed to address the issues facing all practicing radiation oncologists in these uncertain times. This year’s annual meeting theme is “Clinical Radiation Oncology Challenges: Image-Guided Paradigms from Head to Toe.” It will present the latest clinical techniques and knowledge and will address the economic challenges facing the specialty. You cannot afford to miss this conference if you are concerned about the future of your practice!

Schedule yourself now to be at Disney’s Contemporary Resort in Orlando, FL, February 25–27, 2010!

Sincerely
Michael Kerley, MD
ACRO General Program Chair

Gregg Franklin, MD, PhD
ACRO Scientific Program Chair

As in 2006, ACRO will hold its annual meeting in Walt Disney World. (© DISNEY)
Highlights of ACRO 2010

- Presentations Dealing with Practical Issues in Head-and-Neck Cancer
- Lectures Regarding Breast-Cancer Issues in the Radiation-Oncology Clinic
- Plenary Sessions Involving Pelvic Malignancies (Prostate, Cervix, and Endometrium)
- Speakers Discussing Politics, Economics, and Regulations
- New Information dealing with Billing and Coding
- Symposium for Physicists
- Pre-conference Workshop on Contouring
- Symposium for Residents
- Commercial Exhibits Presented by more than 50 Companies
- Poster Sessions
- Company-Supported Breakfasts and Lunches with Speakers

Editor’s Note: The ACRO Annual Meeting program schedule and registration form are on pages 8-10 of this issue of the ACRO Bulletin.
proponents of the public option state that it would reduce healthcare costs because the government, unlike the insurance companies, is nonprofit. While campaigning for the presidency, then-Senator Obama stated he favored this plan because it would force insurance companies to lower their costs in order to compete with the government.

The ‘Single-Payer System’

In a “single-payer system,” the government manages the healthcare needs of the nation to the exclusion of any other third-party payers. (In other words, the “single-payer” is the government.) Only a few individuals, such as Ohio representative and former presidential candidate Dennis Kucinich, still agitate for a single-payer system based largely on the assumption that the insurance companies are the cause of the problems with the American healthcare system. However, this type of reform has not been part of the recent healthcare debate. Proponents of a single-payer plan claim that such a reform is not being considered because the insurance companies spend millions of dollars a year to pay lobbyists to influence members of Congress in ways that are advantageous to the insurance industry and provide no benefit for the healthcare consumer. Whether the government could manage the entire country’s healthcare system much more cost-effectively than third-party payers remains to be seen.

‘Socialized Medicine’

“Socialized medicine,” then, refers to the single-payer system or a public-option plan. For many Americans who grew up during the Cold War years, the government always framed “socialism” as a step toward “communism,” considered the greatest ideological threat to American democracy until the early 1990s and the collapse of the Soviet Union. Socialism, however, is not communism. The root word of this term is “social,” which the dictionary defines as “living in friendly relations with each other . . . in a community rather than alone.” In that sense, socialized medicine reflects the will of individuals within a community to take care of each other. Everyone needs healthcare, so everyone should pay into a system and share its benefits. In fact, socialized medicine already exists in America in the form of Medicare and Medicaid. Yet many Americans are confused about the concept. During a town meeting in South Carolina, one man stood up to tell Congressman Bob Inglis to make sure the government did not take away Medicare. When the Republican lawmaker tried to explain that Medicare was a government-run program, the man refused to listen and angrily yelled that the government should “keep its hands off my Medicare.”

Data show that America spends more on healthcare than any other country, but Americans are nowhere near being the healthiest people in the world. Proponents of socialized medicine believe the blending of many different systems, dictated by many different third-party payers, has resulted in a costly, confusing bureaucratic morass. Meanwhile, many supporters of President Obama are disappointed that he did not follow through on his campaign promises and bravely demand a more radical change to the healthcare system. The most drastic plan would eliminate medical insurance companies altogether, or, at least, prohibit these companies from making a profit. Instead, the Democrats in Congress have unveiled healthcare plans that only introduce a public option, if at all, as a small part of reform. Yet, because of their support of “socialized medicine,” they are skewered by ultra-conservative spokespersons in the media as being anti-American, anti-Constitution, and anti-democracy.

So the question remains, once the dust settles, will Americans have an improved healthcare system? Unfortunately, the definition of “improved” varies depending on partisan leanings. A final compromise to satisfy a majority of individuals along the political spectrum might result in a watered-down reform that leaves the healthcare system only slightly different from what we have now. ■
Even before healthcare reform in America has been accomplished, medical insurance companies are searching for ways to contain costs by sending patients to foreign locales. According to a recent article in *USA Today*, the four largest commercial US health insurers already offer coverage for overseas healthcare or are looking into it. Medical costs in countries such as Costa Rica can be as much as 80% less than in America. Despite the economic crisis, 1.6 million Americans are expected to take medical trips in 2010. This is up from 750,000 who traveled abroad for healthcare in 2007.

