

Always Be Prepared

BY VIRGINIA T. VAITONES, MSW, OSW-C



Winter has settled in here on the coast of Maine. The tourists are gone, and the highlight of the week is taking the trash and recyclables to the local

transfer station to catch up on local gossip. Living and working in a small community, my neighbors and I have become very self-sufficient, plowing our own driveways and relying on generators when the power goes off for days at a time. Our motto: always be prepared.

That motto holds true for the field of oncology as well. Cancer programs and cancer providers across the country must be continually vigilant and armed with the most up-to-date information, as we never know what type of oncological problem will walk through our doors next. Cancer is a complex disease, with so many different variations that the National Cancer Institute (NCI) lists them A to Z alphabetically. So while we are all very familiar with the top four cancers—prostate, breast, lung, and colorectal—there are hundreds of other cancers, including those defined as “rare,” that may be seldom seen in the community setting.


So how can you prepare for those times when a patient with a less common cancer presents at your community cancer program? ACCC can help.

One of ACCC's greatest strengths is the networking opportunities it offers its membership—peer-to-peer communication that reaches across disciplines and care settings. ACCC member programs run the gamut from small, rural programs to large academic centers, from solo physician practices to large, multispecialty physician-owned practices. So when your program sees a patient with a rare cancer, I urge you to reach out to your fellow ACCC-member programs. In fact, ACCC is making it easier to do just that.

As part of its mission to educate its members, ACCC has identified several “Community Resource Centers” with expertise in less prevalent cancers, including chronic myeloid leukemia (CML), acute promyelocytic leukemia (APL), and multiple myeloma. In 2014 ACCC will identify Community Resource Centers for gastric cancer, pancreatic cancer, myelofibrosis, and more. These Community Resource Centers have experience with less common cancers and have stepped up to serve as virtual “experts-in-residence” for other community cancer programs.

We all understand that—when possible—patients want to receive their cancer care in the communities where they live. By leveraging tools, such as ACCC's Community Resource Centers, we can often make these wishes a reality. And even when patients with rare cancers must travel to receive treatment at academic or tertiary programs, they are often transitioned back to the community for follow-up. Therefore, it is vital that we, as community providers, remain connected to other cancer programs and updated about the most current treatment methods.

To learn more about this innovative program, turn to page 58. In “Ask ACCC's Community Resource Centers” (the first in a series), Elihu Estey, MD, professor of hematology at the University of Washington, discusses existing protocols for APL and shares an interesting case study that describes what happened when a patient with APL returned to her community oncologist for follow-up.

As you all know by now, my presidential theme is “it takes a team” to deliver quality cancer care. ACCC's Community Resource Centers take my theme to the next level by helping to “team” larger tertiary cancer programs with smaller community cancer centers to ensure quality care for patients with less common and even rare cancers. These Community Resources Centers are a win for all ACCC members—and, most importantly, the patients we treat! 

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