

Association of Community Cancer Centers

Annual Report 2011-2012



A Message from ACCC's President



What a wonderful and unique organization we have! Members who are passionate about great cancer care. Staff who are passionate about providing the education and advocacy work to make all of our programs and institutions thrive, and an organization that values the work and input of the entire cancer team.

We are a part of the greatest specialty in medicine: Oncology. When you dig through the many distractions and obstacles to care, at the end of the day it is still a remarkable and rewarding position that our patients entrust to us. They ask us to care for them at a most vulnerable time in their lives, and happily we are able to celebrate with more and more of them through survivorship than ever before.

At the same time, we are seeing evolutionary change in our care setting and practices due to enormous economic pressures. Among the stressors are the high cost of technology, decreasing reimbursement, increasing regulation, increasing cost of treatment, and increasing volume of patients—many of whom may be uninsured or underinsured. It is anticipated that the overall demand for oncology services will increase by over 40 percent by the year 2020.

We will likely need revolutionary changes in our care settings to meet the need. Already we are in an era of mergers and consolidations that are making private practice community oncology a dwindling entity. Will this shift help or compound the challenges of meeting the upcoming care demands? Will the changes that occur be evolutionary or revolutionary?

While these challenges are framed by uncertainty, we do know that oncology care providers have always been a resourceful group. We have worked through the challenges of the past decades and have managed to dramatically improve the quality and science of the care we

deliver. I have no doubt that we will continue down that same path.

Over the past three decades, ACCC has been a vital resource in that journey, and the Association will continue to offer resources, support, and answers to the entire cancer team no matter what the future brings. ACCC's ever-expanding educational programs and advocacy efforts will help us through the changes—whether evolutionary or revolutionary—that lie ahead.

Now it is time to look forward to the future and all we can do with ACCC. Let's make cancer care better together.

A handwritten signature in black ink that reads "Thomas L. Whittaker". The signature is fluid and cursive.

Thomas L. Whittaker, MD, FACP
ACCC President

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Pictured on front cover, clockwise from top right: ACCC 37th Annual National Meeting, Washington, D.C.; Spartanburg Regional Medical Center, The Marsha and Jimmy Gibbs Regional Cancer Center, Spartanburg, S.C.; South Jersey Healthcare, Frank and Edith Scarpa Regional Cancer Pavilion, Vineland, N.J.; Holy Cross Hospital, Holy Cross Hospital Cancer Institute, Silver Spring, Md.

ACCC by the Numbers

671 Member Cancer Programs

447 Individual Members

3,855 Members through State Societies

17,251 Total Members

96%

ACCC-member cancer programs that have renewed membership this year



Community members on MyNetwork: **2,564**

Content contributions to MyNetwork: **3,106**
(including discussion posts, shared documents, & blogs)

Average number of posts per day: **4.932**

Since MyNetwork's launch. Figures as of February 29, 2012.

42,353 monthly page views of www.accc-cancer.org for January 2012. Most visited pages: *2012 Patient Assistance and Reimbursement Guide*, the ACCC 38th Annual National Meeting, Cancer Care Patient Navigation, employment opportunities, and the oncology newsfeed.



7 publications in 2011-2012

1. *Oncology Issues*, ACCC's bimonthly journal
2. *Cancer Nutrition Services: A Practical Guide for Cancer Programs*
3. *NCCCP Monograph* (digital only)
4. *Patient Assistance and Reimbursement Guide*
5. *The Practical Cancer Pharmacy: Making Informed Purchasing Decisions and Explaining Their Value*
6. Final Report: *Dispensing Pharmacy: An Option for Private Practices* education project
7. Final Report: *Transitions Between Care Settings* education project

14 recipients of our first annual Innovator Awards in 2011:

- Aurora St. Luke's Medical Center, Cancer Center, Milwaukee, Wisconsin
- Bridgeport Hospital, Norma F. Pfriem Cancer Institute, Bridgeport, Connecticut
- Harbin Clinic, Rome, Georgia
- Holy Cross Hospital Cancer Institute, Silver Spring, Maryland
- Kansas City Cancer Center, Overland Park, Kansas
- The Medical Center, Inc., John B. Amos Cancer Center, Columbus, Georgia
- Memorial University Medical Center, Curtis and Elizabeth Anderson Cancer Institute, Savannah, Georgia
- Mountain States Tumor Institute, St. Luke's Regional Medical Center, Boise, Idaho
- MultiCare Health System, MultiCare Regional Cancer Center, Tacoma, Washington
- Nancy N. and J.C. Lewis Cancer & Research Pavilion at St. Joseph's/Candler, Savannah, Georgia
- Oregon Health and Science University, Knight Cancer Institute, Portland, Oregon
- Southside Regional Medical Center Cancer Center, Petersburg, Virginia
- Spartanburg Regional Medical Center, The Marsha & Jimmy Gibbs Regional Cancer Center, Spartanburg, South Carolina
- University of Colorado Hospital, University of Colorado Cancer Center, Aurora, Colorado



A Proud History

In 1974, a small group of physicians seeking to dispel the myth that community physicians were uninterested in and incapable of participation in state-of-the-art cancer care came together to form the Association of Community Cancer Centers (ACCC). ACCC would become the mechanism through which clinical protocols and other oncology standards of care were developed and disseminated to community cancer programs across the nation. Led by ACCC, the community cancer provider would emerge as an equal partner in the war against cancer.

In the early 1970s, ACCC was steadfast in calling for increased government funding for the National Cancer Institute's (NCI's) Cancer Centers Program to increase research opportunities for community cancer programs across the country. ACCC organized an effective network of community oncologists to educate their representatives in Congress about community cancer care issues. Led by ACCC, hospitals across the country began to apply for planning grants in their communities.

ACCC leaders believed that further NCI funding for community clinical research would be limited without increased community participation within the ranks of NCI itself. In 1978, Congress renewed the National Cancer Act, which was amended to include, for the first time, an emphasis on community care. The Act also called for community representation on the National Cancer Advisory Board.



Cancer Care Northwest, Spokane Valley, Wash.

In 1981, ACCC's Ad Hoc Clinical Research Committee helped facilitate clinical trials dialogue with NCI. The committee promoted a mechanism that would elevate community physicians as equal partners in clinical research with their university colleagues. In 1982, NCI responded with the Community Clinical Oncology Program.

In the 1980s, the economics of oncology began to change. With the advent of the DRG reimbursement system and the growth of managed care, site of care for most cancer diagnoses shifted to the more economical outpatient hospital setting and to physician practices. Keeping the multidisciplinary aspect of oncology care intact in all treatment settings would become a major ACCC priority.

Throughout the 1980s, community cancer programs sprouted up all across the country. ACCC recognized the need to establish a set of standards that would provide members with guidance on just how to go about setting up oncology programs. ACCC's *Standards for Cancer Programs* (now called *Cancer Program Guidelines*) was published in 1988 and has been updated many times since.