Initially, patients left America primarily for major dental care. But Americans appear to be overcoming their fears that healthcare in any country but the US would be suboptimal, if not downright dangerous. Now patients head for nations in Central America or Asia to seek a diagnosis or undergo treatment, including major surgery.

Insurers can save from 50% to 90% on major medical claims if the patient leaves America for care. The lower cost of living in foreign countries drives down the price of medical supplies, drugs, and therapy. For patients with high deductibles, a trip abroad for medical care may be a more manageable expense than staying in America for care.

For example, Ben Schreiner of Camden, SC, flew to Costa Rica for hernia surgery. It cost him $4,400, including the round-trip airfare. The same surgery, if done in America, would have required him to pay his entire $10,000 deductible.

At first, Schreiner was dubious about the quality of care and skill of the physicians in Costa Rica. “When you read the bios and the backgrounds of the doctors, you kind of lose your skepticism,” he said.

Also, representatives of health-insurance companies travel frequently to foreign medical centers to inspect facilities before adding them to their network. ■
BRITAIN’S EXPERIENCE WITH THE NICE COULD ASSIST HEALTHCARE REFORMERS IN AMERICA

By A. Robert Kagan, MD

Few in the United States think much can be learned from Britain’s National Health Service (NHS). However, the Brits, who rated their healthcare system below standard years ago, now appear “content” with their medical care and recognize that during the past few years the British government took healthcare seriously and funded it generously. One of the more successful results of this governmental change in attitude was the development of the National Institute for Health and Clinical Excellence (NICE) (http://www.nice.org.uk).

The NICE has a variety of functions, the best known of which is technology appraisal. But it also has an active program of clinical guideline development. The development group for each guideline consists of 10 to 15 relevant health professionals (not just physicians) and patient-care representatives supported by a team of researchers and health economists. The final guideline recommendations, based on evidence of clinical and cost effectiveness and consensus, describe high-quality clinical practice that applies to everyone treated in the NHS. In the US, insurance companies decide guidelines regarding reimbursement and medical benefits, but each insurance company has its own guidelines, influenced by the competition of the marketplace. This leads to disparity of care. The one-treatment-fits-all criticism of the NICE guidelines is misleading, at least for oncology. The National Comprehensive Cancer Network (NCCN) guidelines are far more rigid compared to the relative flexibility of the NICE guidelines.

The US Congress has allocated more than a billion dollars for research to compare the effectiveness of different treatments. Despite differences in the practice of medicine and differences in governmental cultures, it seems to me, it is better to be controlled by physicians with no conflicts of interest than by politicians and CEOs in terms of our medical practice. The NICE has already had experience in this adventure and continues to press on sometimes in the face of adversity, hostile criticism, and legal challenges. Why not take advantage of their learning experiences and try to adapt their solutions to the problems of the US healthcare system?

Dr Kagan is the Editor of the ACRO Bulletin and past-president of ACRO.

Reactions or responses to this article can be sent to the Editor, Dr A. Robert Kagan, at the Department of Radiation Oncology; Kaiser Permanente Medical Group; 4950 Sunset Blvd; Los Angeles, CA 90027.

In the US, the Food and Drug Administration (FDA) approves drugs for clinical use if they show evidence of efficacy and safety. In Europe, the European Medicines Agency (EMEA) carries out the same job. But before a new drug is made available for patients treated in the NHS, it is formally appraised by NICE, which then considers its cost effectiveness through a technology-appraisal process and includes a formal health economic evaluation. The appraisal committees are large and include representatives from all parts of the NHS, academia, industry, and patient groups. They listen to evidence from key stakeholders such as clinical experts, patients, and manufacturers, as well as an independent academic group that reviews the evidence. Unlike the FDA, the NICE will not recommend a costly drug that brings limited benefits. It almost goes without saying that some NICE evaluations of clinical and cost effectiveness have resulted in unfavorable responses from some patients and doctors alike. For example, members of the British Pain Society went so far as ousting their president, who was on a NICE guideline group on low back pain, when they did not agree with NICE guidelines.

Dr Kagan is the Editor of the ACRO Bulletin and past-president of ACRO.
UNDERSTANDING THE ALPHABET SOUP OF IMRT (THAT’S INTENSITY MODULATED RADIATION THERAPY, OF COURSE)

New abbreviations—PTV, GTV, and CTV—define the volumes of intensity modulated radiation therapy (IMRT). This terminology became necessary in order to standardize and describe the volumes of radiation for IMRT. Despite acceptance of these terms, there is still a wide variation in the volume decisions made and incidentally in the doses given.

