

Here are just a few of ACCC's accomplishments this past year...

Advocacy Efforts Pay off for Hospitals and Practices

Legislative successes include maintaining drug reimbursement at ASP+6 percent; increasing payments for drug administration; and getting separate payments for subsequent hours of drug administration.

ACCC's Survey on Hospital Outpatient Department Drug Reimbursement

Survey results were submitted to CMS and Congress and were instrumental in staving off reductions in drug payments for hospitals and practices.

✓ Updated and Improved Cancer Program Guidelines

Now available on ACCC's website, new features include: an extensive revision to the Pharmacy Services section; the addition of an Integrative Medicine section; and an improved reference section.

ACCC's Hospital Pharmacy Survey

Survey data help ACCC educate CMS and Congress on the current state of pharmacy practice, including the need for additional payments for drug handling and preparation. Survey results also provide ACCC members with important benchmarking data.

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Catastrophic News

by Christian Downs, JD, MHA

I am writing this column a little more than one week after the unspeakable tragedy that occurred at Virginia Tech. In the aftermath of this horrific news, my thoughts have turned repeatedly to Elisabeth Kübler-Ross's seminal works, On Death and Dying and On Grief and Grieving, and her description of the five-stage process of loss: denial, anger, bargaining, depression, and acceptance.

Whether a catastrophic event stems from a force of nature, such

as Katrina; an act of a deranged individual; or a disease process, such as cancer-random, unfair, very bad things can and do happen. When we learn of catastrophic events-even those occurring at a far remove from our own lives-we experience sadness, shock, and grief. When we hear catastrophic news-we as individuals, as communities, and as a nationmove through a grieving process: denial, anger, bargaining, depression, and acceptance. And, we acknowledge how very hard it is to move past the unanswerable: *Why*?

As a member of the oncology community, I have been thinking of the cancer patients our members care for on a daily basis. I think of the physicians, nurses, social workers, therapists, and many others working in healthcare today and their dedicated efforts to help patients and their families as they struggle with the random unfairness of a cancer diagnosis. I think of the individuals, families, and loved ones who heroically cycle through the process of denial, anger, bargaining, depression, and acceptance, as they move forward on their journey from diagnosis to treatment and beyond.

As clinicians—and those of us

who have the privilege of helping these providers—know, we are making great strides in cancer prevention, treatment, and survivorship. Cancer prevention programs are becoming routine; patients are coming to expect and even demand these life-saving services. Years of research have resulted in scientific breakthroughs that not only save lives, but also improve the quality of life after cancer treatment.

Often, in the wake of catastrophic events, we witness the power of our



communities. Today, we are fortunate that our oncology community is able to provide improved diagnosis, treatment, and increased hope for a cure for many types of cancer. In 2004, the number of cancer survivors reached 10 million strong. And we in the cancer community are privileged to face the challenge of developing and imple-

menting comprehensive "survivorship" programs to meet the needs of this growing population.

Thinking again of Kübler-Ross's stages, I imagine adding a sixth stage: Action. When we've reached this stage, we are ready to move past acceptance and take a proactive stance. It's at this stage that ACCC is perfectly positioned to help its membership continue the work that has benefited countless cancer patients in communities across the country. In 2007, ACCC affirms its commitment to ensure that our membership has the necessary resources and tools to help patients receive the highest quality care in their home communities.

In the face of catastrophic news, perhaps the greatest hope we can offer is a concerted, caring community determined to meet the needs of those who are suffering.