Throughout the 1990s, ACCC worked tirelessly to overcome reimbursement difficulties related to off-label uses of FDA-approved drugs and advocated for patients who were denied access to therapies. Concurrently, ACCC advocated for payer coverage of the patient care costs of clinical trials.

The first decade of the 21st Century saw tremendous opportunities in cancer biology and genetics, offering potential for significant changes in what cancer providers can do for their patients. Yet these advances occurred against a backdrop of payer restrictions that could seriously hinder the ability to deliver quality cancer care. ACCC worked to ensure that cancer patients receive the care they need in their communities and expanded its reach through educational programs, publications, and advocacy efforts, to help the multidisciplinary team of oncology professionals.

Looking Forward

“Future demand for cancer services will be shaped by a number of competing factors. Population growth is driving increased demand for services in most markets. Epidemiologic factors, such as decreasing smoking rates and increasing obesity rates, are exerting a mixed effect on incidence rates. Payment and policy decisions, such as healthcare reform, promise to expand the number of insured patients and improve access to care. New technologies are increasing the complexity of therapies and facilitating treatment in the outpatient setting, [and there is] an increased focus on... care coordination and patient management across the care continuum.”

Excerpted from January/February 2012 *Oncology Issues*, “Future Trends in Cancer Care Delivery—2011 to 2021” by Becca Booi, PhD.

Change in cancer care will continue in the future—and likely more rapidly and dramatically than in the past. One thing will not change. ACCC will continue to work to preserve the quality of care no matter what the future brings. In an era of decreasing reimbursement, declining work force availability, and burgeoning patient numbers, helping members maintain and improve the quality of all aspects of cancer care remains an ACCC priority. Whether it is palliative care or any stage of the cancer care continuum, ACCC is here to help with members' educational, advocacy, and programmatic needs.

ACCC has a broad palette focused on advocacy, education, and networking for great cancer care. Community cancer care providers need advocacy to help us prepare for the future and to defend our position of providing the highest quality cancer care for all. ACCC will continue working on Capitol Hill, providing comments to the Centers for Medicare & Medicaid Services, and assisting with local grassroots efforts. No doubt, the future will bring new struggles to preserve quality of care and maintain adequate reimbursement to deliver that care. Whether it is a day of advocacy on Capitol Hill or participation in a grassroots legislative initiative, ACCC staff-guided and membership-driven advocacy efforts will continue to be vital in shaping our future models of cancer care.

As technologies evolve, payment models change, consolidation and new hospital/physician relationships continue, and both the cost of cancer care and the financial needs of patients rise, ACCC's educational offerings will

continue to help membership adapt to the threats and benefit from the opportunities. For example, new educational projects underway include “Establishing and Improving Cancer Nutrition Programs in the Community Cancer Setting,” “Molecular Testing in the Community Oncology Setting,” and the “Financial Information and Learning Network for Community-Based Cancer Programs.”

As Association members continue to face pressures and challenges to their ability to deliver the highest-quality cancer care, ACCC will continue to be the “how to” resource for maintaining the quality of and access to that care.



ACCC 28th National Oncology Conference, Seattle, Wash.

High-Quality Educational Programs

ACCC provides educational programs that target the design of cancer programs as well as the care of the patient in every step of the cancer care continuum. A number of exceptional educational programs were completed or launched in 2011-2012.

Treating Small-Population Cancers in the Community Setting: A Model for Chronic Myeloid Leukemia. ACCC completed a groundbreaking program to provide community-based cancer care providers the tools they need to improve the quality of care for patients with small-population cancers. This educational project was initiated with a focus on chronic myeloid leukemia (CML). In 2011 a series of podcasts explored issues related to tyrosine kinase inhibitors used in the treatment of CML. Resources for healthcare professionals and patients were posted on ACCC's website. An effective practices survey was developed and distributed to all members in early January 2011. Data were analyzed and presented in a webinar (now archived on ACCC's website) about most effective practices in treating patients with CML. In addition, an online com-

munity was created to allow ACCC members to ask questions and find experts.

Treating Small-Population Cancers in the Community Setting: A Model for Multiple Myeloma seeks to provide community-based cancer care providers the tools they need to improve the quality of care for patients with multiple myeloma.

The Cancer Care Trends in Community Cancer Centers—Year III seeks to provide insight into how cancer programs are working to control costs, implement new standards, launch new organizational strategies, and better serve patients. ACCC wants to assist member organizations in evaluating their own organization's performance relative to similar organizations through a consistent and meaningful benchmark.

Molecular Testing in the Community Oncology Setting: Understanding the Landscape and Identifying and Sharing Best Practices. Over the past several years, the decoding of the human genome and other advances

Across the Cancer Care Continuum

in molecular technology have resulted in increased use of genetic markers and testing in oncology. While these tests have been accepted into general practice guidelines once clinical utility is proven, acceptance and use of molecular tests in the community setting have been slower and somewhat fragmented. This education project seeks to address the needs of community-based cancer programs regarding molecular testing, identify barriers to use, and explore best practices to successfully implement molecular testing in the community setting.

Prostate Cancer Programs: Developing Tools and Measuring Effectiveness in the Community Setting. Although a variety of decision aids have been developed for early-stage prostate disease, the impact of these tools on patients with metastatic or advanced prostate cancer remains unclear. The goal of this project is to develop outcomes measures and tools for this patient population and to measure their effectiveness in improving patient outcomes and satisfaction. In Phase I of the project, an expert ACCC advisory panel, in collaboration with a leading healthcare consulting company, will develop criteria and tools for measuring outcomes and improving care. In Phase II, 9 cancer programs from across the country will participate in the project for a period of about 8 to 12 months. After a baseline is established, participants will implement the tools, and changes in results will be measured against the outcomes criteria.

Performance Improvement: The Role of Histology and Molecular Markers in Non-small Cell Lung Cancer. Practicing oncologists involved in the treatment of non-small cell lung cancer (NSCLC) were invited to participate in a performance improvement (PI) CME activity that will positively impact the outcomes of patients they treat every day and affect the treatment of patients nationwide. Participants will have the opportunity to review current practice patterns. They will create an "Action Plan" to help schedule and track their participation and have an opportunity to reassess their practices through additional self-assessment and chart data abstraction activities.

Community Clinical Perspectives. ACCC and Medscape Oncology have established a collaborative relationship through an online educational initiative that offers a community provider perspective about emerging data and treatment strategies presented at scientific meetings, such as those of the American Society of Clinical Oncology (ASCO) and the American Society of Hematology (ASH).

