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State/Regional Affiliate Program

Administrative Policies, Procedures, and Standards

The American Society of Clinical Oncology (ASCO) has established a formal relationship with certain state and regional oncology societies that agree to be bound by the terms and conditions required of ASCO Affiliates. The purpose of the State/Regional Affiliate Program is to provide services and information to strengthen state oncology societies in order to meet the needs of oncologists at the local level, as well as to assist ASCO with its public policy initiatives. The administrative policies, procedures, and standards set forth herein constitute minimum requirements for recognition as an ASCO State/Regional Affiliate society. Such policies, procedures and standards are subject to future modification by ASCO.

I. Purpose

An Affiliate Program for state and regional societies has been established by ASCO for the following purposes:

- A. To enhance communication among clinical oncologists at the state, regional and national levels;
- B. To provide grassroots support for legislative initiatives that implement ASCO policy that will lead to improvements in cancer research and cancer care;
- C. To address more effectively practice, research, and other policy issues that may influence clinical research and the quality of care for people with cancer;
- D. To minimize fragmented efforts or inconsistent approaches on matters of common concern; and
- E. To create efficiencies and conserve resources by eliminating duplicative or unnecessary efforts.

II. Procedure for Achieving Affiliate Status

State/regional oncology societies seeking to participate in the ASCO Affiliate Program must apply in writing. The application must include a statement signed by the relevant society's president demonstrating that the minimum requirements set forth below have been met and otherwise agreeing, on behalf of the applicant society, to be bound by the policies, procedures, and standards contained herein. Upon review and approval by the Steering Subcommittee of ASCO's Clinical Practice Committee (CPC), the application will be forwarded to the ASCO Board of Directors for a final decision as to the applicant's Affiliate status.

In the event a State/Regional Affiliate reorganizes under new bylaws and articles of incorporation, that society shall be required to reapply for Affiliate status following the procedures outlined in Sections II and III. If the change is superficial (e.g., name change only), the Affiliate need not reapply.

III. Minimum Requirements for Affiliate Status

In order to qualify for ASCO Affiliate status, either initially or on an ongoing basis, a state/regional oncology society must, at a minimum, demonstrate and maintain the following:

- A. Valid incorporation under state law;
- B. Bylaws by which the affairs of the society are governed;
- C. A full slate of responsible officers and directors as envisioned by the society's bylaws;
- D. Elections held on a regular basis;
- E. Membership requirements for physicians that are consistent with ASCO's standards. Physician members are not required to be ASCO members; non-physicians may be members in accordance with the society's bylaws;
- F. Regularly scheduled meetings of the membership and of the board of directors;
- G. Responsible fiscal management;
- H. Compliance with all reporting and other requirements set forth herein or established by ASCO;
- I. Disclosure by Affiliate representatives of potential conflicts of interest.

ASCO may perform periodic assessments to ensure Affiliates continue to meet the minimum requirements listed above. Should an Affiliate be found in violation of a particular area, or if the Affiliate behaves in a manner deemed by the CPC Steering Subcommittee to be inconsistent with ASCO mission and/or goals, that society may be in jeopardy of losing its Affiliate status. Such situations shall be brought to the attention of the CPC Steering Subcommittee as they arise.

IV. Reporting Requirements

The following information shall be provided to ASCO with the initial application of a state/regional society for Affiliate status, and shall be updated as noted below:

- A. Initial list of officers and directors and replacements as they occur;
- B. Meeting calendars annually and notices as they occur;
- C. Membership roster annually (ASCO will not use information without prior permission of Affiliate except for promotion of ASCO products and programs);
- D. Bylaws and any amendments thereto as they are adopted; and
- E. Any other information reasonably requested by ASCO upon the recommendation of the Clinical Practice Committee.

