FROM THE EDITOR...

TACKLING ONCOLOGY'S ISSUES

About a decade ago, R. Lee Clarke, M.D., said that if the Association of Community Cancer Centers didn't exist, the country's cancer leadership would have to invent it. Clarke contended that the concepts first pioneered in university centers needed to be organized and expanded to all of the patients being managed in U.S. communities.

ACCC was a young and ugly duckling in those days, because it was talking about issues that others wanted to ignore. ACCC's leadership was raising a ruckus about wanting to do clinical research in the community. ACCC's community oncologists, trained in research during medical school, actually claimed that they had not lost their minds or their desire to be active participants in solving oncology's challenges when they left for private practice. Of course, these very same folks were causing trouble in local hospitals by pressing for separate oncology units and specially trained oncology nurses and social workers.

The trouble making has continued. First, community oncologists wanted someone on the National Cancer Advisory Board. Then they pushed for patterns-of-care evaluations through the CHOP program. Next, there was the push for the Community Clinical Oncology Program (CCOP).

Finally, ACCC started talking about product line management, marketing, reimbursement, and quality of care assessment. To add fuel to the fire, in 1982, the organization had the gaul to say that the new competition and changing reimbursement policies were going to severely damage our clinical research system. DHHS, NCI, ASCO, AAMC, and HCFA all assured us that there was no problem. Then, in 1985, we provided to ProPac data that was key in the decision that DRG 403 needed to be recalibrated. Last week, we provided key Congressional staffers with data that led to an important change in the Medicare Catastrophic Coverage Act.

When the *Journal of Cancer Program Management* was launched two years ago, the ACCC board once again decided to target the issues that impact quality cancer care. In the ACCC tradition, the *Journal* has not hesitated to tackle what may be considered avant-garde issues. For instance, the first series on the Joint Commission on Accreditation of Healthcare Organization's (JCAHO's) clinical indicator initiative appeared in the *Journal* more than a year and a half ago—a subject that we revisit in this first edition of *Oncology Issues*. There have also been original articles on cancer Ambulatory Visit Groups (AVGs) and the impact of severity of illness on fixed price cancer reimbursement. More recently, unique, indepth articles have been published on the viability of freestanding cancer centers, the role of oncology medical directors, attempts to restrict care by limiting reimbursement to only those drugs that are currently labeled by the FDA for a specific indication, current reimbursement levels for cancer DRGs, and ACCC's development of standards for cancer programs.

There are many more issues yet to be explored: the use of clinical indicators in oncology; comparing and rating insurance plans' cancer benefits; the role of data management, marketing and research in cancer care; and ways in which cancer programs that are dedicated to quality care can survive and yet bring new innovations to patient care as rapidly as possible. *Oncology Issues* will continue ACCC's tradition of delving into controversies. It will continue to explore the economics of quality cancer care and the realities of survival, while campaigning for health care policies that promote cost-effective, quality care. The new name of the Journal, *Oncology Issues*, is our way of emphasizing that ongoing commitment.

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