Establishing and Improving Cancer Nutrition Programs in the Community Cancer Setting. ACCC members have identified that one of the top resources that providers seek is help with nutrition services. To address this finding, this educational program will provide strategies and tools for ensuring a successful nutrition program. The nutrition services section of ACCC's *Cancer Program Guidelines* have been updated, and a new publication, *Cancer Nutrition Services: A Practical Guide for Cancer Programs*, focuses on strategies for building a comprehensive nutrition program at a community cancer center. The project also features a series of live and archived webinars, podcasts, an online resource center, and presentation of material and case studies at the ACCC 2012 Annual National Meeting.

The Financial Information and Learning Network for Community-Based Cancer Programs. This program is designed to provide needed resources and expand the skills and knowledge base of providers who deal directly with patients on complex financial issues surrounding their cancer diagnosis and treatment. With member assistance, we will identify effective practices, resources, and tools for inclusion on ACCC's website. We will develop and deliver a multi-component online course that will cover the basics of financial counseling, as well as include more technical and comprehensive pre- and post-treatment financial planning and support. In addition, we will develop financial counseling guidelines and provide live, regionally based education sessions that will offer participants an interactive forum to share successes and solutions.



Sutter Medical Center, Sacramento, Sutter Cancer Center, Sacramento, Calif.

Member Profiles

A look at six cancer programs profiled in Oncology Issues

Good Samaritan Cancer Center Kearney, Nebraska

Good Samaritan Cancer Center in Kearney, Nebraska, is an example of a community-based cancer program that not only provides quality care for the region it serves, but as a National Cancer Institute Community Cancer Centers Program (NCCCP) site also contributes to efforts aimed at improving cancer care nationwide. Sponsored by Catholic Health Initiatives (CHI), Good Samaritan Hospital is a regional referral center. The Good Samaritan Cancer Center service area covers a population of nearly 350,000 that includes central Nebraska and northern Kansas. Through its NCCCP participation, the cancer center is working to improve access to care for both the rural population and for the region's underserved. Participation in the NCCCP has allowed Good Samaritan Cancer Center to improve outreach both within the CHI health system's Nebraska locations and across the region. A primary focus of the cancer center's NCCCP work has been outreach to the rural population and the area's Hispanic population. Through the NCCCP project, efforts include patient navigation, outreach services, and clinical trial recruitment to increase access for underserved populations.



Member Profiles

Cancer Care Center of Decatur Decatur, Illinois

For residents of Macon County and the surrounding region, the 2009 opening of the Cancer Care Center of Decatur, Illinois, brought state-of-the-art outpatient cancer services together in one easily accessible location. In affiliation with Decatur Memorial Hospital's Cancer Care Institute, the Cancer Care Center of Decatur offers medical oncology and hematology, radiation oncology, diagnostic medical imaging, a robust clinical trials program, and complementary supportive care services. The new 55,400 square-foot facility was designed with patient convenience in mind. Planners made a priority of meeting with cancer patients and their families to learn what they wanted from the new facility. The building's one-story layout also means that patients have easy, direct access to all services on one floor. Today, visitors walk into the Cancer Care Center through a spacious atrium that features 28-foot ceilings and an abundance of natural light. Within the Cancer Care Center, 4,500 square feet of space is dedicated to the complementary and supportive care program, which includes an exceptional art therapy program.



The FitzPatrick Cancer Center at CVPH Medical Center Plattsburgh, New York

The Champlain Valley Physicians Hospital (CVPH) is a 395-bed regional medical center located on the shores of Lake Champlain in the North Country area of northeastern New York. The FitzPatrick Cancer Center at CVPH provides cancer services to the tri-county area of 160,000 and beyond. At the cancer center, outpatient medical and radiation oncology services are provided in one convenient location, on one floor within the hospital. In 2009 the cancer center opened its newly designed infusion center. Based on the Patient Advisory Council's suggestions, the infusion center offers patients a choice of treatment environments. Four treatment recliners are grouped in an open setting so that patients can visit during chemotherapy. (Curtains can be pulled to provide privacy if desired.) Nine semi-private treatment bays are separated by half walls featuring etched glass partitions. Five private rooms are available for patients who are not feeling well or prefer privacy. These treatment areas are arranged around a centrally located nurse's station. The cancer center's USP 797-compliant, dedicated pharmacy is adjacent to the infusion area.



Member Profiles



Providence Cancer Center, Providence Alaska Medical Center Anchorage, Alaska

Anchorage, located in Alaska's Southcentral region, is home to more than two-fifths of the state's population. Since 1990 cancer has been the leading cause of death in Alaska, and for over 40 years, Providence Alaska Medical Center has been providing cancer care to patients throughout the state. At Providence Alaska Medical Center—as in many community hospitals—cancer services were provided in multiple locations. A multidisciplinary team effort brought the vision for a new outpatient cancer center to reality. Part of the development process included community focus groups to ensure that patients and the community had a voice in the new facility's design. In 2008 the new 45,000-square-foot Providence Cancer Center opened, centralizing all outpatient cancer services with space to expand and enhance the cancer service line. The Susan Butcher Family Center is a unique support resource for families of patients with cancer. Services are provided at no cost regardless of where the patient is receiving treatment. Staffed by one FTE LCSW and one part-time LCSW, the center offers support, mentoring, and education to family members from infancy to age 23.



INTEGRIS Cancer Institute of Oklahoma Oklahoma City, Oklahoma

INTEGRIS Cancer Institute, a part of INTEGRIS Health, the largest Oklahoma-owned, not-for-profit health system in the state, provides comprehensive cancer care at six campuses, including the new state-of-the-art, freestanding INTEGRIS Cancer Institute campus. In 2009 the new INTEGRIS Cancer Institute facility, a campus of INTEGRIS Baptist Medical, opened on 24 acres in Oklahoma City. The 200,000-square-foot cancer center, which encompasses a partnership with ProCure Proton Therapy Center to offer proton beam therapy services, is the flagship of the health system's cancer program. The new INTEGRIS Cancer Institute facility was constructed using evidence-based design that incorporates natural light into the facility and features natural materials, including a mix of stone and hard and soft metals to create a healing environment of care. In designing the new building, planners incorporated information from an Advisory Board research study of 1,000 cancer patients and their experiences as they went through treatment, as well as conducting two patient and family focus groups.

St. Vincent Regional Cancer Center Green Bay, Wisconsin

The St. Vincent Regional Cancer Center is an integrated program that encompasses two hospitals, St. Vincent and St. Mary's in Green Bay; Prevea Health, a multi-specialty physician group of more than 200 providers; oncology provider groups Green Bay Oncology and Radiation Oncology Specialists; and multiple independent physicians. The Regional Cancer Center's group of 22 oncologists includes the only gynecologic oncologist and the only team of pediatric hematologists and oncologists in Northeastern Wisconsin. St. Vincent Regional Cancer Center's affiliations with eight NCI sponsored cooperative groups, in addition to the Wisconsin Oncology Network and Mayo Clinic Cancer Research Consortium allow for a wide range of trials. In 2010 the St. Vincent Regional Cancer Center enrolled more than 20 percent of its analytic case volume to clinical trials, as compared with national rates of 3 to 4 percent, thanks to a strong commitment on the part of physicians, staff, and patients.



