

FACT More than 680 medical centers, hospitals, cancer clinics, and practices across the U.S. are ACCC members. This group treats 40 percent of all new cancer patients seen in the U.S. each year. ACCC members also include more than 450 individual members and 21 state oncology society chapters.

FACT Only ACCC represents the entire interdisciplinary team caring for oncology patients, including medical, radiation, and surgical oncologists, oncology nurses, cancer program administrators, oncology social workers, pharmacists, radiation therapists, and cancer registrars.

FACT ACCC is committed to federal and state efforts to pass legislation that ensures access to off-label uses of FDA-approved drugs and clinical trials for cancer patients, appropriate reimbursement to physicians for drugs administered to Medicare patients, and other patient advocacy issues.

FACT ACCC provides information about approaches for the effective management, delivery, and financing of comprehensive cancer care through its national meetings, regional symposia, and publication of oncology patient management guidelines, standards for cancer programs, critical pathways, oncology-related drugs, and *Oncology Issues*.

FACT Membership in ACCC will help my organization/me better serve patients and will foster my professional development.

Please send membership information:

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“An Enduring Vulnerability”

by Lee E. Mortenson, D.P.A.

The words are those from Tom Ridge, director of Homeland Security and former governor of Pennsylvania. Speaking before a group of 100 participants at a recent National Dialogue on Cancer (NDC) meeting, he compared the war on terrorism to the war on cancer.

Ridge spoke about his assessment of where America stands on both wars, noting their obvious similarities and differences. He admitted he wasn't sure which war we'd win first, or if winning was even the right term.

Indeed, despite the fact that Americans have become hardened to messages of cancer prevention, and even antagonistic about the number of terrorist warnings, Ridge cautions that we should not stand down our guard. Both terrorism and cancer, he said, are causes of “an enduring vulnerability of all Americans.”

That's a powerful word, “enduring.” Almost 3,000 people died in terrorist attacks on September 11. During the two-day NDC conference 3,000 people died of cancer. While we'd like to pretend that it can't or didn't happen, we also recognize the realities.

Ridge, like many of his colleagues, is now quick to say that lack of coordination among people who should know better might have averted 9/11. Knowing that hindsight is 20/20, a few years from now it should be easy to say that underpayments for oncology care in hospitals and practices *obviously* would lead to the collapse of the mighty machine developed to propel research and deliver treatment.

Logically, once no one can afford to provide the drugs, then no one will want to spend time and money to research and develop new drugs,

and so on. The result—the terrific momentum of the National Cancer Program will be lost and its promising potential will not be realized. America's vulnerability to cancer will not only continue but will also increase, as the number of cancer patients is expected to double.

NCI Director Andrew von Eschenbach sees the program at a point where it will either accelerate or decline. Great technologic innovation is cyclical. With the winds at your back, you go like crazy. Then, the winds hit you face on, and you suddenly find yourself standing still or even slipping backward.

We are on the cusp of great science, yet beginning to lose the war on delivering quality cancer care. It's harder and harder for hospitals to use the new drugs. Underpayments to hospitals this year will take some time, but hospitals *will* notice that they are losing money on chemotherapy.

Although lower physician payments might be tolerated for a while, as the other insurers follow Medicare's lead, physicians will let their nurses go, stop providing cancer care, retire early, or pick another subspecialty with less risk and greater reward. Pharmaceutical companies, seeing that no one is buying their drugs, will invest elsewhere.

When von Eschenbach showed a slide to the NDC with two branches, one stretched upwards and the other falling, my heart sunk. He's betting on the incline, and I'm with him. Yet, all of the signals from CMS and Capitol Hill are pointing in the other direction. Of course, they'll repeat the adage of hindsight being 20/20 and say the signs were obvious.

“We heard from the community,” they will say. “But we thought they were crying wolf.” ☐

