

Special Article

PDQ: a New Source of Information on Cancer Therapy

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DATA from the U.S. National Cancer Institute's SEER program, a large registry of cancer cases in the United States, indicate that at present about 50% of U.S. patients are being cured of cancer [1]. How can we improve that cure rate? The answers, of course, are complex but one immediate way is to ensure that all patients receive the best available therapy.

A report by the U.S. Government Accounting Office indicates that many patients are not receiving state-of-the-art therapy [2]. This report, based on SEER data, indicated that in 1985:

37% of menopausal women with stage II, node positive breast cancer did not receive adjuvant therapy;

25% of patients with limited stage small cell lung cancer did not receive chemotherapy;

18% of patients with stage IV Hodgkin's disease did not receive chemotherapy.

These data are based solely on inpatient medical records while the therapies employed are often administered in the outpatient clinic. Even so, they reflect a serious problem in transferring technology and treatment information from large research centers to local hospitals and physicians' offices.

THE PDQ DATABASE

The Physician Data Query (PDQ) database was developed to disseminate rapidly new information on state-of-the-art cancer treatment and to facilitate the entry of patients onto cancer clinical trials [3-5]. The system contains summaries of current cancer

management information; lists all ongoing NCI approved protocol trials nationally and internationally; and contains lists of oncology-oriented physicians by speciality and geographic location. Through the use of modern computer technology, it is possible to update the information in PDQ as often as necessary and through electronic media to disseminate the information instantly.

To ensure that physicians have accurate and up to date information through this system, peer review is a basic element of PDQ. The state-of-the-art statements, covering 77 types of cancer, are written and modified by a multidisciplinary Editorial Board of 72 physician scientists. Twenty-five of these 72 editors meet each month to discuss new information and to make modifications to the statements. The remaining 47 provide their comments in written form.

Similarly, the summaries of ongoing clinical trials are developed from protocols which have been reviewed by the NCI's Cancer Therapy Evaluation Program or by the PDQ Editorial Board.

PDQ ON EuroCODE

Over the last year, NCI and EORTC staff have worked to make PDQ available to EORTC members through the EuroCODE system. All EORTC protocols have been summarized and placed into the PDQ Protocol File. The Directory of physicians and organizations has been supplemented with EORTC investigators and their institutions. Finally, the database has been loaded onto the EORTC Data Center computers.

We are pleased that this effort has gone smoothly and successfully and we encourage EORTC investigators to make use of this unique information resource.

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