



## ACCC's Twentieth Anniversary

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## ACCC's Twentieth Anniversary

by Albert B. Einstein, Jr., M.D.

**T**wenty years ago in a hotel room in Denver, twenty visionaries met to discuss the future of oncology practice in their communities. Their common interest was the development of high-quality multidisciplinary cancer programs centered around community hospitals. In part, they were responding to the coming of age of the National Cancer Institute (NCI), the emergence of academic cancer programs, and the expansion of clinical trial research. This meeting was the birth of the Association of Community Cancer Centers (ACCC). Over the next 20 years, the Association has evolved into a mature national organization that represents more than 400 cancer programs and state chapters, providing leadership that addresses national and local cancer care issues on behalf of cancer patients and cancer care providers.

The organization's initial efforts were focused on defining the essential elements of a multidisciplinary community cancer program and promoting program development nationwide. The NCI's Community Hospital Oncology Program (CHOP) initiative provided some members with funding to develop their programs, define practice guidelines, and study the results of their efforts. As more and more cancer patients received their treatment in their communities, the NCI realized that clinical research could potentially progress faster if these patients had access to cooperative group protocols. In 1982, about the time I first became aware of ACCC and began to attend the meetings, the NCI developed the Community Clinical Oncology Program (CCOP). The ACCC was a strong advocate for this program and lobbied intensively for its creation. When it was initiated in 1983, a number of ACCC members were

among the first 53 funded institutions. Over the next 10 years, the CCOPs contributed remarkably to the science, patient accrual, and quality data management of the cooperative group clinical trials effort. With the emergence of cancer control initiatives, the CCOP organizations have proven to be excellent vehicles to access high-risk patient populations for cancer prevention trials for breast and prostate cancer. During these past 10 years, the ACCC has functioned as a forum for CCOP leaders to discuss funding and operational issues and as an advocate for increased support by Congress and the NCI for CCOPs.

During the 1980s, the ACCC further promoted the evolution of the community cancer center. Standards for cancer programs were initially written and subsequently revised and updated. ACCC publications have addressed financial concerns of hospital cancer programs and private oncologists.

In an effort to respond to local reimbursement issues, the ACCC initiated a series of regional reimbursement seminars that feature both national and local experts on Medicare and insurance company reimbursement issues. The ACCC has provided staff support to local oncologists in proposing and advocating state legislation for reimbursement for off-label use of chemotherapy. To date, these efforts have been successful in 11 states. Arising from these efforts to solve local insurance issues has been the formation of state oncology societies, some of which have become formal ACCC state chapters with membership in the House of Delegates.

In order to provide additional clinical research opportunities for our members, the Collaborative Research Group (CRG) was

organized. Membership in the CRG is by a peer-review application process to ensure that participating organizations have experienced staff and support services to perform credible, high-quality clinical research trial activity. The CRG has been marketed to pharmaceutical and biotechnology companies to facilitate sponsored clinical research on new anticancer agents.

As we enter the era of health care reform, successful cancer programs are striving to understand the impact of potential change, influence the legislative process, preserve quality cancer care, and seek resources for supportive care services and clinical research trials that benefit their patients. On February 4-5, 1994, ACCC convened the second Presidents' Retreat, a meeting of the presidents or their representatives of national and state oncology societies and patient advocate groups to discuss national and state health care reform issues. Views were exchanged, strategies were discussed, and cooperative initiatives were defined. The significant leadership role of ACCC in this process exemplifies the level of maturity and respect that the organization has achieved in the past 20 years.

The successful achievements of the ACCC over these years are the result of the significant contributions of many dedicated members, including physicians, nurses, and administrators. The management staff, under the constant visionary leadership of Lee E. Mortenson, has effectively supported and carried out the initiatives of the Association's members and leadership. I am proud of our organization, proud to be a member, and privileged to have served as president this past year. ■