The PTV is the planning target volume, which is the volume that is finally irradiated. The PTV is derived from the GTV and the CTV. The GTV is the gross tumor volume. It is determined from computed tomograms, magnetic resonance images, and positron emission tomograms. The CTV is the clinical target volume and is the GTV plus an added safety margin for subclinical disease. Finally, the PTV adds a margin to allow for patient set-up variations, organ movement, beam designs, etc.

Another abbreviation is OAR. This stands for (normal) organs at risk and would include mandible salivary glands, the spinal cord, the cervical esophagus, larynx, the velopalatine apparatus, etc., for a patient undergoing irradiation for oral-cavity cancer.
Practical Issues in Head and Neck Cancer

“Head & Neck Anatomy for the Practicing Oncologist”
- Dr. Laurie Loewer (Radiologist), University of Pennsylvania, Philadelphia, PA

“Case Studies #1: Contouring Conundrums”
- Dr. Dwight Heron, University of Pittsburgh, Pittsburgh, PA & Dr. David Rosenthal, M. D. Anderson Cancer Center, Houston, TX

“Case Studies #2: Controversies Regarding Systemic Therapy”
- Dr. David Rosenthal, M. D. Anderson Cancer Center, Houston, TX & Dr. Roland Skeel (Medical Oncologist), University of Toledo, Toledo, OH

“Management of Acute/Long-Term Toxicities in the H&N Cancer Patient”
- Dr. David Brizel, Duke University, Durham, NC

“billing and Coding problems and Updates in Head & Neck Cancer Treatment”
- Mr. Ron DiGiama, Revenue Cycle Inc., Austin, TX

Breast Cancer Issues in the Rad Onc Clinic

“CT/MRI-Based Anatomy, Contouring and Treatment Planning”
- Dr. Mary Feng, University of Michigan, Ann Arbor, MI

“Radiation Therapy and Reconstruction”
- Dr. Beryl McCormick, Memorial Sloan Kettering Cancer Center, New York, NY

“Med Onc for Dummies: Practical Overview of Recent Chemotherapy, Molecular Targeted and Hormonal Therapy Regimens for the Practicing Rad Onc”
- Dr. Roland Skeel (Medical Oncologist), University of Toledo, Toledo, OH

“APBI: Where Are We Now and Comparisons of Delivery Systems”
- Dr. David Wazer, Tufts/New England Medical Center, Boston, MA

“Contemporary Billing and Coding Problems and Updates in Breast Cancer Treatment”
- Mr. Ron DiGiama, Revenue Cycle Inc., Austin, TX

Pelvic Malignancies #1 (Prostate)

“Pelvic Anatomy and MRI-based Treatment Planning in Prostate Cancer”
- Dr. Eduardo Leon, (Radiologist) Roswell Park Cancer Institute, Buffalo, NY and Dr. Alan Pollack, University of Miami, Miami, FL

“Case Studies #3: Treatment Planning and Contouring Controversies for Intact Prostate and Post-Prostatectomy Scenarios”
- Dr. Alan Pollack, University of Miami, Miami, FL & Dr. Michael Kueettel, Roswell Park Cancer Institute, Buffalo, NY

“Case Studies #4: Management of Acute and Late Treatment-Related Toxicities”
- Dr. Andrew Stephenson (Urologist), Cleveland Clinic, Cleveland, OH

“Contemporary Billing and Coding Problems and Updates in Prostate Cancer Treatment”
- Mr. Ron DiGiama, Revenue Cycle Inc., Austin, TX

The Dr. Luther Brady Lecture

“The Art of Brachytherapy and Abstract Expressionism”
- Dr. D. Jeffrey Demanes, California Endocurietherapy Medical Corporation, Oakland, CA

Rounding Out the Clinic

“Clinical Radiobiology: Hypofractionation in the Clinic”
- Dr. William McBride (Radiobiologist), University of California – Los Angeles, Los Angeles, CA

“Tricks of the Trade: Managing Referring Physicians, Insurance Companies, and Other Critical Practice Issues”
- Dr. Paul Schilling, Community Cancer Center of North Florida, Gainesville, FL

“Managing Late Complications with Hyperbaric Oxygen”
- Dr. John Feldmeier, University of Toledo, Toledo, OH

“Contemporary Billing and Coding Problems and Updates”
- Mr. Ron DiGiama, Revenue Cycle Inc., Austin, TX

Pelvic Malignancies #2 (Cervix and Endometrium)

