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Then and Now

by Jennifer L. Guy, B.S., R.N., O.C.N.

Twenty-one years ago I attended my first ACCC meeting. Doctors and nurses gathered at the Omni Shoreham in Washington, D.C. Speakers smoked cigarettes at the podium; the audience lit up at their seats. The welcome reception was held in the ACCC hotel suite, with beverages poured from bottles that came in brown paper bags from the local liquor store. The meeting agenda addressed "town/gown" issues, lobbying Congress and NCI to expand clinical oncology research into the community, defining what constituted a community cancer center, and how to establish one.

Back then, cancer treatment consisted of a few effective drugs (Adriamycin and Ara C were relatively new), cobalt machines, ports designed with solder wire, and fluoroscopy. Flexible endoscopy equipment was new; endoscopic surgery was still nonexistent. The majority of cancer patients were treated as inpatients, staying in the hospital for weeks to months. Home care was delivered by the local health departments and a few religious groups. Interferon was touted as the cure for cancer (but made from blood, and thus scarce). Cancer patients were treated, vomited, became dehydrated and cytopenic, developed infections, and were admitted for antibiotics and transfusions...and we all hoped for the best.

Now, effective drugs are discovered and approved every year. Linear accelerators, simulators, and computerized dosimetry are commonplace. Gamma knife and endoscopic surgeries are performed in an outpatient setting. Diagnoses are made using monoclonal antibodies and flow cytometry. Oncogenes have been identified and gene therapy is on the horizon. Growth factors, effective antiemetics, diphosphonates, and cytoprotectants avoid treatment-related morbidity. Home care is a multibillion-dollar business.

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Today, ACCC meetings attract a wide range of oncology professionals. No one smokes anywhere. Meeting and conference agendas include provider/payer issues, lobbying Congress and state legislatures to enact laws that mandate access to multidisciplinary cancer care, how to market your services, and ways to improve the bottom line. Twenty-one years later the issues are the same: access, legislation, program, operations; only the adversaries have changed. ACCC continues to fight the necessary battles to ensure that patients can benefit from the technology existing at that time in which they must fight the cancer battle.

ACCC taught me about the politico-medical establishment and how to influence it, how to transfer technology to my institution and to my patients, and to analyze and meet the financial challenges of care delivery. I have benefited immensely from the Association's multidisciplinary membership. The privilege of participating in the leadership of ACCC helped build my personal skills in collaboration and consensus building, and taught me how to make tough decisions.

For this knowledge, I thank ACCC, not only its leadership over the years, but the individuals who comprise the membership, from whom I have learned much. Hopefully I have been able to translate this information into improved cancer patient care over the years.

I trust that by its golden anniversary ACCC will have solved the access, legislative, and financial challenges, and the meetings will again focus on scientific, programmatic, and operational issues that routinely prevent and cure cancer.

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