Treasurer's Report

Becky L. DeKay, MBA, Treasurer

The statement of Financial Position shows a slight decrease in net assets from \$3,223,948 to \$3,199,156 for fiscal year 2010-2011, and the Statement of Activities and Change in Net Assets shows total unrestricted net assets at year end of \$827,444, up from \$816,395 at the beginning of the year. The cash reserve account increased from \$382,788 to \$408,974. Audited financial statements for the fiscal year ended June 30, 2011, are provided.

Amendments to the budget for the purpose of conducting special projects in conjunction with the Corporate Development Committee have been approved for fiscal year 2012. The Board approved budget amendments for up to \$5,100,000 of revenue with associated direct project costs of \$4,845,000. Funding commitments as of December 31, 2011, total \$4,732,000, with associated project costs estimated at \$4,495,400.

Association of Community Cancer Centers Statement of Financial Position as of June 30, 2011

ASSETS	
Current Assets	
Cash	\$ 3,282,270
Accounts Receivable	207,098
Sponsorship Receivable	605,700
Prepaid Expenses	29,446
Total Assets	<u>\$4,124,514</u>
LIABILITIES AND NET ASSETS	
Current Liabilities	
Accounts Payable & Accrued Liabilities	\$ 394,679
Deferred Revenue	
Membership Dues	454,235
Other	76,444
Total Current Liabilities	925,358
Net Assets	
Unrestricted	\$ 827,444
Temporarily Restricted	2,371,712
Total Net Assets	\$3,199,156
Total Liabilities and Net Assets	<u>\$4,124,514</u>



Penrose-St. Francis Health Services, Colorado Springs, Colo.



Freeman Health System, Freeman Cancer Institute, Joplin, Mo.

Association of Community Cancer Centers Statement of Activities and Change in Net Assets for the Year Ended June 30, 2011

Revenue	Unrestricted	Temporarily Restricted	Total
Membership Dues	\$ 828,520	\$ -	\$ 828,520
Conferences and Meetings	466,470	261,000	727,470
Journal	208,219	106,800	315,019
Interest	12,301	-	12,301
Other	107,339	44,000	151,339
Pharmaceutical Reimbursement Project	10,656	3,856,450	3,867,106
Net Assets Released from Donor Restrictions	<u>4,304,091</u>	<u>(4,304,091)</u>	-
Total Revenue	<u>\$5,937,596</u>	<u>(\$35,841)</u>	<u>\$5,901,755</u>
Expenses			
General	\$ 738,664	\$ -	\$ 738,664
Conferences and Meetings	847,237	-	847,237
Journal	381,997	-	381,997
Membership	230,531	-	230,531
Other	30,629	-	30,629
Pharmaceutical Reimbursement Project	3,697,489	-	3,697,489
Total Expenses	<u>\$5,926,547</u>	<u>\$ -</u>	<u>\$5,926,547</u>
Change in Net Assets	\$ 11,049	\$ (35,841)	\$ (24,792)
Net Assets, Beginning of Year	\$ 816,395	\$ 2,407,553	\$ 3,223,948
Net Assets, End of Year	<u>\$827,444</u>	<u>\$2,371,712</u>	<u>\$3,199,156</u>

Committee Reports

Awards Committee

Luana R. Lamkin, RN, MPH, Chair

The Awards Committee is charged with soliciting the Association's membership for nominees for the Annual Clinical Research Award, the Annual Achievement Award, and the David King Community Clinical Scientist Award.

The Board of Trustees selected Al B. Benson III, MD, FACP, to receive ACCC's 2011 Outstanding Achievement in Clinical Research Award. Dr. Benson was honored for his extensive research, leadership, and commitment to individuals with cancer. He is a professor of medicine in the Division of Hematology/Oncology at Northwestern University Feinberg School of Medicine in Chicago, Ill. He is also associate director for clinical investigations, Robert H. Lurie Comprehensive Cancer Center, at Northwestern. Dr. Benson is a past-president of the Association of Community Cancer Centers.

Albert B. Einstein, Jr., MD, FACP is honored with ACCC's 2012 David King Community Clinical Scientist Award for his outstanding service, leadership, and commitment to the oncology community. He is the executive director of the Swedish Cancer Institute in Seattle, Wash., and has been nationally recognized for his work in cancer program development and chemotherapy for genitourinary cancers. Dr. Einstein served as ACCC President from 1993-1994.

ACCC's 2012 Annual Achievement Award, usually presented at

the Annual National Meeting, will be presented at the 2012 National Oncology Conference.

Committee members: Luana R. Lamkin, RN, MPH, Chair; Ernest R. Anderson, Jr., MS, RPh; Al B. Benson III, MD, FACP; James C. Chingos, MD, CPE; Richard B. Reiling, MD, FACS; E. Strode Weaver, FACHE, MBA, MHSA; and Alan S. Weinstein, MD, FACP.

Bylaws Committee

Diane Otte, RN, MS, OCN, Chair

The Bylaws Committee is charged with reviewing and revising the Association's Bylaws and Policy and Procedures Manual. The Bylaws were most recently revised in 2008. In 2010, the Committee reviewed the Policy and Procedures Manual and proposed to the Board of Trustees new policies relating to new IRS

regulations regarding disclosure and political activities. The Board of Trustees voted to include these policies during their Winter Board Meeting in January 2011. These policies took effect immediately. The Bylaws Committee will review and revise the bylaws in 2012.

Committee members: Diane Otte, RN, MS, OCN, Chair; Dale E. Fuller, MD, FACR; Luana R. Lamkin, RN, MPH; and Teresa D. Smith, RN, MSN.

Clinical Affairs Committee

Nicholas J. Petrelli, MD, Chair

The Clinical Affairs Committee is charged with 1) identifying new treatments, leading clinical trials, and oncology trends that affect membership, 2) identifying new technologies in oncology, and 3) bringing these to the attention of



Memorial University Medical Center, Curtis & Elizabeth Anderson Cancer Institute, Savannah, Ga.

"I've been an oncology nurse for over 37 years, and Oncology Issues is the only publication that I read every word of and am sure to save. I actually pull out old editions to refer to frequently! You do a great job!"

Faye Flemming, RN, BSN, OCN, Oncology Specialist/Service Line Director, Southside Regional Medical Center Cancer Center, Petersburg, Va.

ACCC members through presentations at ACCC meetings and articles in *Oncology Issues*.

Working with the Clinical Affairs Committee, *Oncology Issues* explored such topics as the role of genetics in the treatment of cancer; diagnostic imaging in oncology, treating small-population cancers in the community setting, and integrative therapies within a community cancer center.

