

Concerns  
2001

# Overview: Past, Present, and Future

by Dale E. Fuller, M.D., F.A.C.R.

**N**ot so long ago, radiation oncology was called radiation therapy and had for an organization only a few dozen radiation therapists who met for dinner, usually on the Tuesday evening of the annual meeting of the Radiological Society of North America (RSNA) in Chicago. RSNA had always been a purely scientific forum, so the radiation therapists, along with all other radiologists, relied upon the American College of Radiology (ACR) for whatever representation was needed in the socioeconomic and political arenas, which wasn't much.

One of the early leaders of the field, Dr. John Travis of Topeka, Kans., referred to radiation therapy as the "philanthropic sideline of the diagnostic radiologist," and so it was. Most radiation therapy services were provided by the "general radiologist," and revenues were almost entirely derived from a simple, per-treatment charge.

The advent of Medicare in 1965 served as the stimulus for a significant increase in ACR's activities on behalf of all the various interest groups in radiology. In addition, the "Club" had become the American Society of Therapeutic Radiology (ASTR), which still held as its area of interest the scientific advancement of the specialty.

In the early 1970s, the delivery of radiation treatment was rapidly becoming more complex, and ASTR became the American Society for Therapeutic Radiology and Oncology (ASTRO in order to

establish an identity separate from radiologists). "Radiation therapists" renamed themselves "radiation oncologists," as they sought to make others aware that they were specialists in oncology.

In 1978 the Council of Affiliated Regional Radiation Oncology Societies (CARROS) was founded within ACR. The mission of CARROS was to provide a mechanism for the exchange and dissemination of information about the clinical practice of radiation oncology at the state and regional level.

Still, there were physicians who believed that the interests of radiation oncology could not always be served by ACR, since the interests of radiation oncologists and diagnostic radiologists were not always congruent. Their solution to this dilemma was the formation of the American College of Radiation Oncology (ACRO), yet another organization established to represent the interests of the specialty in the socioeconomic and political arena.

With the evolution of different venues for the delivery of radiation treatment, a shift began away from hospital-based facilities to freestanding facilities. The interests of the freestanding centers were not always congruent with the interests of the hospital-based facilities. Indeed, the two venues were often viewed as competitors. That split led to the formation of the Association of Freestanding Radiation Oncology Centers (AFROC) in 1987 to represent the interests of the facilities called "non-provider based" by the Health Care Financing Administration (HCFA).

While all this divergence was taking place, the American Association of Physicists in Medicine (AAPM) was also growing in numbers.

As radiation oncology has evolved, the use of radioactive

materials in pharmaceutical preparations has led to the greater involvement of radiation oncologists in the Society of Nuclear Medicine (SNM), an organization that brings together professionals from a variety of disciplines who work in the field of nuclear medicine.

When radiation oncologists dropped the term "radiation therapist," radiation therapy technologists recognized an opportunity. They moved to adopt the term "radiation therapist" to describe their work and differentiate the services they provided from the services provided by technologists who work in the field of diagnostic imaging.

With all these organizations forming, one would think that the field of radiation oncology was made up of thousands and thousands of members. Not so. ASTRO, the largest of the organizations, has a membership of about 6,000 radiation oncologists and a few hundred physicists and radiobiologists. Many of these individuals are also members of one or more of the other organizations named above.

In the series of articles that follow, each of these organizations has been asked to comment on the concerns confronting their members in 2001. Their concerns are not dissimilar. The reader should remain mindful of the relatively small size of the total membership of all the organizations put together. We can give thanks that the leadership of the various organizations seems to be beginning to recognize this vulnerability, and in response is in more frequent communication with one another. The interests of all the organizations—and of the patients they treat—are best served when the radiation oncology community addresses issues in a united manner, speaking with one voice whenever possible. ☐

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