## LETTER TO THE EDITOR...

I am surprised that the expansion from clinical oncologic practice to administration in government cancer programs was not included in Catherine Novak's recent article in The Journal of Cancer Program Management. I have found my five years in the Division of Cancer Prevention and Control of the National Cancer Institute to be very satisfying and fulfilling. More oncologists should be aware of that opportunity. I hope I can report on another opportunity for oncologists after a few years in my next effort to demonstrate the potentials for cancer control in a public health department.

It is important to recognize that a major reason for oncologists to seek wider horizons is the realization that effective treatments for care are not available for the majority of patients seen by most medical and radiotherapeutic oncologists. Improvements in prevention such as control of the use of tobacco, in screening and early detection, may have more promise for reduction of mortality than some of the new chemotherapeutic agents. Other opportunities available for community oncologists include helping to determine scientifically better methods of supportive and palliative care. Hopefully, someone will also recognize the tremendous need to improve current methods of rehabilitation. which will become even more acute as improved methods of management are adopted. The community based experienced clinical oncologist also has much to contribute to cancer research if only to help focus on pertinent questions to be

answered. This could be in industry or in academic medicine.

Based on my 35 years of oncologic community practice and 5 years in the NCI, where I had a unique opportunity to observe a number of community programs. I can attest to the need for better and more coordinated community cancer program planning. Don't expect community directors of cancer programs to solve all the problems. It is about time that community oncologists encourage and stimulate improved quality of community cancer practice from prevention through terminal care. Program planning, goal setting (perhaps using the NCI Goals for the Year 2000 as a starting place) and striving to surpass the SEER data -- not to just equal it -- should be stimulated.

Robert W. Frelick, M.D. Wilmington, Delaware

## MARK YOUR CALENDARS

for...

March 16th, 1988

## ADVANCES IN CANCER CONTROL VI

A jointly sponsored meeting with...

Association of Community Cancer Centers Association of American Cancer Institutes American Society of Preventive Oncology National Cancer Institute

and...

March 17th - March 19th

## **ACCC 1988 ANNUAL MEETING**

J.W. Marriott Hotel Washington, D.C.

For more details, be sure to read the Fall 1987 issue of JCPM