

ACCC—Your contact point for peer-to-peer connections

Uncertain healthcare reform.

Increased regulations.

Tight budgets.

Too many concerns and questions to be on your own.

Where should you turn for support and answers?

Association of Community Cancer Centers



Connect with your colleagues in 900 hospitals and more than 1,200 private practices. Ask questions, share information, and take advantage of opportunities to network.

ACCCExchange. More than 1,000 ACCC members discuss hot topics and share innovative ideas on ACCC's listserve.

ACCCBuzz. Blog posts from ACCC leaders on timely topics of concern to you and your cancer program at <http://acccbuzz.wordpress.com>.

Facebook & LinkedIn. Social media is a great way to interact and exchange ideas. Our Facebook Fanpage and LinkedIn group are growing. Join us today.

www.accc-cancer.org



Anticipation—Making Us Great

by Christian Downs, JD, MHA

The Ritz Carlton hotel chain has developed a reputation for legendary service by anticipating their customer's needs. For example, at their New York City hotel, staff understands that many guests are coming from more temperate climates and may not have packed the proper clothing. So the hotel makes raincoats and gloves available. After noticing that many of their guests prefer to take early morning runs, hotel staff made maps and water bottles available in the front lobby. These initiatives are simple and relatively inexpensive, and yet they make for a great customer experience. In fact, this commitment to understanding and anticipating the needs of its customers has made Ritz Carlton successful despite the downturn in high-end business travel.



Mogul, MD, reflects on his experience treating AYA cancer patients, including challenges related to transitioning to adulthood, social acceptance, and a highly transient lifestyle.

Authors Pamela Simpson, MD, and Tina Scherer, RN, MSN, OCN, address the question: *Can a community cancer center work with a pediatric*

cancer center to better treat their AYA patients? And the answer is yes. Their article describes how the DuPont Hospital for Children and the Christiana Care Health System partnered to develop a process to transition patients from a pediatric program to an adult oncology program with timely access, support, and guidance.

In our second example of anticipating ACCC's membership needs, we offer two articles that discuss the value of nutrition for our cancer patients.

Rhone Levin, MEd, RD, a certified specialist in oncology nutrition (CSO), deems nutrition the 7th vital sign. In her article, Levin shows how a new "adequate nutrition" model can support systematic malnutrition screening of all oncology patients across their treatment.

Authors Shari Oakland, RD, and Jeff Kendall, PsyD, also call attention to the importance nutrition holds for the cancer patient. Their hospital placed nutrition support within its psychosocial oncology department, ensuring that nutrition care and education is offered to patients from screening and diagnosis throughout the continuum of care through survivorship and, if necessary, palliative care.

ACCC member programs are committed to ensuring access to high-quality care close to home—surely this commitment is anticipating the needs of our patients and their families. ☐

In this edition of *Oncology Issues*, we focus on anticipating ACCC member needs in two distinct areas—treating adolescent and young adult cancer patients and improving nutrition in all cancer patients.

Our first three articles involve a type of patient who is increasingly presenting at community-based cancer programs—the adolescent and young adult cancer patient. If your program is treating this population, you'll be familiar with the term AYA (adolescent and young adult).

Leonard Sender, MD, one of the pioneers advocating and educating on behalf of AYA cancer patients, writes in his article that some AYA patients may be candidates for more aggressive "pediatric" protocols. He then offers practical strategies on how community cancer centers can handle the logistics of these protocols and meet the unique needs of this patient population.

Next, community oncologist Mark

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