V. ASCO Services to Affiliates

ASCO will provide the following services to Affiliates:

- A. Policy analysis and communication with Affiliates related to oncology matters;
- B. Access to ASCO staff dedicated to specific reimbursement issues and other matters of interest to Affiliates;
- C. Content and editorial assistance for Affiliates' newsletters and other appropriate publications;
- D. Instructional seminars and other guidance for physicians, office managers or consultants;
- E. Information on legislation and other items of national and state significance intended to be used by Affiliates at the state level;
- F. Expert testimony on state-level issues with national significance on which ASCO has asserted a policy position;
- G. Assistance in working with the media, establishing local media contacts, and message training on specific issues;
- H. Presentations by ASCO leaders and staff, as available, at the request of Affiliates;
- I. Use of ASCO publications, such as the Annual Report, *ASCO News & Forum*, and *Journal of Oncology Practice*, to describe the programs and services offered through the ASCO State/Regional Affiliate Program;
- J. Technical assistance, including model bylaws, to persons interested in forming new societies in states where none exist;
- K. Assistance with outreach efforts to other professional and patient oncology societies at the local level;
- L. Web site development using ASCO's Affiliate web site template;
- M. Assistance with Affiliate membership recruitment and retention efforts;
- N. Such other services as the Affiliates may request and ASCO may agree to provide.

VI. Lack of Affiliate's Authority to Act for ASCO

Affiliates are not agents of ASCO, and they must refrain from any action that might imply an agency relationship. Affiliates may not act on behalf of ASCO in any matter unless expressly authorized in writing by ASCO. Affiliates may not bind ASCO to any contract with a third party, either written or oral, express or implied.

ASCO's tradenames and trademarks are not to be used by Affiliates without express written permission from ASCO. ASCO's names and marks may not be used for any unauthorized purpose, including to secure loans or credit. However, an organization may state on its letterhead or web site, in a manner approved by ASCO, that it is an ASCO Affiliate.

VII. Policy Development

Affiliate input has an important role in the development of national oncology policy by ASCO. However, once national policy has been set, ASCO expects Affiliates to support its national policy priorities and objectives. If an Affiliate takes a position that is inconsistent with ASCO's, all public and private communications on such issues should include a clear statement of the differences from ASCO's policy. ASCO expects that Affiliates pursuing policy goals at the national level will communicate those efforts with ASCO leadership and/or staff, and encourages Affiliates to copy ASCO on written correspondence to officials in the executive or legislative branches.

VIII. Relations with ASCO Committees

Affiliate interaction with ASCO will be principally through the ASCO Clinical Practice Committee (CPC). Each Affiliate is entitled to one voting seat on the CPC.

In most cases, the state society president serves as the representative to ASCO's Clinical Practice Committee and, as such, is considered a member of the committee. If the president declines to serve in this capacity, or also serves as an at-large CPC member (appointed by the ASCO President), (s)he may appoint a physician member of ASCO within the state society to serve as the primary CPC representative. If the president is not an ASCO member, (s)he must appoint a physician leader who is a member of ASCO to serve as the CPC representative.

If the president does wish to serve as the primary CPC representative, but would also like to indicate an alternate representative who is a physician member of ASCO, that person may attend the CPC meeting in the event the president is unavailable. The President is still considered the official member of the committee, but the alternate may represent and vote on behalf of the president. ASCO will not cover travel expenses of the alternate representative unless the President is unable to attend a CPC meeting.

Affiliates may bring one support staff (e.g., Executive Director/Administrator of the state society) to attend Clinical Practice Committee meetings as a non-voting observer, at the expense of the state society.

IX. Termination of Affiliate Relationship

The State/Regional Affiliate Program will continue at ASCO's discretion. ASCO may terminate an Affiliate relationship at any time if the Affiliate fails to adhere to these policies, procedures, and standards. ASCO will give the Affiliate written notice and a reasonable opportunity to cure the failure. A State/Regional Affiliate may terminate the Affiliate relationship upon written notice to ASCO. Upon termination of the Affiliate relationship for any reason, both parties must remove any language identifying the society as an Affiliate. No further reporting will be required by the former Affiliate, and no further ASCO services will be provided. In the event a former Affiliate wishes to reinstate the Affiliate relationship, it is required to reapply for Affiliate status following the procedures outlined in Sections II and III.