



Two Cancer Forums in the News

To cite this article: (1996) Two Cancer Forums in the News, *Oncology Issues*, 11:6, 48-48, DOI: [10.1080/10463356.1996.11904651](https://doi.org/10.1080/10463356.1996.11904651)

To link to this article: <https://doi.org/10.1080/10463356.1996.11904651>



Published online: 18 Oct 2017.



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ACCC TAKES PART IN TWO KEY ONCOLOGY MEETINGS

On September 7-8, 1996, ACCC President John E. Feldmann, M.D., (Mobile Infirmary Medical Center, Mobile, Ala.) and Margaret A. Riley, M.N., R.N., C.N.A.A., (St. Joseph's Hospital, Atlanta, Ga.) represented the Association at the National Summit on Cancer Pain Control in Reston, Va. Cosponsored by the National Cancer Society, the Oncology Nursing Society, and the American Alliance of Cancer Pain Institutes, the meeting provided a forum to share information and resources and to develop a collaborative national plan to improve cancer pain control in the United States.

Also in September, ACCC was represented at the National Partners' Health Professionals Working Group by Lawrence S. Lessin, M.D., medical director, Washington Cancer Institute at the Washington Hospital Center in Washington, D.C. The focus of this working group was to provide the National Cancer Institute with feedback on the content of their Clinical Trials Training Program (CTTP), as well as strategies to disseminate it nationwide. The CTTP is a tool used by health professionals and cancer advocacy organizations to increase public and professional understanding of cancer clinical trials.

ACCC HONORS PIONEERING GENETIC RESEARCHER

Henry T. Lynch, M.D., received ACCC's highest honor: the Award for Outstanding Contributions to Clinical Research. He has been the recipient of a number of other honors, including the Annual Bristol-Myers Squibb Award for Distinguished Achievement in Cancer Research, the American Cancer Society Distinguished Service Award, and Creighton University's Distinguished Research Career Award. Lynch received the award at ACCC's recent National Oncology

Economics Conference (see page 28).

Lynch is professor and chairman of preventive medicine and public health and professor of medicine at Creighton University School of Medicine in Omaha, Nebr. Lynch established Creighton's Hereditary Cancer Prevention Clinic, which provides patients and their families information and services related to all hereditary cancers.

At the recent ACCC conference, Lynch advised attendees how to prepare for the increasing role of cancer genetics in the community.

"The recent statement made by ASCO on its position on genetic testing has added an important responsibility to medical oncologists with respect to patients at high risk for hereditary forms of cancer. Specifically, oncologists should begin dealing with the subject of cancer genetics. However, in order to do so effectively, they will need to become more knowledgeable about the natural history of hereditary cancer syndromes and how surveillance and management strategies can meld effectively with this natural history, including prophylactic surgery in certain circumstances. Oncologists need to become knowledgeable about how germlike mutations might signify an individual's lifetime destiny for cancer. This entire subject is expanding rapidly given the intensive efforts of our clinical and molecular genetic colleagues in our country's Human Genome Project. In short, a new



ACCC President John E. Feldmann, M.D., (right) presents ACCC's Award for Outstanding Contributions to Clinical Research to Henry T. Lynch, M.D., in recognition of his significant contributions to cancer patients and their families.

cancer susceptibility germlike mutation is being identified almost monthly. Publicity about these findings is portrayed repeatedly in the lay as well as the professional literature. Hence, patients are asking sage questions about their cancer destiny. They expect their physicians to provide answers that might relieve their anxiety and provide them with long-term cancer control benefit.

"It is probably not realistic to believe that *all* oncologists will be able to immediately become knowledgeable in molecular genetics and hereditary cancer syndrome and thereby feel comfortable in providing expert counseling to their high-risk patients/families. One answer to this vexing problem would be the creation of hereditary cancer prevention clinics wherein expertise would be available for the diagnosis and management of patients with, or who are perceived to be, at high risk for hereditary forms of cancer. It is likely that this area of expertise will, in the future, become a subspecialty area of medical oncology. Cancer geneticists, inclusive of molecular biologists, will focus heavily on the multifaceted clinical problems of patients with hereditary cancer." ■