



An Interview with ACCC President James L. Wade III, M.D.

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ACCC President

James L. Wade III, M.D.



We will continue to struggle with shrinking resources to fund these new approaches.

Q *You have been very involved in legislative efforts in Illinois and other states regarding reimbursement of off-label drugs and clinical trials. How will you continue these efforts in your role as ACCC President?*

A The problems we face, such as patient access to clinical trials or reimbursement for off-label drug indications, are multifaceted. Each problem may require several different attempts at amendment to bring about the most desired result. Progress is advancing, specifically with the Kassebaum-Kennedy legislation passed last year and the Rockefeller-Mack legislation to be introduced this year. However, even these legislative advances are limited in scope. But through the process of amendment, we can continue to strive for solutions to assist all cancer patients.

As ACCC President, I am in a unique position to channel the collective energies of our diverse Association to build upon legislative successes. By harnessing the talents of all our Institutional, General, and Chapter members, the Association can work to protect every person at risk for developing cancer from discrimination and ensure access to clinical trials for all patients.

Q *As we approach the millennium, what do you foresee as the major challenges affecting the specialty of oncology?*

A I think there is going to be enormous opportunity in transferring the fruits of medical discovery from the laboratory to the ambulatory cancer care setting. New drugs and innovative technologies will make this possible. We are already witnessing the growth of genetic testing programs for hereditary cancers within the community setting. Genetic-based treatments are certain to follow.

We will continue to forge productive relationships with state oncology societies, patient advocacy groups, and other cancer-related organizations. Our efforts should be focused at whatever level of government is going to work, whether in the U.S. Congress or in the state legislatures.

Additional legislative initiatives to explore in the future include securing better access to specialty care givers, recovery care, and rehabilitation to assist cancer patients in returning to the workplace sooner.

Q *What impact do you expect ACCC's clinical guidelines will have on the processes of patient cancer care?*

A The ACCC guidelines for early stage and advanced breast cancers, non-small cell and small cell lung cancers, cancers of the colon and rectum, along with a number of supportive therapies and supportive care drugs, provide a firm foundation for a minimum of good cancer care. These guidelines will help protect patients from receiving inadequate care that may be dictated by managed care companies and other third-party payers.

Q *How has your experience prepared you to assume leadership of the Association?*

A I hope that my experiences as past-president of the Illinois Medical Oncology Society and current chairman of the medical oncology program at Decatur Memorial Hospital in Decatur, Ill., have taught me to listen to the people I represent. I have learned that it is best to develop an inclusive philosophy to encourage people to deliver of themselves, to create an environment where their abilities can be best used.

Q *How can ACCC help its members meet both the challenges and threats posed by the changing health care environment?*

A The key is recognizing that ACCC will never change the managed care revolution. We have no control over the changing ways in which health care is financed. However, the Association can help members adapt to these changes through information and education.

Perhaps the best way we accomplish this is through our Annual National Meetings, Oncology Economics Conferences, and regional meetings. I am not aware of any other national oncology organization that can provide the wide spectrum of different health care delivery models that were presented, for example, in the course of ACCC's four-day 23rd Annual National Meeting in March.

By providing an environment in which members can share their experiences, ACCC helps its members be part of the revolution, not a casualty of it.

Q *What would you say to someone who is interested in becoming an ACCC member?*

A Simply put, ACCC would not function without the participation of its members. As past chairman of ACCC's Strategic Planning Committee, I can attest to the fact that the strategic plan, which helps the Association redefine both its mission and organizational strategies, is based on the views and opinions gleaned from actual member responses to ACCC's annual member survey.

Those individuals who really want to become involved have the opportunity to participate at more involved levels—as a member of a special interest group, on the various ACCC committees, or at the board or officer level.

A strong, active membership will show that the Association of Community Cancer Centers is the best national association representing cancer patients and those institutions, physicians, nurses, and specialists who care for them. ■