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My year as ACCC president is quickly drawing to a close. My father used to tell me that time speeds up as one becomes older; the rapidly approaching closure of my presidency of your Association suggests that perhaps I have aged one or two decades during my tenure. In looking back on my year, I am pleased with our progress. I had the pleasure of working with a great Board of Trustees and a team of committees and special interest group (SIG) chairpersons. In addition, my year has been a success in large part due to the ACCC staff's good work—no ACCC president will be successful without their enthusiastic and tireless efforts.

This year ACCC will be remembered for several important firsts. ACCC's Ad Hoc Committee for Advocacy has forged an important liaison with survivor groups and the Oncology Nursing Society, and determined that a system-wide attack on cancer pain is feasible. Soon, all ACCC members will have access to a pain management packet with materials from both NCI and ACCC to help raise our awareness about cancer pain and how best to address it.

This year marked the first ACCC-sponsored Physician Leadership Institute. A generous grant from Glaxo Wellcome Oncology allowed ACCC and faculty from the University of North Carolina School of Business to produce the first two-day symposium on how to face complex business decisions that regularly occur in practice. The meeting attracted more than 100 oncologists representing practices throughout the country. At the end of the meeting, the participants rated it higher than any other previous ACCC session.

Finally, starting last spring, ACCC and the American Society of Clinical Oncology have been working hard to try to preserve fair reimbursement for office-based chemotherapy. ACCC played a pivotal role in helping coordinate efforts on Capitol Hill, which resulted in a successful compromise that was written into law as of the 1997 budget agreement and signed by President Clinton last summer.

In looking forward I am deeply troubled by the determined attack on cancer care that is currently being waged by the Health Care Financing Administration. Unfortunately, as my tenure as president of your Association draws to a close, we are once again threatened with an unprecedented attack on all cancer care.

First, the Administration has finally published rules for the implementation of the Stark II antikickback legislation. Within the hundreds of pages of text, HCFA has redefined how chemotherapy is to be reimbursed in the office setting, preempting the will of Congress. HCFA defines any difference between the acquisition price of a drug and its AWP minus 5 percent value (an amount that Congress determined was appropriate) as a kickback, regardless of the effort and overhead used in procuring, storing, or disposing of the drug. This rule assures that a physician will personally lose a lot of money every time he or she treats a Medicare beneficiary in the office. Within this edition of *Oncology Issues*, you will read the analysis of Dr. Charles Weissman, Philip Beard, and Brenda Morrow, who calculated, using HCFA's own data, that medical oncologists were underreimbursed $275 million in 1996 for cancer chemotherapy services in their offices. If the oncologist is stripped of the current small difference between acquisition cost and reimbursement, he or she will quickly go out of business, and cancer patients will suffer as a result.

Second, HCFA is proposing that hospitals that treat Medicare cancer patients in the outpatient setting also be punished. In 1999 HCFA will implement Ambulatory Patient Groups as a prospective method for reducing Part A outpatient hospital expenditures. Although hospitals might survive such a system, the death knell for cancer patients will sound if HCFA, as it has now just proposed, includes the cost of chemotherapy drugs in three broad categories in the APG payment. Hospitals will no longer be able to recover enough to even pay for the drugs, let alone the staff and space needed to administer them. The Administration clearly is preparing a cruel joke for future cancer patients covered by Medicare. On the one hand, access to clinical trials and breakthrough treatments will be enhanced, while on the other hand, the new HCFA policies will deter anyone or any system from being able to deliver the care.

I think ACCC's incoming president, Dr. Larry White, will certainly have his work cut out for him. We must stick together and give him our support in order to help our patients, regardless of their site of service. Our Association must, and will, fulfill its vision statement by being the national interdisciplinary organization fighting on behalf of our patients and their families for quality cancer care. This year we will champion to Congress and the public the issue of cancer patient access to care. Without fair reimbursement there will be no access. Without access the fruits of our research efforts will remain on the vine, while the cancer death toll grows higher. This is a fight we must win.

James Lloyd Wade III

—James L. Wade III