“Case Studies #4: Patient Risk Stratification and the Evolving Controversial Role of Adjuvant Radiation Therapy in Endometrial Cancer”
- Dr. Catherine Yashar, University of California – San Diego, San Diego, CA & Dr. D. Scott McMeekin (Gynecologic Oncologist), University of Oklahoma, Oklahoma City, OK

“Case Studies #5: Contouring and Dosimetric Constraints for Gynecologic Malignancies in the Modern Era”
- Dr. Sushil Beriwal, University of Pittsburgh, Pittsburgh, PA

“CT, MRI and PET-Based Planning for Cervix and Endometrial Cancers: Incorporation of IMRT and IGRT”
- Dr. Perry Grigsby, Washington University, St. Louis, MO

“Contemporary Billing and Coding Problems and Updates in Gynecologic Treatments”
- Mr. Ron DiGiama, Revenue Cycle Inc., Austin, TX

Politics, Economics and Regulation – Surviving the Year Ahead

“Radiation Safety and National Security for Radiation Oncologists”
- Dr. Joel Greenberger, University of Pittsburgh, Pittsburgh, PA

“Economics Committee Update”
- Dr. Paul Wallner, 21st Century Oncology, Moorestown, NJ & Ms. Jennifer Dreyfus, Competitive Health Strategies, Takoma Park, MD

“The Dr. David Krause Washington Update”
- Mr. Andrew Woods, King & Spalding LLP, Washington, DC

“AMA Update”
- Dr. Dennis Galinsky, DuPage Oncology Center, Winfield, IL

“NRC Update”
- Dr. Subir Nag, ACMUI, U.S. Nuclear Regulatory Commission, Washington, DC

“ACRO Practice Accreditation Program Update”
- Dr. Gregory Cotter, Radiation Therapy Oncology, PC, Mobile, AL & Dr. Ishmael Parsai, University of Toledo, Toledo, OH
1. **CONTACT INFORMATION** (Type or print only)

   First Name ___________________________ Last Name ___________________________ Degree(s) ___________________________

   Name as you would like it to appear on badge (if different from above) ___________________________

   Address ___________________________

   City/State/Zip/Country ___________________________ Phone ___________________________

   E-mail ___________________________ Fax ___________________________

   □ Check here if you have special needs (dietary restrictions, disability, etc.)

   □ Check here for more information on ACRO’s Political Action Committee.

2. **MEETING & PRE-CONFERENCE COURSES**

   For the Annual Meeting check ONE of the boxes in the fee schedule below. For the pre-conference courses select the appropriate box based on your status and course selection. Pre-conference course registration is not included in Annual Meeting registration.

   **Note:** Pre-registration closes January 22, 2010. Registration forms received at ACRO after January 22 will be processed as on-site registrations. For more information on the meeting and pre-conference courses, visit www.acro.org or call (301) 718-5515.

   **ACRO Annual Meeting ONLY—February 25 - 27, 2010**

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<th>Pre-registration by 1/22/10</th>
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<td>New Member (Join Now)</td>
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<td>Trainee* (Med Student/Resident/Grad Student)</td>
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<td>Administrator, Nurse, Allied Health Professional</td>
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   **Pre-Conference Courses – February 24, 2010**

   1. Symposium for Radiation Oncology Physicists (8AM - 12PM)
      (Co-sponsored by the American College of Medical Physics)
      □ ACRO/ACMP Member (Symposium Only) $150 $250
      □ Non-member Physician $400 $500
      □ Non-Member Physicist $500 $600

   2. Hands-On contouring course (Register early as seating is limited)
      a) Pelvis & Prostate (1 - 3PM)
         □ ACRO/ACMP Member $300 $400
         □ Non-member Physician $400 $500
         □ Non-member Physicist $500 $600
         □ Trainee (space available) $150 $200
      b) Head & Neck (3 - 9PM)
         □ ACRO/ACMP Member $300 $400
         □ Non-member Physician $400 $500
         □ Non-member Physicist $500 $600
         □ Trainee (space available) $150 $200
      c) Thorax & Abdomen (5 - 7PM)
         □ ACRO/ACMP Member $300 $400
         □ Non-member Physician $400 $500
         □ Non-member Physicist $500 $600
         □ Trainee (space available) $150 $200
      d) All 3 Sessions (1 - 7PM)
         □ ACRO/ACMP Member $450 $550
         □ Non-member Physician $600 $700
         □ Non-member Physicist $750 $850
         □ Trainee (space available) $225 $275

3. **2010 MEMBERSHIP DUES**

   All current (2009) members can pay 2010 membership dues with this meeting registration. Non-members can join ACRO with this meeting registration and receive a discount.

