

Are you a member of the Association of Community Cancer Centers?

If not, what are you waiting for?

**W**e welcome all oncology professionals to join the premier policy-setting organization for the oncology team—ACCC!

ACCC helps oncology professionals meet the complex challenges of delivering quality cancer care, streamlining operations, and integrating new technology and innovative therapies today. ACCC champions 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.

More than 650 medical centers, hospitals, cancer clinics, and practices across the U.S. are already ACCC members. These cancer care professionals treat more than 40 percent of all new cancer patients seen in the U.S. each year. ACCC members also include more than 400 individual members and 21 state oncology society chapters.

When you join ACCC, you can enjoy a wide range of benefits, including:

- Authoritative information
- Advocacy on state and federal issues
- Support for state-level oncology organizations
- Meetings and conferences
- Networking and leadership opportunities

**ACCC is your link to a successful future. Join Today!**

For more information on becoming an ACCC member, please visit our web site at [www.accc-cancer.org](http://www.accc-cancer.org), call the membership department at (301) 984-9496, ext. 247, or complete the following form:

Name: \_\_\_\_\_  
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Return form to: ACCC, 11600 Nebel Street, Suite 201, Rockville, MD 20852-2557/ FAX: (301) 770-1949.

| FROM THE EDITOR |

# Progress and Despair in the World of Cancer Therapeutics

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

**I**n the last few days I have again experienced a first-hand taste of the bittersweet potential of the National Cancer Program. I was recently invited to be a reviewer for the National Cancer Institute's (NCI) FLAIR program applications. In this instance, I served as a patient advocate representative—part of NCI's outreach program to advocacy organizations such as ACCC.

NCI assembled a premier review team that examined new drug development ideas from small businesses. Challenging and thought provoking, the peer review process was much like our jury system—not perfect but excellent nonetheless.

Personally, I enjoyed the review process and the care with which the review team debated each application. While additional research and development are needed, many of these new concepts have the potential to significantly benefit cancer patients.

Although I was inspired by these novel agents, new drugs and delivery technologies, and innovative treatment approaches, I found myself continually shaking my head and saying, "Now, what billing codes are these going to be paid under?"

The pharmaceutical and biotechnology industries and many entrepreneurs are interested enough in the potential future profitability of cancer drugs to invest in the extensive developmental efforts required to bring these new ideas to the marketplace. Universities are also branching out and developing joint ventures to move promising clinical drug trials along.

These efforts may be short-lived once these individuals and organizations realize that there is no market for their new products. Hospitals and physician offices will express no

interest in new agents and, in fact, stop purchasing and using recently released drugs because they can no longer afford the cost of providing cancer care. This nightmare scenario is a reality in hospitals today and almost certainly will be in physicians' offices if proposals that Congress is currently considering are enacted before the year's end. You can bet work in developmental cancer therapeutics will grind to a halt.

Today, with the exception of the 11 exempt NCI comprehensive cancer centers that see approximately 5 percent of all cancer patients, every hospital in the U.S. is being reimbursed less money than the actual cost for acquiring chemotherapy and supportive care drugs.

Hospitals are also not being paid for the pharmacy services that go along with delivering oncology agents, such as compounding, storage, and disposal. Although the Centers for Medicare and Medicaid Services (CMS) continues to claim that pharmaceutical costs are, in fact, reimbursed as a part of a chemotherapy administration payment, ACCC has asked Congress for a study to determine the veracity of that statement.

The possibility remains that some of the reimbursement issues facing hospital outpatient departments delivering cancer therapies will be fixed in January 2003. ACCC is working on a number of solutions. However, it is equally possible that CMS will propose rules that make the ability of hospitals to provide quality cancer care to their patients even more difficult, if not impossible.

Keep your fingers crossed and hopes up. Perhaps when these promising new innovations reach the marketplace, we'll have payment policies that actually assure patients can receive them. ☐

