An Interview With Robert M. Langdon Jr, MD

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Robert M. Langdon Jr, MD, is Managing Director of the 11-physician Oncology Hematology West, PC, in Omaha, Nebraska, one of that city's most successful private medical practices. We asked Dr Langdon to talk about what is clearly a philosophical commitment to volunteering, and also to share the secret of balancing so many outside commitments with the demands of a large and growing practice.

Perhaps not surprisingly, the story began with a youthful interest in philosophy. "I grew up Omaha

and went to Washington University in St Louis, with an undergraduate major in philosophy," said Dr Langdon. "Somewhere along the line I decided to take a second major in neurobiology, and I was hooked. After graduating I went straight to Omaha, and enrolled in the University of Nebraska College of Medicine."

"I did my medical and heme-onc fellowships at the University of Iowa Hospital in Iowa City, and that's where I first developed an interest in clinical trials. It was very important to me to increase the number of patients we put on trials. After my fellowship, I returned to Omaha and entered private practice in 1984. To continue my involvement with clinical trials, I got involved as an investigator with the North Central Cancer Group."

"Meanwhile, my practice grew and evolved. Through a series of mergers and hires, we've now grown to 11 medical oncologists. I am the senior manager and President of the corporation. We practice in two large health systems, and participate in clinical trials through the [Community Clinical Oncology Program] mechanism. We are also affiliated with the University of Nebraska Methodist Group, which has its own research department, of which I am the Medical Director. That department is growing to a staff of nine, so it's pretty good-sized."

"Through the CCOP mechanism, we accrue (and we're not the sole accruers) about 200 patients per year; and the Methodist group accrues about the same. Other doctors participate too; it's not just us. On the Methodist side, we've banded together. There are head and neck surgeons, GYN oncologists, radiation oncologists, and even medical oncologists that are not part of our group. We are developing a very cooperative consortium that even includes competing groups to participate in clinical trials."

"We've also participated with the University of Nebraska through the Nebraska Lymphoma Study Group, spearheaded by James Armitage, MD. The tactic behind all of this has been to try to figure out ways to participate in clinical trials through multiple arenas, as opposed to trying to do it all on your own."

And what about your private practice?

We're all busy. The ability to grow in 15 years from a two-member to an 11-member practice is testament to that. We're treating more diseases, the disease is becoming more prevalent, and people with the disease are living longer. The death rate is actually beginning to decline slightly. So with more treatable diseases and a longer life span of patients on treatment, the issue is having the manpower to keep up and not be overwhelmed, which we've been fortunate in Omaha to be able to do. The other issue is frankly political: how to get reimbursed, especially with medicines getting more expensive. It is much more political than when I first started.

Has that driven any of your volunteering?

Yes. I've been on [ASCO's] Clinical Practice Committee a couple of times. I've always been interested in health care delivery and clinical practice. I volunteer on the American Cancer Society Great Plains Board, which represents Nebraska, Kansas, Missouri, Texas, Oklahoma, and Hawaii. That Society is putting more effort into addressing health care cost issues, and that excites me, because of what I just mentioned. Rising costs are making it harder to practice. You can clearly see that we're going to have a problem treating all patients at the same level, because of the costs—not to mention rising numbers of uninsured. So that has driven a lot of my volunteering on the political side with ASCO and the American Cancer Society.

Education is another of my interests, so I've been on the ASCO Education Committee. I've chaired the CME [continuing medical education] Committee, and I've been on the Clinical Trials Workshop Committee for 4 years, including chairing it last year.

Would you care to speculate where your practice will go in the next 5 to 10 years?

We'll become increasingly multidisciplinary with other cancer care deliveries: surgeons, radiation oncologists. We've actually just hired our first radiation oncologist to do therapy at one of our sites. My hope is that clinical trials will continue to grow, and will become considered the way to deliver front-line care in adults, as they are in children. We're going to try and move our practice in that direction. Across the country, only approximately 2% to 3% of newly diagnosed patients with cancer get enrolled in a clinical trial. My hope is that we move this to approximately 10%. In our group, we get close to that. We'd like to see that even higher, because that's how medicine advances. The more folks that participate, the quicker the advancements occur—and the good for the whole is bigger. Pediatric oncologists have done an extremely good job of this. Virtually all children with newly diagnosed cancers will be put on a clinical trial if one is available. But they're a much smaller and more tight-knit group of physicians.

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