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RADIATION ONCOLOGY

An Integral Part of Community Cancer Center Care

by R. Lawrence White, M.D., F.A.C.R.

Half a century ago no one could have predicted the progress which has taken place in the use of ionizing radiations. Patients with forms of cancer once considered incurable are now being saved in surprising numbers thanks to the skilled practice of radiation oncology. The specialty has gained professional authority and academic respectability. The extent of the transfiguration may not be apparent to those entering the field today, nor is it appreciated by the much-benefitted public; but it is real. There are yet numerous vistas for fruitful research and further progress. Some of the present concerns may be abandoned, but there will be new ones. The use of particle acceleration has only been touched. And there are great possibilities in trials of further protraction of treatments and greater fractionation to increase margins of safety in radiotherapy of tumors. The radiation oncologist, transformed over time from the radiation therapist, has become the focus through which a constellation of medical workers—technicians, nurses, imaging specialists, physicists, and others—cooperate to transform the "New Light" of Roentgen into health and hope for thousands of sufferers each day.

—Juan A. del Regato, M.D.
Radiological Oncologist, 1993

As the U.S population ages and the baby boom generation enters their prime years, the number of patients seeking sophisticated cancer treatment will continue to increase. In 1993 approximately 1,170,000 new cancer cases were diagnosed, excluding carcinoma in situ and basal cell and squamous cell carcinomas of the skin. By the year 2000, treatment of cancer will be the number one health care service in volume, overtaking services related to heart disease.

The number of cancer patients entering community oncology programs—as well as the number of specialists—continues to increase. Today, more than 80 percent of all U.S. cancer patients receive their treatment in a community hospital setting. Acute care hospitals derive approximately 25 percent of their gross revenues from cancer services, including medical oncology, radiation oncology, surgery, pathology, diagnostic imaging, and laboratory and pharmacy services.

Along with the shift from academic and teaching centers to community centers, a significant increase in investigational cancer treatment has prompted community hospitals to improve and expand the cancer services they offer. In the ever-increasing competitive environment, community hospital cancer programs must focus their resources and develop unique features to provide a competitive edge. Both quality and value in cancer patient management must be guiding principles for the future.

To optimize cancer management and chances for cure, more patients than ever are receiving combinations of surgery, chemotherapy, and radiation therapy. Fifty to sixty percent of all cancer patients receive surgery as part of their treatment; 55 to 60 percent receive chemotherapy; and 60 to 65 percent receive radiation therapy. Without any one of these three major components of cancer treatment, community hospitals will be at a disadvantage in providing the full spectrum of services required by most cancer patients. Group purchasers will naturally seek out those community-based programs that provide the full spectrum of consolidated services in a coordinated and cost-efficient manner. In the final analysis, quality, value, and clinical outcome will be the primary determinants of success under health care reform.

FRONT AND CENTER: RADIATION ONCOLOGY

To provide the full line of service to the cancer patient, a community cancer center must have radiation oncology as an integral part of its cancer center. Radiation oncology serves as the basis for the modern cancer center and continues to be one of the primary modalities and an

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essential component of any competitive community cancer program.

For more than 60 years, radiation oncology has been part of the overall care of oncology patients. Not only is radiation therapy effective in the definitive management of local cancers, it also helps with palliation, improving the quality of life for the cancer patient by lessening pain and shrinking tumors.

Radiation therapy treatment is based on years of well-documented clinical research and contributions of the Radiation Therapy Oncology Group, funded by the National Cancer Institute. The use of ionizing radiation, alone or in combination with other modalities such as surgery and chemotherapy, is producing ever-improved cure rates while minimizing the morbidity that the treatment can cause. New treatment modalities in radiation oncology, such as remote high-dose after-loading and sterotactic three-dimensional radiosurgery, are improving and enhancing existing treatment protocols. As new biotechnologies are incorporated in treatment protocols, radiation oncology will continue to play a major role as a tried and proven form of cancer treatment.

In the late 1980s, radiology developed a national relative value system for reimbursement for both professional care and hospital technical care in radiation oncology. The system that now relates radiology to all other fields of medicine through a conversion factor is based on value and experience. The radiation oncology reimbursement system has provided a firm economic foundation for those community cancer centers that are fortunate enough to have radiation oncology as part of the services they provide to the cancer patient. This system of parallel services—professional and technical—follows the coding lead of the physician and generates the revenue to pay the technical personnel and the equipment to run a modern radiation oncology facility.

A recent increase in Medicare reimbursement of approximately 14 percent for the technical aspects of radiation oncology has further increased the ability of hospitals and cancer centers in the community to provide well-staffed and well-equipped, state-of-the-art equipment and personnel. New radiation oncology departments cost in the range of $3.5 million to $10.5 million, depending on the complexity and the amount of equipment and personnel needed. No wonder the concerns about radiation reimbursement! With the present level of reimbursement, however, most clinically successful systems have found that the investment in a state-of-the-art facility for the cancer program has been financially rewarding.

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STANDARDS AND GUIDELINES

Many national professional societies are developing interdisciplinary standards of care and patient care guidelines. These societies include the American College of Surgeons, the American Society of Clinical Oncology, the American Society of Therapeutic Radiology and Oncology, the American College of Radiology, and the Association of Community Cancer Centers.

No matter what health care system evolves, standards of care and patient guidelines will set the stage for future treatment protocols. The standards and guidelines in the present fee-for-service reimbursement system have helped reduce costs while maintaining a standard of care that is acceptable to the practicing oncologist. In the future, as we move toward health care reform with increasing competition, bulk pricing, and capitated systems, interdisciplinary standards and guidelines will ensure a minimum standard of care.

It is important to remember that under a capitated system, the three basic elements of cancer treatment (radiation therapy, surgery, and chemotherapy) become cost centers rather than producers of income. As a result, standards of care and patient care guidelines become critical to 1) provide a high quality of valued care for the U.S. public and 2) preserve a level of quality acceptable to the practicing oncologist.

Under a capitated system, there must be recognition of the high up-front costs of developing a state-of-the-art radiation oncology center. Nevertheless, standards of care and patient care guidelines will mandate allocation of risk and funds to provide for radiation oncology.

Radiation oncology is an integral part of health care around the world and in socialized paying systems. Under health care reform in the U.S., access to radiation oncology services and equipment will be guaranteed, based on the underlying scientific evidence for the role that radiation oncology plays in the treatment of many types of cancer and on its cost-effectiveness. Because financial viability of radiation oncology departments is such a critical element of the cancer center, the future is bright.

During the past two decades, significant advances have been made in the overall treatment of cancer through multimodality management, of which radiation oncology has been a major part. There will undoubtedly be more advances in radiation physics, radiation biology, clinical treatment planning, the use of computers in radiation oncology, and the applications of new treatment modalities using ionizing radiations directly or tagged to other compounds.

Cancer patients have improved their chances for survival from 1 in 5 in 1940 to 4 in 10 today. Cure is now a reasonable therapy outcome in approximately 50 percent of newly diagnosed cancer patients. As we approach the year 2000, we can count on exciting developments in all fields—including radiation oncology—that will improve care, cure rates, and the quality of life for the cancer patient. ■