Stand and Deliver

by Cary A. Presant, M.D.

I attended the annual meeting of the American Society of Clinical Oncology (ASCO). Looking at the legislative activities within ACCC and the science discussed at ASCO made me realize that the time has come for all involved in the oncology community to "stand and deliver."

What do I mean by that? I refer to taking the outstanding scientific advances presented at ASCO's meeting out of the research lab and delivering them to our patients with cancer. To these men, women, and children, *we* are their best hope of surviving this battle. It is our responsibility to ensure that our patients receive the best possible care. And to do this, we must have access to and the ability to use the most advanced drugs and treatments—*no matter what the cost*. Yes, these new treatments are expensive, but they also offer patients the best chance of beating their disease.

For individuals with colon cancer, anti-angiogenesis drugs show definite activity in increasing survival.

Today MRIs can be used to more accurately diagnose early-stage breast cancer, offering our patients the best chance for survival. For those patients at high risk of breast cancer, this treatment can actually mean the difference between life and death.

Both neoadjuvant therapy and dose-dense adjuvant chemotherapy also appear able to make significant advances treating this disease, and genomic assessment through DNA gels may be able to predict patients who will respond better or worse to stand-in therapy.

People battling prostate cancer may benefit from newly discovered and highly effective chemotherapy combinations.

In stages I, II, and III lung cancer, adjuvant chemotherapy appears to increase survival. A number of new agents show benefit to these patients and will have to be integrated into the delivery of care, including Avastin™ (bevacizumab), Erbitux™ (cetuximab), Genasense™ (Bcl-2 antisense), and Velcade™ (bortezomib). Even more exciting is that these agents may have activities in a number of different cancers.

The question then becomes whether or not we can deliver these new therapies effectively to our patients? I believe so, but it will require education of all members of our health care team (both in the hospital and physician office) to make these advances more readily available to patients.

We must also participate in the clinical trials that will define precisely who will respond and how these agents are most safely combined with other effective treatments.

The other part to my "stand and deliver statement" refers to the need for the oncology community to take a stand against very real threats that are jeopardizing the delivery of cancer care—inadequate chemotherapy payments for hospitals and similar reductions that loom on the horizon for physician offices. We must work now with our government to revise the Medicare payment system if we are to guarantee our patients access to the newest and best therapies that can increase cure rates and prolong life.

Whether we provide these life-saving services in an inpatient or outpatient setting or in a hospital or physician office setting, only by standing together can we deliver what promises to be more highly effective and safer therapies to our patients.