

## A Role to Play

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In coming days, months, and years—as health-care reform unfolds, the oncology community must be involved in two critical areas—comparative effectiveness research (CER) and evidence-based medicine. Driven by escalating costs and demand for services, the government, third-party payers, and patients will increasingly expect cost containment and value for dollars spent. Although clinical trials are essential to define the *efficacy* of a given intervention in a defined patient population, there is also pressure to ascertain the *effectiveness* of an intervention for a broader population of patients, i.e., CER.



CER has potential to inform evidence-based medicine. One example is the area of imaging in oncology. The PET demonstration project shows how prospective data acquisition can assess practice patterns and decision making, although the limitations are many including lack of paired comparisons of imaging strategies from which to determine the preferred technology and best clinical scenarios for a given imaging modality.

At this time, oncology is increasingly moving toward “personalized” cancer care. The achievement of the goal to deliver oncology care to the right person with the right intervention at the right time may be best realized therefore by an integration of both clinical research and CER methodologies. CER may become another component of evidence-based medicine such that prospective hypotheses are generated for a defined oncologic population, results are peer reviewed and published in the literature, and eventually incorporated into practice guidelines where appropriate.

For this to occur, the oncology community must be fully engaged

in the discussions on CER and evidence-based medicine, having a definitive voice in the evolving CER debate at the national level, including government and private enterprises. The first steps should center around both building an integrated infrastructure to facilitate data sharing and defining appropriate data elements, including human biologic data, to allow appropriate comparisons across patient subsets.

We must also address the fact that data collection presents significant challenges in the community setting. Currently we clearly do not have the infrastructure to link various databases that would maximize accurate effectiveness comparisons in most oncologic populations. Going forward, CER strategies will require greater emphasis on data collection at the community level. In these times of economic constraints, generating the resources to create and support an infrastructure to generate data is a major challenge.

ACCC has an important role to play in helping community cancer centers understand how to most effectively collect patient outcomes data and in ensuring that the Association membership has the required tools.

ACCC's multidisciplinary membership makes the Association an important asset in the evolving discussion about CER, evidence-based medicine, and personalized cancer care. Whether evaluating best practices; refining the role of EMRs in data collection; focusing on accountable care organizations; or partnering with institutions that have experience in data collection—community cancer centers have a role to play.

To read my full blog on this topic, go to: <http://accbuzz.wordpress.com>.



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