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To the Editor:

Medical care should be guided only by what is best for patients. But throughout the medical system, rebates and volume discounts are common and can create the perception of improper incentives.

Our organization has long advocated evidence-based guidelines, including those we produced in 2002 with the American Society of Hematology on erythropoietin use for chemotherapy-related anemia. With the appropriate use of erythropoietin, many thousands of patients have avoided potentially dangerous blood transfusions.

Oncologists care deeply about their patients, and the overwhelming majority treat them based on the best available evidence.

In the case of erythropoietin, recent studies prompted the Food and Drug Administration to issue a "black box" warning in March about the potential dangers of using erythropoietin to boost hemoglobin to levels higher than guidelines recommend. Early evidence suggests that doctors factored this new data into their prescribing decisions and have reduced erythropoietin use.

As a whole, the medical community needs to better determine the impact financial incentives may have on prescribing patterns and patient care, to ensure that patient needs continue to be at the forefront of medical decisions.

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