The Clinical Affairs Committee also guided development of a series of articles and white papers within *Oncology Issues* about the National Cancer Institute Community Cancer Centers Program (NCCCP). *Oncology Issues* was approached by NCCCP to publish the white papers that resulted from the multi-year pilot project. Among the topics explored this year were reducing cancer healthcare disparities at NCCCP sites, lessons learned from NCCCP sites on improving cancer care and expanding research in community hospitals, and NCCCP biospecimen initiatives.

Committee members: Nicholas J. Petrelli, MD, Chair; Vijayan R. Aroumougame, PhD, MBA; Laurence J. Heifetz, MD; George Kovach, MD; Randall A. Oyer, MD; Cary A. Preasant, MD, FACP; and John R. (Ron) Russell, MD, MS, FACR, FACRO.

Corporate Development Committee

Edward L. Braud, MD, Chair

The Corporate Development Committee oversees ACCC's Industry Advisory Council, Emerging Companies Council, and Technical Advisory Council and other corporate supporters. The Committee leads meetings with these Councils in conjunction with ACCC's Annual National Meeting and ACCC's National Oncology Conference. The Committee also presents to the Executive Committee, in conjunction with the annual budget, a plan for corporate development and a budget for industry-supported programs. In addition, the Committee serves as a resource for ACCC staff in developing additional non-dues revenues.

Committee members: Edward L. Braud, MD, Chair; George Kovach, MD; and Richard B. Reiling, MD, FACS.

Editorial Committee

Nicholas J. Petrelli, MD, Chair

Members of the Editorial Committee assist in the development of the annual editorial calendar and review articles submitted for publication to ensure that *Oncology Issues* maintains its high standard of journalistic integrity. Members also act as

advisors to ACCC's website, helping to assure its accuracy and completeness, and advise ACCC staff on public relations communications.

In 2011-2012, ACCC published six *Oncology Issues*, including a series of updates on the National Cancer Institute Community Cancer Centers Program. A special supplement entitled *2012 Patient Assistance and Reimbursement Guide*, was published with the January/February 2012 *Oncology Issues*. This excellent resource, available online, includes a quick reference guide by drug name with links directly to the drug manufacturers, as well as directions on how to apply for patient assistance programs and links to enrollment forms.

Highlights in 2011-2012 include:

A redesign of *Oncology Issues* was initiated, featuring a new cover design and emphasis on integrating content across communication platforms—website, MyNetwork, and ACCC's educational programs.

Almost 140 blog posts have been written since the launch of ACCCBuzz, with a total of 37,796 views. Close to 500 people read ACCCBuzz posts about the clinical pathways meeting in Philadelphia, December 7-8, 2011.

The redesigned Oncology Pharmacy Education Network (OPEN) website

Committee Reports

was launched as were web pages for The Practical Cancer Pharmacy educational project.

As part of ACCC's Dispensing Pharmacy: An Option for Private Practices project, the May/June *Oncology Issues* featured an in-depth interview with ACCC's expert panel about implementation, staffing, and challenges involved in physician dispensing.

As part of the Treating Small-Population Cancers project, web pages and podcasts were posted on ACCC's website. A new community on ACCC's MyNetwork website was established to promote the Treating Small-Population Cancers project; ASK (Answers, Solutions, and Knowledge) was facilitated by mentors and experts from designated Community Resource Centers—exemplary programs for managing and treating CML patients.

A 40-page supplement, *Cancer Nutrition Services: A Practical Guide for Cancer Programs*, was mailed with the March/April *Oncology Issues*. The supplement pulls together practical strategies, models of nutrition pro-

grams underway at ACCC member programs, and tools for developing a successful nutrition program. The supplement is part of ACCC's education project, Establishing and Improving Cancer Nutrition Programs in the Community Cancer Setting.

Production is underway for a comprehensive online monograph that will include all articles about the National Cancer Institute Community Cancer Centers Program (NCCCP) that have been published within *Oncology Issues*. Over the past year, a series of excellent articles have explored efforts by the NCCCP to enhance access, reduce disparities in cancer care, and improve the quality of care.

Under the direction of the Editorial Committee, a project with *Physician's Weekly* continues to provide a poster-size publication, entitled "Contemporary Cancer Care," to each ACCC Delegate Rep. The Board has extended the project until the end of December 2012.

Committee members: Nicholas J. Petrelli, MD, Chair; Al B. Benson

III, MD, FACP; Dale E. Fuller, MD, FACR; Patrick A. Grusenmeyer, ScD, FACHE; Amanda Henson, MSHA, MSA; Morton Kahlenburg, MD; Maureen G. Mann, MS, MBA, FACHE; Thomas A. Marsland, MD; Cary A. Presant, MD, FACP; Brian Romig, RPh, MBA; Matt Sherer, MBA, MHA; and Judy R. Stone, CMPE.

Expert Advisory Panel: Teri U. Guidi, MBA, FAAMA; Kelley D. Simpson; and Matthew R. Sturm, MBA.

Governmental Affairs Committee

Brendan M. Fitzpatrick, MBA, Chair

The Association of Community Cancer Centers champions the importance of access to cancer specialists and appropriate cancer therapies and leads efforts to respond to regulations and legislation that threaten to compromise the delivery of quality cancer care. Under the guidance of ACCC's Governmental Affairs Committee, ACCC works with the Centers for Medicare & Medicaid Services (CMS), the U.S. Government Accountability Office, the

Medicare Payment Advisory Commission (MedPAC), and other key policy makers in Washington, D.C., to ensure patient access to quality cancer care in community cancer programs and in physician offices.

ACCC serves as a policy advocate to its hospital members on federal legislative/regulatory issues before the United States Congress and federal government agencies. The Association also serves as an essential information resource on all Medicare reimbursement issues facing its hospital members. ACCC works with CMS staff to help correct the underpayment for therapies under the Hospital Outpatient Prospective Payment System.

ACCC continues to monitor, respond, and communicate to our physician practice members any changes in Medicare reimbursement to Part B-covered drugs and biologicals, drug administration, and coding.

Medicare coverage policies and off-label issues continue to be a primary area of focus for ACCC. The Association has emerged as a leader in this area, and is committed to ensuring that our members' views are considered as policies are developed. ACCC works to ensure patient access to new oncology drugs. ACCC spearheaded efforts to make citation of a cancer drug in any of the standard reference compendia sufficient to require insurers to pay for its use outside of FDA-labeled use. To date, 39 states have passed ACCC's off-label legislation and similar language is in Medicare and Medicaid statutes.



ACCC 37th Annual National Meeting, Washington, D.C.

2011-2012 Hospital Issues

ACCC formally submitted its comments to the 2012 Hospital Outpatient Prospective Payment System (HOPPS) Proposed Rule and Final Rule. ACCC commented on a number of issues, including drug reimbursement, the packaging of certain imaging services, the packaging threshold, quality measures, and brachytherapy among others.