<table>
<thead>
<tr>
<th>Type of Member</th>
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<tr>
<td>Current ACRO Fellow or Regular Member</td>
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   *Proof of status required.

4. **FEE CALCULATION**

   **Annual Meeting Only** $__________

   **Pre-Conference Courses** $__________

   **2010 Membership Dues** $__________

   **TOTAL REMITTANCE (US FUNDS)** $__________

5. **PAYMENT**

   I wish to make payment by:
   □ Check or Money Order
   □ Credit Card

   If paying by check or money order, make payable to ACRO and mail with this form to:
   ACRO 2010
   5272 River Road, Suite 630 | Bethesda, MD 20816

   If paying by credit card, complete this section:
   □ VISA □ MC □ AmEx

   Card Number ___________________________

   Exp. Date (mm/yy) ___________________________ Security Code ___________________________

   Name on Card ___________________________

   Signature ___________________________

   CANCELLATION POLICY: Full refund, minus a $100 fee, if notified in writing before January 22, 2010. A 50% refund if notified between January 23 and February 5, 2010. No refund after February 5, 2010. Approved refunds will be distributed approximately 30 days after conclusion of the Annual Meeting.

   Thank you for registering.
   go to www.acro.org for updates
2010 ACRO ANNUAL MEETING

ACRO 2010

CONFERENCE SYMPOSIA & WORKSHOP:

Workshop on Contouring
[Wednesday, February 24, 1-7 pm, three 2-hour sessions]
(Presented by Anatom-e Information Systems)
(Open to physicians and physicists) (Not eligible for CME credits)
Pelvis & Prostate; Head & Neck; Thorax & Abdomen

Faculty:
- Dr. Dwight Heron, University of Pittsburgh, Pittsburgh, PA; Dr. Michael Kuetel, Roswell Park Cancer Institute, Buffalo, NY; Dr. Eduardo Leon, Roswell Park Cancer Institute, Buffalo, NY

This workshop should be of great interest to all radiation oncologists because it will offer “hands-on” computer driven contouring where you can experiment and compare test contours from the experts. Three 2 hour sessions will cover the pelvis & prostate, head & neck, and thorax & abdomen. You can register for one, two, or all three sessions. Anatom-e technical staff will support the faculty so you will receive personal instruction at your own supplied workstation. We are limiting the Wednesday afternoon sessions to 50 participants.

So register early. If the sessions are sold out, we will attempt to arrange for another session that evening (Wednesday) or on Thursday evening.

Symposium for Radiation Oncology Physicists
[Wednesday, February 24, 8 am-12 pm]
(Presented jointly with the American College of Medical Physics) (CAMPEP Credits to be applied for) (Eligible for CME credits)
“Functional/Molecular Imaging: Application of PET for Planning Assessment”
- Dr. Robert Jerag, University of Wisconsin, Madison, WI
“Advances in Real Time Brachytherapy: Imaging & Delivery”
- Dr. Dimos Baltas, University of Athens, Athens, Greece
“Clinical Implications of Respiration Motion Correlated Imaging: Treatment Planning & Delivery”
- Dr. Nicko Papanikolauo, University of Texas, San Antonio, TX
“All You Need to Know About Proton Therapy: Planning & Delivery”
- Dr. Jatinder Palta, University of Florida, Gainesville, FL
“Issues Related to Radiation & Terrorism”
- Dr. E. Ishaq Parsi, University of Toledo, Toledo, OH

Symposium for Radiation Oncology Residents
[Saturday, February 27, 1-4:15 pm]
(Presented by the ACRO Residents Committee) (Eligible for CME credits)
Welcome and Overview of Program
- Dr. Mitchell Kamrava, National Cancer Institute, Bethesda, MD
What to Expect Your First Year Out from Residency
- Dr. Shilpa Patel, University of Washington, Seattle, WA
Things to Consider when Choosing Between Academics and Private Practice
- Dr. David Diamond, Florida Oncology Network, Winter Park, FL
Opportunities for Research with the Private Sector
- Dr. Catherine Yashar, University of California – San Diego, San Diego, CA
Economics of Radiation Oncology
- Dr. Paul Schilling, Community Cancer Center of North Florida, Gainesville, FL
Managing Your Finances Post-Residency
- Dr. G. Kent Mangleston, American Society of Asset Protection, Las Vegas, NV
Basics of Billing & Coding
- Dr. David Beyer, Arizona Oncology Services, Scottsdale, AZ
- Mr. Ron DiGiaimo, Revenue Cycle, Inc., Austin, TX

