

The Association of Community Cancer Centers

FACT More than 650 medical centers, hospitals, cancer clinics, and practices across the U.S. are ACCC members. This group treats 40 percent of all new cancer patients seen in the U.S. each year. ACCC members also include more than 390 individual members and 18 state oncology society chapters.

FACT Only ACCC represents the entire interdisciplinary team caring for oncology patients, including medical, radiation, and surgical oncologists, oncology nurses, cancer program administrators, oncology social workers, pharmacists, radiation therapists, and cancer registrars.

FACT ACCC is committed to federal and state efforts to pass legislation that ensures access to off-label uses of FDA-approved drugs and clinical trials for cancer patients, appropriate reimbursement to physicians for drugs administered to Medicare patients, and other patient advocacy issues.

FACT ACCC provides information about approaches for the effective management, delivery, and financing of comprehensive cancer care through its national meetings, regional symposia, and publication of oncology patient management guidelines, standards for cancer programs, critical pathways, oncology-related drugs, and *Oncology Issues*.

FACT Membership in ACCC will help my organization/me better serve patients and will foster my professional development.

Please send membership information:

Name: _____

Title: _____

Institution: _____

Address: _____

City/State: _____

Phone: _____

Fax: _____

E-mail: _____

✉ Return to ACCC, 11600 Nebel St., Suite 201, Rockville MD 20852-2557/Fax: 301-770-1949.

FROM THE EDITOR



Advance... or Retreat!

by Lee E. Mortenson, D.P.A.

We're planning to cut funding for new technology, said the HCFA representative, noting that the costs of high technology in the set-aside pool were growing at a 15 percent annual rate, while the entire APC pool is growing at only a 3 percent rate. That was the wake-up call at this year's Oncology Presidents' Retreat, now in its ninth year. A chance for the leadership of the major oncology provider and advocacy organizations to consider the policy challenges ahead, the Presidents' Retreat has become a unique opportunity for us all to get "on the same page."

Of course, the wake-up call comes from the matter-of-fact statement that HCFA, under the current rules, plans to cut funding for high technology drugs and devices, because...why? Well, despite the clear difference between the ever-changing high technology world of cancer advances and the standard operating procedures of everyday hospital outpatient care, part of the reason is that the current legislation *requires* HCFA to cut payments!

So, the story is not of HCFA bad guys under a post-Clinton administration, putting the screws on oncology just as they did last year. This is a story of national choices. New technology or no new technology. Do we say you can only invent a new technology that is as cheap as current technologies? If so, goodbye designer drugs at a half-billion dollars or so a clip! Do we say that because other countries regulate drug prices and we pay more for drugs to cross-subsidize

R&D for the world that we are not willing to pay more for drugs any longer? Maybe we should ask the poor countries of the world to pony up, or maybe we should pay more. How lucky we are to have the affluence to make these choices!

The availability of a new designer drug that cures a particular type of cancer or one that turns it into a chronic disease...coverage for the involvement of our highly specialized oncology nurses in the counseling and administration of IV and oral drugs to cancer patients... these are *social choices*. If we don't value the lives of cancer patients as highly as some other social value (you'll have to fill in the blank here; I'm stumped myself), then we will not provide support for the high technology, oral drugs, or oncology nurses trained to make certain the patients take their medications and receive high-quality cancer care. You do, indeed, get what you pay for.

So, new Administration... new Congress...old HCFA policies...and some real challenges ahead. Do we signal retreat? That way, I'd suggest, lies the lower ground, the mud of mediocrity, the pain of stalled progress, the slipping backwards in sight of the goal, a nation shy of the will to win. Our parents, sons and daughters, partners, neighbors, and friends, and we ourselves deserve a better outcome. But this outcome will not be handed to us or to them. As in science, so in preserving quality, we will have to make the choices clear. If we wish to advance, we need investment. Without advancing, we cannot hold our current ground; we retreat. ■