

ONCOLOGY ISSUES

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FROM THE EDITOR

The Act of Action

BY CHRISTIAN DOWNS, JD, MHA



*In any situation,
the best thing you
can do is the right
thing; the next best
thing you can do is
the wrong thing;
the worst thing you
can do is nothing.*

—Theodore Roosevelt

I've always found this Roosevelt quote stirring because it places the emphasis on action. Many of us went into healthcare, not only to help our fellow man, but because there is always some kind of action that needs to be carried out. As we put together this edition of *Oncology Issues*, I noticed an emerging theme: *Building. Developing. Investigating. Exploring.* Simply put: *Action.* What distinguishes ACCC members is not only their commitment to action in the service of delivering quality cancer care, but their willingness to share their experiences with others.

For example, in "Building Bridges, Breaking Down Barriers," Elizabeth Archer-Nanda and colleagues describe how one ACCC member program in Louisville, Ky., developed the Norton Cancer Institute Behavioral Oncology Program, a comprehensive, embedded psychiatric program with an emphasis on integrating high-quality psychiatric care to medically complex patients. At the other end of the spectrum, Lori McNulty and former ACCC Board Member Faye Flemming demonstrate how another member program, Southside Regional Medical Center, Petersburg, Va., was able to add navigation services and distress screening with very limited resources. In their article, "Building a Navigation and Psychosocial Support Program from the Ground Up," they describe how their oncology nurse navigator partners with a local community agency to help meet higher than expected referrals and patient demand. More, they show how adding navigation services and distress screening has helped this small community program both improve patient care and meet multiple accreditation standards.

Our next "action article" centers on information technology (IT). With the understanding that data and information are power, co-authors Ryan Langdale and Alex Glonek share the keys to developing a successful, oncology-specific IT strategy in a continuously changing IT environment, including a process description, common pitfalls, and best practices.

"Investigating" is the action word that drives our next feature article. The oncology community is enjoying an almost unprecedented surge of technology and treatment breakthroughs. In "Investigating Radio-dynamic Therapy to Treat the Untreatable" author Sarah Hall shares how Fox Chase Cancer Center, Philadelphia, Pa., is working to bring a new technology to the U.S.—a specialized accelerator known as a Racetrack Microtron. This technology delivers radiation at very high energies, offering treatment to a patient population with limited treatment options, including those who are only receiving palliative care. With Fox Chase currently pursuing FDA approval to open clinical trials for this new technology, I look forward to seeing how it will be implemented in the community setting.

And finally, Tracy Wyant, an oncology clinical specialist in the Oncology Nursing Society Education Department, gives us a look into the policy world in her article, "Exploring the Issue of Cancer Drug Parity." She recaps what's been achieved to date in terms of efforts to ensure that patients have equal access to oral drugs—and at a cost that they can afford. As you know, this issue has been at the forefront of ACCC advocacy efforts for a number of years. Read about ACCC's successes and our continued efforts to effect change at the federal level in "Oral Parity: When Modern Medicine Outpaces Policy," page 11.

The final article in this issue, "Bike Loud," is a powerful and moving first-person account of inspiring action by a group of Boy Scouts who biked across the country to honor a young girl who lost her battle with germ cell cancer. The Hero of San Juan Hill would be proud of their efforts—and of *your* efforts on behalf of the patients and families you serve every day. 