Learning Objectives– At the conclusion of this conference, participants should be able to:
(1) Describe regional and specific anatomy of common tumors of the head and neck, breast, and pelvis, and demonstrate improved contouring skills and state the art treatment management for these areas.
(2) Outline recent chemotherapy, molecular targeted, and hormonal targeted regimens used in the treatment of cancer patients.
(3) Demonstrate competence in billing and coding for head and neck, breast, and pelvic malignancies in the face of increased governmental regulation and financial cuts.
(4) Evaluate the treatment of acute and long-term complications of radiation therapy for head and neck, breast, and pelvic malignancies in order to better patient outcomes.
(5) Interpret the changing political, economic, and regulatory health care environment in order to survive the year ahead.
(6) Describe the technical concepts of afterloading brachytherapy, explain the clinical process of care, determine the most important indications, and discuss relative risks and benefits.

Accreditation, CME Credits, and Disclosure Statements

Community Hospitals Indianapolis must demonstrate balance, independence, objectivity and scientific rigor. All faculty, authors, editors and planning committee members participating in a CHI-sponsored activity are required to disclose any relevant financial interest or other relationship with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services that are discussed in an educational activity.

Community Hospitals Indianapolis has implemented a process whereby everyone who is in a position to control the content of an educational activity has disclosed all relevant financial relationships with any commercial interest. In addition, it should be determined that a conflict of interest exists as a result of a financial relationship it will be resolved prior to the activity.

While offering the CME credit above, this activity is not intended to provide extensive training in the field. ADA accommodations are available upon request. If an ADA accommodation is necessary, please contact Rebecca Dayton at 301-718-6536.

Meeting Registration:
Go online to www.acro.org or use the enclosed form and fax to 301-656-0989.

Accommodations:
Rooms at $209/night, double/single, are available at Disney’s Contemporary Resort. Call 1-407-824-3869 and mention “ACRO” or visit www.acro.org for online reservations and special Disney World tickets.

Additional Meeting Information:
For the latest conference information & updates visit: WWW.ACR.O.ORG
GHOSTWRITING THREATENS TO BIAS PUBLISHED STUDIES

The editors of the *Journal of the American Medical Association* (JAMA) recently released a study indicating that, in 2008, six top medical journals published ghostwritten articles. “Ghostwriting” is defined as a contribution to an article by an individual who is not listed as an author. In healthcare literature, drug or medical-device companies usually sponsor ghostwriters. The JAMA editors reported that 7.8% of 630 articles were written in part by ghostwriters. The data were based on online responses to a questionnaire by the known authors of the 630 articles. The *New England Journal of Medicine* (NEJM) had the highest rate of ghostwriting (10.9%). Other rates are shown in the Table.

Rising rates of ghostwriting are a concern because industry-sponsored writers can bias research results, which, in turn, affect patient care. The JAMA editors believe medical journals should require that all contributors be listed at least in the acknowledgments section if not as an author.

Ginny Barbour, chief editor of *Public Library of Science (PloS) Medicine*, responded to the study by explaining that *PloS Medicine* has always had tough rules regarding the identity of article contributors. “I feel that we’ve basically been lied to by authors,” she said. Editors of the NEJM had a different reaction, stating they were “skeptical” of the study’s findings and that the JAMA editors’ definition of ghostwriting was too broad. JAMA responded that the standard definition was used.

Nevertheless, the study was not entirely random. It relied on participants’ willingness to answer the questionnaire. Response rates thus varied from 58.3% for one journal to 85.9% for another. Additionally, there existed a potential to underreport since many authors would likely be reticent to admit that their articles had been influenced by an unnamed source with a potential conflict of interest. ■

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<td>The Lancet</td>
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<td>Public Library of Science Medicine</td>
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<td>Annals of Internal Medicine</td>
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THE DOCTORS BOOK OF HOME REMEDIES

By the Editors of Prevention Magazine
Paperback, 2009, $7.99

This revised and expanded guide, first published in 1990, has sold approximately 16 million copies in 22 languages. The book has always promoted itself as the best substitute for a physician's advice on everything from acne to wrinkles. Most of the suggestions are common sense. For example, what should you do if you feel stressed? “Think positive,” says this book. Unfortunately, other suggestions seem to indicate that the editors of Prevention Magazine have not checked the latest research. For example, the book claims Vitamin C can prevent urinary tract infections because the vitamin acidifies urine. But recent studies have shown this to be a fallacy. In another example, the book claims that 1998 research suggested that palmetto improved urinary flow and reduced nighttime visits to the bathroom. However, the researchers of the 1998 study repeated their study in 2009 and concluded that palmetto worked no better than a placebo. Finally, the guide bases much of its advice on questionable data. For instance, The Doctors Book claims that a daily regimen of ginkgo will improve memory. But this statement is based on a study that lasted only two days, hardly enough time to support research validity. Thus, physicians of all specialties should be dubious about the helpfulness of this book.