While the final HOPPS rule for 2012 did include a reduction in drug reimbursement from Average Sales Price (ASP)+5 percent to ASP+4 percent, the reduction would likely have been larger had it not been for ACCC and other stakeholders' testimony. In recent years, CMS has lowered the drug reimbursement rate from the proposed to the final rule by 1 percentage point. (In 2011, the proposed rate was ASP+6 percent, and the final rate was ASP+5 percent. In 2012, the proposed rate was ASP+4 percent, so we were concerned that the final rate would be ASP+3 percent). Due in part to testimony and comments in 2011, CMS set the

final rate at ASP+4 percent. Another change from the proposed to the final rule came in the section related to increasing payments to the 11 exempt cancer hospitals. The proposal would have been paid for by a 0.7 percent reduction to all hospitals. ACCC certainly would support increasing payments to these hospitals; however, not at the expense of all other hospitals, as was proposed. After comments from ACCC stating that this method was not budget neutral, CMS altered the proposal so that the exempt cancer hospitals will still see an increase, albeit slightly less, and the impact to other hospitals will only be 0.2 percent.

On February 27, 2012, ACCC testified before the Hospital Outpatient Payment (HOP) Panel, (previously known as the APC Panel). Ernest Anderson, Jr., MS, RPh, presented evidence and testimony asking the panel to support recommendations increasing the drug reimbursement from its current level of ASP+4 percent. Issues such as the increased costs associated with REMS programs and the drug shortages were

"ACCC's 2012 Patient Assistance and Reimbursement Guide was fantastic! I begged copies from everyone who received this and is not involved in patient assistance so all of my medical oncology billing staff could have a copy. I made sure our chemo room secretary got a copy also. This publication will be a great reference."

Rhonda Crouch, CHONC, Billing Manager, Cookeville Regional Medical Center Cancer Center, Cookeville, Tenn.

Committee Reports



Broward Health - Broward General Medical Center, Broward General Comprehensive Cancer Center, Fort Lauderdale, Fla.

discussed. ACCC testified without the other members of the pharmacy stakeholder group; however, they were in attendance to support ACCC and its efforts. After the testimony was completed, the HOP recommended to CMS the following, all of which were recommendations asked for in ACCC's testimony: 1. Reimburse drugs and pharmacy overhead at ASP+6 percent; 2. Freeze the packaging threshold at the current level; 3. Require hospitals to code all drugs on the 0636 revenue code line; 4. Separate out 340B drug data from the calculation for ASP+X percent.

The new HOP panel added four new members at this meeting, all focused on the rural and critical access hospital perspective. ACCC plans to nominate additional members this fall to replace other panelists rolling off the panel.

ACCC has nominated members to the National Quality Forum's Board of Directors and to a new advisory panel within CMS's Quality Measurement and Health Assessment Group, dealing with the Maintenance and Development of Medication Measures.

2011-2012 Physician Issues

ACCC has been active in trying to halt cuts to drug reimbursement while at the same time advocating for a long-term fix to the Sustainable Growth Rate (SGR) formula. Through 2011, the coalition that ACCC has been working with has been able to keep cuts to drug reimbursement off the table and has worked to circulate "Dear Colleague" letters in both the House and Senate recommending avoiding cuts to drug reimbursement.

The SGR formula is once again a major issue facing Congress. It took a last minute vote at the end of December to pass a two-month patch to the SGR, and it took another last minute effort in February to halt the cut again. Congress passed a 10-month fix in February that will freeze the conversion factor until January 1, 2013. If Congress does not act by that date, it is estimated that the looming cut will be 32 percent. In order to pay for the 10-month fix, Congress cut other areas of healthcare, including reducing the level of bad debt payments to hospitals, reducing lab payments, and cutting money from the prevention fund set up by the Affordable Care Act.

Due to the freezing of the SGR and changes in the work value units, radiation oncology and radiology will see reductions in 2012 of between 4 and 6 percent. Medical oncology will likely remain at a 0 percent update, with slight reductions possible.

2011-2012 Legislation

ACCC staff has continued to hold meetings on Capitol Hill with staff members from the offices of Representatives and Senators on the key healthcare committees. ACCC raised several issues including: drug shortages, SGR, patient navigation, chemotherapy teaching codes, and the prompt pay discount. ACCC will continue with these meetings throughout the year in order to educate all of the committee members about issues of importance to ACCC members.

ACCC has developed a new visual tool to aid in our efforts on Capitol Hill and in meetings across the country. The "Hurdles to Quality Cancer Care" poster demonstrates many of the issues facing community oncology care today and what needs to be done to address those issues.

ACCC continues to work with other advocacy groups in the oncology community on issues ranging from pharmacy overhead payments to the prompt pay discount.

On July 13, 2011, ACCC co-hosted its fourth educational briefing on Capitol Hill on the topic of drug shortages and their impact on community oncology. ACCC worked with the Community Oncology Alliance, the American Society of Clinical Oncology, the Association of Oncology Social Work, the Oncology Nursing Society, the Leukemia & Lymphoma Society, the American Society of Health-System Pharmacists, Children's Cause for Cancer Advocacy, and US Oncology on this meeting with the objective of educating members of Congress and their staff. During the briefing we highlighted the current list of drugs

in short supply and also discussed the implications for standard care and clinical trials.

On February 17, 2012, ACCC submitted comments to CMS about efforts to implement the Physician Payment Sunshine Act in a manner that increases transparency without discouraging beneficial collaboration among physicians, teaching hospitals, and manufacturers. ACCC recommended that CMS take a more straightforward approach to reporting research payments that is consistent with the statute.

Finally, ACCC has been extremely active on the grassroots level and also within a coalition to try to take drug reimbursement cuts off the table as part of debt reduction negotiations. ACCC has helped individual members and state society chapters contact their state delegations to inform them about what a cut to drug reimbursement would mean for practices and patients. ACCC also participated in a coalition that purchased advertising in Washington, D.C., aimed at policy makers.

Committee Members: Brendan M. Fitzpatrick, MBA, Chair; Ernest R. Anderson, Jr., MS, RPh, FASHP, FMSHP; Wendalyn G. Andrews; Vivayan R. Aroumougame, PhD, MBA, DABR, FACHE; Edward L. Braud, MD; Jeffrey A. Bubis, DO; Becky L. DeKay, MBA; David S. DeProspero, MA; Jill Donaldson, MHSA; Albert B. Einstein, Jr., MD, FACP; Steve Fahey; John E. Feldmann, MD, FACP; Dawn M. Fucillo, MA, RT(R)(T)(QM); Dale E. Fuller, MD, FACR; Janet V. Gallaspy; Thomas A. Gallo, MS; Brenda K. Gordon, MSN, OCN; Patrick A. Grusenmeyer, ScD, FACHE; Timothy S. Hall, MD; Judy Hall-Laughlin, MBA, BSN, RN; George Kovach, MD; Thomas A. Marsland, MD; Brenda Nevidjon, MSN, RN, FAAN; Randall A. Oyer, MD; Matt Sherer, MBA, MHA; Patricia A. Spencer-Cisek, ANP, BC, AOCN; Virginia T. Vaitones, MSW, OSW-C; James R. Whiting, MHSA; Thomas L. Whittaker, MD, FACP.

