



| PRESIDENT'S MESSAGE |

Cancer Wars

by Cary A. Presant, MD

Today, the oncology community is actively engaged in a war on two fronts. The first fight is the one we all joined up for willingly—to win the war against cancer. This campaign is going very well. Annual scientific meetings, such as those sponsored by the American Society of Clinical Oncology (ASCO) and the American Association for Cancer Research, share the incredible breakthroughs researchers and clinicians are making in the war against cancer.

New treatments in lung, breast, and colon cancer, among others, have increased cure rates and improved the percentages of disease control for patients who are battling for their lives. Indeed, these advances could not make for a more exciting time for community cancer centers and the multidisciplinary oncology team. Still, the challenges are great—how to improve upon the current wave of exciting research and how to implement new (and often expensive) treatments that have been found to be more effective in the fight against cancer.

At the same time, the oncology community is engaged in a second fight—the war on cancer patients—that threatens to deal a deadly blow to patient access to quality care.

Recent congressional actions have resulted in proposals that, if enacted and signed into law, would reduce payments for outpatient chemotherapy in physician offices. At the same time, the Centers for Medicare & Medicaid Services has independently proposed to reduce payments for chemotherapy in physician offices. Third-party payers have also jumped into the fray with proposals to modify how chemotherapy is administered. Alone or in combination, these moves would effectively shut down many physician practices, drastically reducing the availability of life-saving cancer care to patients across the country. So, what is being done? ACCC has worked diligently to develop a coalition of stakeholders, including ASCO, the Community Oncology Alliance, the Oncology Nursing Society, the Patient Advocate Foundation, and US Oncology, to fight these battles with a united front. Additionally, ACCC has gathered hard data from community cancer centers across the country, which show the catastrophic effect such payment reductions would have on the war against cancer. ACCC has taken this data to Congress and the Administration and tried to drive home the message that their actions threaten some of the very individuals they were elected to serve—cancer patients needing life-saving, state-of-the-art therapy.

The oncology community has come to a crossroads in these two battles, and if we are to be victorious, we must remain engaged. As always, we must stay vigilant to the needs of our patients—their need for the most current and effective therapies (regardless of the cost), their need to have access to care within their communities and near their homes and families, and their need for supportive care services.

The best way to stay engaged in the war is to log on each day to ACCC's web site (www.accc-cancer.org) and to keep open the lines of communication with your congressional representatives and other elected officials. Just as we stand at our patients' sides in their fight against cancer, we must now take up arms and defend their access to quality cancer care.