Review taken, in part, from the Nutrition Action Health Letter (September 2009), published by the Center for Science in the Public Interest.

Book reviews should be addressed to the Editor, ACRO Bulletin, Department of Radiation Oncology, Kaiser Permanente Medical Group, 4950 Sunset Blvd, Los Angeles, CA 90027. Reviews may be edited for clarity or to fit available space.

Book Reviews Wanted!
After a long day of radiation oncology practice, have you sat down in the evening with an especially good book of fiction? If so, share your reading with other ACRO members!

Send your book review to:
A. Robert Kagan, MD
Editor, ACRO Bulletin
Department of Radiation Oncology
Kaiser Permanente Medical Group
4950 Sunset Blvd
Los Angeles, CA 90027
(323) 783-3865
**Exercise Improves Memories of Maze Layout by Irradiated Mice**

A Duke University study, presented at the recent Society for Neuroscience meeting, claims that exercise improved the memory of mice that had been exposed to whole-brain radiation similar in dose to the radiation used to treat human brain cancer.

One group of irradiated mice stayed in their cages with other mice. A second group of irradiated mice were given access to a running wheel. Mice from both groups were later tested to determine how well they remembered the location of an escape route out of a maze. The mice that had exercised appeared to remember the escape route as well as mice that were not exposed to radiation two weeks and three months later. The mice that had not exercised showed no particular preference for finding and using the escape route.

**Low-Dose Radiation May Cause Heart Disease and Stroke**

A British study published recently in *PLoS Computational Biology* has associated low background levels of radiation with heart disease and stroke. Researchers at Imperial College in London noted that radiation kills the monocytes in the arterial wall. Fewer monocytes mean an increasing level of monocyte chemo-attractant protein 1, which can lead to cardiovascular disease. The researchers concluded that the risk posed by low-dose radiation used typically in hospital radiology departments and dentist offices may be greater than previously assumed.

**Meningioma-related Vision Loss Reduced by Fractionated Stereotactic Radiation Therapy**

At the recently held 51st annual meeting of the American Society for Radiation Oncology, researchers from Thomas Jefferson University Hospital reported that fractionated stereotactic radiation therapy, because of its precise targeting, spares the eye lens and brain cells when used to treat optic-nerve sheath meningioma.

The study involved a retrospective analysis of 58 patients with optic-nerve sheath meningiomas who underwent fractionated stereotactic radiation therapy from 1996 to 2006. After a median follow-up of 70 months, visual acuity had either stabilized or improved in 92%. Only four patients reported worsening vision. There were no grade 3 or higher complications.

**Medicare Patients Do Not Always Complete Radiation Therapy**

The September 2009 issue of *Archives of Otolaryngology—Head and Neck Surgery* reported that many Medicare patients with head-and-neck cancer often interrupt their course of radiation therapy or never finish treatment.

Radiation therapy either alone or in conjunction with surgery and chemotherapy has resulted in control of tumors involving the larynx, lips, mouth, pharynx, or sinuses, leading to extended patient survival. But this study suggests that this correlation is less pronounced if therapy is interrupted or prematurely discontinued.

**Consumption of Animal Fat Increases Risk of Pancreatic Cancer**

Scientists involved in a National Institutes of Health (NIH)—American Association of Retired People (AARP) study followed 500,000 men and women (age, 50–71 years old) for six years. Those who consumed the most saturated fat from animal foods had a 43% higher risk of pancreatic cancer than those who consumed the least. The highest risk was related to red meat and dairy products.
Study Identifies Killer Mobile Phones

The debate over the safety of cell phones and other mobile electronic devices continues. Now, the Environmental Working Group (EWG) has ranked 1,200 mobile phones based on their radiation emissions. The VU204 model by Motorola topped the list, with the Blackberry and the Apple iPhone 3G S not far behind. The EWG claims that because of the emissions, the constant use of mobile phones can cause brain tumors. Mobile-phone manufacturers have usually repudiated such findings. In response to the EWG study, a spokesperson for Motorola said, “All Motorola mobile phones comply with national and international safety guidelines for radio-frequency energy exposure. These standards provide wide margins of protection for users and the general public.”

A Call for ‘Clinical Pearls’

Good research can be descriptive, but a bias has developed in the healthcare community leading to the exclusion of such work by many peer-reviewed journals in favor of experimental studies with randomization, which many assume to be the only valid design for obtaining new medical knowledge.

Consequently, the ACRO Bulletin is calling for submissions of “Clinical Pearls,” a 250–500-word description of a special clinical case you believe is unique but has not become part of the medical literature due to its exclusion from experimental research.