Guidelines Committee

Richard B. Reiling, MD, FACS, Chair

The basic mission of this committee is to aid in quantifying high-

"What many people don't realize is that as ACCC members we have access to our representatives in Congress and at the state level. At our recent annual meeting, many of us spent a day on Capitol Hill meeting with our representatives. All of us who participated felt we were effective in briefly presenting some of our concerns on issues such as the growing shortage of important cancer therapeutic agents."

Al B. Benson III, MD, FACP, Professor of Medicine, Robert H. Lurie Comprehensive Cancer Center at Northwestern Medical Faculty Foundation, Chicago, Ill.

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quality cancer care in the community. ACCC's *Guidelines* were first developed in 1988 as *Standards for Cancer Programs*, revised in 1993, 1997, 2000, 2003, 2006, 2008, and 2009. The publication became the standard for cancer program development across the country and was used by the Commission of Cancer as a model for its own Standards. Suggestions and comments about ACCC's *Cancer Program Guidelines* are welcome.

In 2012, ACCC updated its guidelines on "Nutrition Services," which will be available on ACCC's website. And, later this year ACCC will revise its guidelines to include a new financial counseling section.

Committee members: Richard B. Reiling, MD, FACS, Chair; Jeanne Atha; Monica Cook; Colleen Gill, MS, RD, CSO; Brenda K. Gordon, MSN, OCN; Virginia T. Vaitones, MSW,

OSW-C; and Alan S. Weinstein, MD, FACP.

Membership Committee

Fuad M. Hammoudeh, FACHE, Chair

Total ACCC membership as of February 24, 2012 is 671 Cancer Program Members, 447 Individual Members, and 3,855 members through State Societies for a total of 17,251 members.

Cancer Program Membership

A membership recruitment video featuring member testimonials was adapted from the ACCC National Oncology Conference welcome video. The video was distributed on DVD to approximately 600 prospects. A link to the video is also accessible from the membership page of ACCC's website. Emails were

sent to approximately 3,900 prospective members inviting them to view the video online.

The "Step Up Your Cancer Program" theme continues this year for Cancer Program Membership promotions. The brochure won a bronze award in the Membership Campaign category in the Association Trends 2011 All Media Contest.

Direct mailings and emails were sent to 4,000 prospects in May, June, and July. Twenty-nine Cancer Programs have joined ACCC this year.

The retention goal for 2011-2012 is 95 percent. Efforts to follow up with all unpaid and cancelled members resulted in a 96 percent retention rate.

An outreach program for new Delegate Representatives features orientation telephone calls to review the benefits of ACCC membership and the role of the Delegate Representative. These conversations have achieved positive results by encouraging attendance at meetings, voter participation, Innovator Award submissions, and utilization of education project resources.

Individual Membership

One hundred and nine individuals have joined ACCC in 2011-2012, surpassing the goal of 100 new members. Direct mail and email promotions have continued throughout the year.

(continued page 24)

