

ONCOLOGY ISSUES

The Journal of the
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FROM THE EDITOR

The Individuality of Cancer Care

BY CHRISTIAN DOWNS, JD, MHA



Cancer as a disease has frustrated clinicians, policy-makers, and patients since the time of Hippocrates.

One of the main reasons for this frustration, and what separates cancer from other diseases, is the individual nature of each patient's cancer.

Clinicians try to understand why a particular therapy works in one patient and not in another. Policymakers try to understand why cancer treatment is so expensive. Patients, often, just try to understand the "new normal" of life after a cancer diagnosis.

Clearly the oncology community is on the precipice of understanding cancer as an individual disease. Just look at the breakthroughs happening in genomics, immunotherapy, and genetic testing.

So how do you—the backbone of the cancer delivery system in this country—prepare yourself for these changes?

You can start with this edition of *Oncology Issues*, which offers practical, hands-on strategies that you can replicate in your program now.

For example, take the article on "The NCCCP Cancer Genetic Counseling Assessment Tool" by Patricia D. Hegedus, RN, OCN, MBA, and colleagues. Funded in part by tax dollars, the National Cancer Institute Community Cancer Centers Program (NCCCP) is a public-private partnership of the National Cancer Institute (NCI) and a network of community hospital-based cancer centers from around the United States—many of whom are ACCC member programs. The genetic counseling tool on pages 38-39 is a prime example of how the NCCCP has shared its knowledge with the larger oncology community. Any oncology program can use this self-assessment tool to identify

strengths and weaknesses in their cancer genetics service line and develop quality improvement plans.

Next, James Pellicane, MD, discusses genomic testing for breast cancer in the community setting. With genomic testing many patients can choose to forgo chemotherapy—without worrying about an increased risk of recurrence. Yet, adoption of this new technology has been slow. This article explores the reasons for lagging adoption; details the advantages genomic testing can have for patients and providers; and describes practical implementation steps for programs looking to move forward with adoption.

Finally, take another look at our cover story on improving profitability and service in an outpatient infusion center. Castle and colleagues offer practical strategies to improve a program's bottom line by focusing on revenue and expenses, as well as common-sense process improvements.

Yes, new and cutting-edge evidence continues to support the concept that cancer is an individualized disease. But to the physician who breaks the news of a cancer diagnosis to a patient, the nurse who holds that person's hand, and the social worker who reaches out to the patient and his or her family, that is old news. 