Unusual case reports not only provide interesting reading but complement quantitative work through a process research methodologists refer to as “triangulation.”

Here is your chance to enhance medical knowledge by sharing a clinical case report with others in radiation oncology.

Please send your submissions to:

A Robert Kagan, MD; Editor, ACRO Bulletin
Department of Radiation Oncology; Kaiser Permanente Medical Group
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American Association for Cancer Research
615 Chestnut Street, 17th Floor
Philadelphia, PA 19106
Telephone (215) 440-9313

AACR-IASLC Joint Conference on Molecular Origins of Lung Cancer: Prospects for Personalized Prevention and Therapy
January 11–14, 2010
Loews Coronado Bay Resort
Coronado, CA

Scripps Health
4275 Campus Point Court
San Diego, CA 92121
Telephone 1-800-727-4777
Website http://www.scripps.org/events/melanoma-annual-cutaneous-malignancy-update

Melanoma 2010: 20th Annual Cutaneous Malignancy Update
January 16 & 17, 2010
Hilton San Diego Resort
San Diego, CA

American Society of Clinical Oncology
2318 Mill Road, Suite 800
Alexandria, VA  22314
Telephone (571) 235-4060
Website http://www.sgo.org

Society of Gynaecologic Oncologists
41st Annual Meeting on Women’s Cancer
March 14–17, 2010
San Francisco, CA

Congress Care
PO Box 440
5201 AK’s-Hertogenbosch
The Netherlands
Telephone 31 73 690 1415
Website http://www.colorectal2010.org

European Multidisciplinary Colorectal Cancer Congress
March 28–30, 2010
Acropolis Palais des Congrès
Nice, France

HealthCare Global Enterprises
HCG Towers
8P, Kalingarao Road
SR Nagar
Bangalore 560 027
Karnataka
Telephone (988) 091-4343
Website http://www.abc2010.com

2nd Asian Breast Cancer Conference: Fostering International Collaborations
February 6 & 7, 2010
Bangalore, India

American College of Radiation Oncology
5272 River Road, Suite 630
Bethesda, MD  20816
Telephone (301) 718-6515
Website http://www.acro.org

ACRO 2010
February 25–27, 2010
Disney’s Contemporary Resort
Lake Buena Vista, FL

Physicians’ Education Resource
3500 Maple Avenue, Suite 700
Dallas, TX  75219
Telephone (888) 949-0045
Website http://www.cancerlearning.com/index.cfm/fuseaction/conference.showOverview/id/5/conference_id/241

27th Annual Miami Breast Conference
March 3–6, 2010
Fontainebleau Miami Beach Hotel
Miami, FL

Society of Gynaecologic Oncologists
230 West Monroe Street; Suite 710
Chicago, IL  60606
Telephone (312) 235-4060
Website http://www.sgo.org

Congress Care
PO Box 440
5201 AK’s-Hertogenbosch
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Website http://www.abc2010.com

2nd Asian Breast Cancer Conference: Fostering International Collaborations
February 6 & 7, 2010
Bangalore, India

Australian Brachytherapy Group
c/o Level 1, 120 Railway Avenue
Ringwood, VIC 3135
Australia
Telephone 61 3 9870 2611
Website http://www.abg.org.au

19th Annual Scientific Meeting
April 8–10, 2010
Langham Hotel
Melbourne, Australia

American Brachytherapy Society
12100 Sunset Hills Road, Suite 130
Reston, VA  20190
Telephone (703) 234-4078
Website http://www.american-brachytherapy.org

Annual Meeting
April 29–May 1, 2010
Hyatt Regency
Atlanta, GA

American College of Radiology
1891 Preston White Drive
Reston, VA  20191
Telephone (703) 648-8900
Website www.acr.org

87th Annual Meeting
May 15–19, 2010
Hilton Washington Hotel
Washington, DC

American Society for Therapeutic Radiology and Oncology
8280 Willow Oaks Corporate Drive, Suite 500
Fairfax, VA  22031
Telephone (703) 502-1550
Website http://www.astro.org

ASTRO 52nd Annual Meeting
October 31–November 4, 2010
San Diego, CA

Radiological Society of North America
820 Jorie Boulevard
Oak Brook, IL  60523
Telephone (800) 381-6660
Website http://www.rsna.org

96th Scientific Assembly and Annual Meeting
November 28–December 3, 2010
McCormick Place
Chicago, IL
Clinical Radiation Oncology Challenges: Image-Guided Paradigms from Head to Toe

February 25-27, 2010
Disney’s Contemporary Resort
Lake Buena Vista, Florida