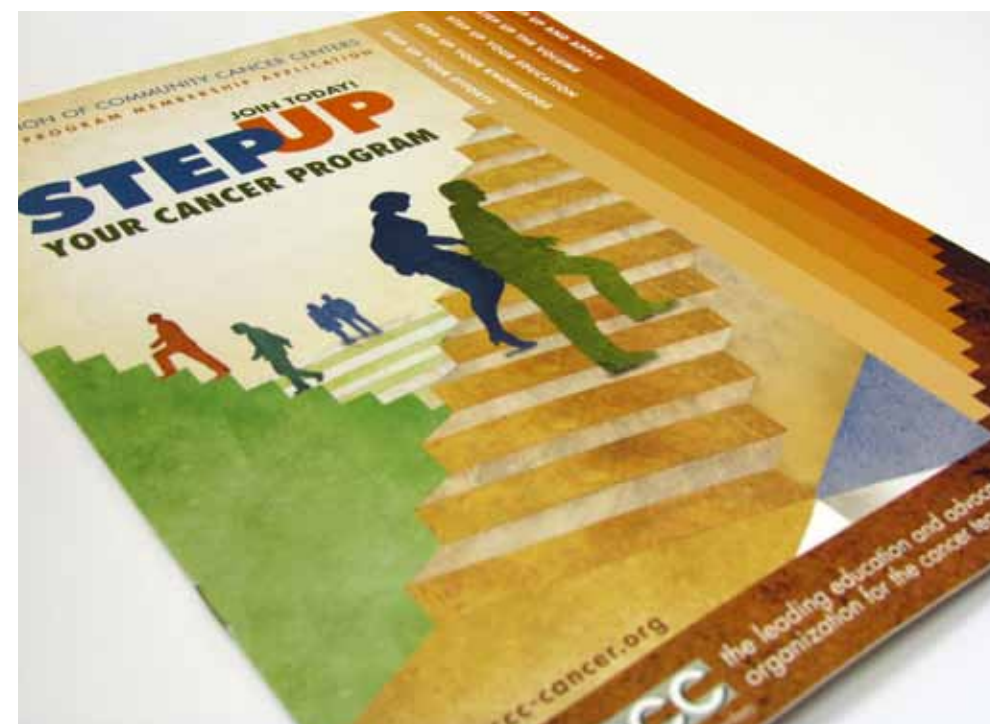
2011-2012 New Cancer Program Members*

Banner Gateway Medical Center, Banner MD Anderson Cancer Center, Gilbert, Ariz.
Boone Hospital Center, Columbia, Mo.
California Cancer Center, Fresno, Calif.
Cancer Center of Acadiana at LGMC, Lafayette, La.
Capital Health Center for Oncology, Pennington, N.J.
Catawba Valley Medical Center, Hickory, N.C.
Columbia Basin Hematology & Oncology, PLLC, Kennewick, Wash.
Cotton-O'Neil Cancer Center, Topeka, Kans.
Ephrata Community Hospital, Ephrata Cancer Center, Ephrata, Pa.
Florida Hospital Memorial Medical Center Comprehensive Cancer Center, Daytona Beach, Fla.
Fort Smith Radiation Oncology, PA, Fort Smith, Ark.
Group Health Cooperative, Seattle, Wash.
Hahnemann University Hospital Cancer Center, Philadelphia, Pa.
Manchester Memorial Hospital, Eastern Connecticut Cancer Institute, Manchester, Conn.
Mayo Clinic Health System Eau Claire, Eau Claire, Wisc.
Medstar Montgomery Medical Center Cancer Program, Olney, Md.
MemorialCare Cancer Institute at Saddleback Memorial, Laguna Hills, Calif.
Michiana Hematology-Oncology, PC, Mishawaka, Ind.
Providence Saint Joseph Medical Center, The Roy & Patricia Disney Family Cancer Center, Burbank, Calif.
Saint John's Health Center, John Wayne Cancer Institute, Santa Monica, Calif.
San Joaquin Community Hospital, Bakersfield, Calif.
South County Hospital, Wakefield, R.I.
Southcoast Hospitals Group, Southcoast Centers for Cancer Care, Fairhaven, Mass.
Summa Barberton Hospital Oncology Program, Barberton, Ohio
Temple University Hospital, Temple Cancer Center, Philadelphia, Pa.
Tri-County Hematology & Oncology Assoc. Inc., Canton, Ohio
University of Florida Shands Cancer Center, Gainesville, Fla.
Upper Chesapeake Health Cancer Center, Bel Air, Md.
Valley Medical Center, Renton, Wash.

**as of February 24, 2012*

"A good example of the networking that goes on at ACCC meetings is the ability to talk to people who are facing either some of the same problems or some of the same decision-making about technology, or equipment, or how you are structured with your medical staff. I find that ACCC members are more than willing to share what they are doing and what they are finding and to discuss best practices."

E. Strode Weaver, FACHE, MBA, MHSA, Executive Director, Oncology Services, University of Colorado Hospital, University of Colorado Cancer Center, Aurora, Colo.



Committee Reports

(continued from page 22)

Committee members: Fuad M. Hammoudeh, FACHE, Chair; Thomas Asfeldt, RN, BAN, MBA; James C. Chingos, MD, CPE, FACP; Becky L. DeKay, MBA; Faye Flemming, RN, BSN, OCN; Heidi Floden, PharmD; Chad Knight, MSHA; Mark Lopshire; Diane Mulkhey; Don Strobel; Jeanne Tunncliffe, MS; E. Strode Weaver, FACHE, MBA, MHSA; Joseph F. Woelkers, MA; and Cecilia R. Zapata, MS.

Program Committee

Nicole A. Bradshaw, MS, MBA, Chair

Nearly 600 cancer care professionals gathered in Seattle for the ACCC 28th National Oncology Conference, October 19-22, 2011. Sessions on virtual communications, survivorship care, and leveraging information technology, for example, were designed to help attendees improve the quality and performance of their programs. And at ACCC's Oncology Pharmacy Education Network Pre-conference, members of the pharmacy team explored the latest pharmacy trends and strategies, from specialty pharmacies to adherence to oral anti-cancer drug regimens.

Innovation is a word meeting attendees heard throughout the conference. This year ACCC redefined the meeting to showcase the creative achievements of 14 ACCC Innovator Award Winners. These ACCC programs were chosen because of the outstanding solutions they developed in such areas as the strategic planning process, reducing tobacco-related illness, telepharmacy, and

meeting the oncology-related fertility needs of cancer patients. ACCC invites members to submit new ideas and model programs for consideration for the 2012 Innovator Awards.

New in 2011 was a special seminar, "Navigating the Changing Landscape of Payment Models in Community Oncology." Experts and panelists from cancer programs and oncology practices explored new payment models and strategies for integrating cancer guidelines and pathways into daily practice.

ACCC's Regional Oncology Economic and Management Meetings continue to be popular with our members and supporters alike. Three spring 2011 meetings were held, one each in Portsmouth, N.H., Chicago, Ill., and Boise, Idaho. Fall 2011 meetings were held in Tampa, Fla., Santa Fe, N.M., and Pittsburgh, Pa.

The ACCC 7th Annual Hospital Summit was held in Orlando, Fla., on January 13, 2012. This year attendees learned how to sustain their competitive edge in the areas of consolidation, medical home health, and the new Commission on Cancer standards.

The ACCC 38th Annual National Meeting will be held at the Renaissance Baltimore Harborplace Hotel in Baltimore, Md., on March 12-14, 2012. Mara Liasson, the national political correspondent for National Public Radio (NPR), will explore political trends in her keynote address. The goal of this meeting is

to help attendees better understand how changing economic trends, regulations, and policies will affect cancer programs.

Committee members: Nicole A. Bradshaw, MS, MBA, Chair; Frances Becker, LCSW, OSW-C; Steven L. D'Amato, RPh, BCOP; Brenda K. Gordon, RN, MS, OCN; George Kovach, MD; Zaven R. Norigian, Jr., PharmD, BCOP; Robert D. Orzechowski, MBA; Diane M. Otte, RN, MS, OCN; W. Charles Penley, MD; John R. Russell, MD, MS, FACR, FACRO; and Virginia T. Vaitones, MSW, OSW-C.

Expert Advisory Panel members: Marsha Fountain, RN, MSN; Teri U. Guidi, MBA, FAAMA; and Elaine L. Towle, CMPE.

Strategic Planning Committee

George Kovach, MD, Chair

The Strategic Planning Committee is charged with developing and tracking ACCC's Strategic Plan. The current Strategic Plan was approved by the Board of Trustees in January 2009. The Committee continues to track the goals set forth in the Strategic Plan and in January 2013 will begin discussions on the next Strategic Plan.

Committee members: George Kovach, MD, Chair; Al B. Benson III, MD, FACP; Steven L. D'Amato, RPh, BCOP; Becky L. DeKay, MBA; Luana R. Lamkin, RN, MPH; Diane M. Otte, RN, MS, OCN; Virginia T. Vaitones, MSW, OSW-C; and Thomas L. Whittaker, MD, FACP.

2011-2012 Executive Committee



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“The resources on the ACCC website have just been incredible in helping us develop high-quality, strong patient navigation and survivorship programs.”

Paula M. Reed, BSN, RN, OCN, Director of Oncology & Infusion Services, Palo Alto Medical Foundation, Mountain View, Calif.



Pictured opposite page, clockwise from top right: *Bridgeport Hospital, Norma F. Pfriem Cancer Institute, Bridgeport, Conn.; Christiana Care Health System, Helen F. Graham Cancer Center, Newark, Del.; University of Colorado Hospital, University of Colorado Cancer Center, Aurora, Colo.; Methodist Medical Center of Illinois, Peoria, Ill.*

Pictured on back cover, clockwise from top right: *ACCC 28th National Oncology Conference, Seattle, Wash.; The Medical Center, Inc., John B. Amos Cancer Center, Columbus, Ga.; Comprehensive Cancer & Hematology Specialists, PC, Voorhees, N.J.; Sanford USD Medical Center, Sanford Cancer Center, Sioux Falls, S.D.*



Association of Community Cancer Centers

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organization for the cancer team*

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