

Dear Colleagues,

Senator Kennedy's legacy is such a large one, that his vital role in ensuring access to HD IL-2 therapy for patients with advanced cancer may not be well known. After spending much of this past weekend watching the local and national tributes to Senator Kennedy on television, I thought it was the appropriate time to recall the critical role he and his office played in supporting the Biologic Therapy Program at BIDMC, and the Cytokine Working Group and other institutions across the nation in their efforts to provide IL-2 therapy to patients with advanced melanoma and kidney cancer.

Around 1999, it became apparent to many within the melanoma and kidney cancer community that the CMS reimbursement rate for HD IL-2 therapy did not come close to covering its cost. As a result, hospitals such as BIDMC were no longer able to offer this treatment outside of a protocol setting. This became a critical issue when the Phase III trial of HD IL-2 vs outpatient IL-2/IFN in patients with RCC showed superiority for the HD IL-2 arm and when the biochemotherapy combination in patients with advanced melanoma did not produce more durable responses than chemotherapy alone. This left HD IL-2 as the only FDA approved therapy that could produce durable responses in patients with advanced stages of these diseases.

Recognizing this problem, a group of individuals gathered together with the mission of getting CMS to change the reimbursement rate for HD IL-2. Nick Littlefield, a former chief of Staff for Senator Kennedy, was charged with spearheading this effort. He enlisted the support of Senator Kennedy and his office in coordinating and overseeing the tasks to accomplish this. Those tasks included a lobbying effort in DC by representatives of the Kidney Cancer Association in April 2001 that was launched out of the Senator's office, an initial meeting with CMS in May 2001 to describe the problem, and then a series of subsequent negotiations between various constituencies (including representatives of the legislative branch) and CMS that eventually resulted in changing the DRG assignment for HD IL-2 therapy. The final accomplishment of our goal would not have been possible without the behind the scenes personal intervention of Senator Kennedy.

Even though this issue must have been viewed as relatively minor in comparison to many the items that came across the Senator's desk everyday, the fact that it involved the ability of a Massachusetts hospital to be able to continue to provide potentially live saving therapy to desperately ill patients, was sufficient justification for him to put the resources of his office and his own personal energies behind. If not for his efforts, HD IL-2 therapy would not currently exist at BIDMC, in Massachusetts or perhaps anywhere. And while his contribution was vital, it was never something that he or his office sought recognition for or anything in return. After watching him in action on our behalf, and watching the weekend tributes to his lifetime of accomplishments, I'm confident there must be hundreds if not thousands of similar causes that Senator Kennedy helped during his long career without ever seeking or receiving recognition.

Our patients and their loved ones as well as our research programs owe the Senator and his staff a tremendous debt of gratitude.

Michael B. Atkins, M.D.
Deputy Chief, Division of Hematology/Oncology
Beth Israel Deaconess Medical Center
Director, Biologic Therapy and Cutaneous Oncology Programs
Director, Cancer Clinical Trials Office
Beth Israel Deaconess Cancer Center
Leader, Kidney Cancer Program
Dana Farber/Harvard Cancer Center
Professor of Medicine
Harvard Medical School

Masco Bldg, Rm 412
375 Longwood Ave
Boston, MA
Ph: 617- 632-9250
Fax: 617-632-9260