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Keeping it practical—and patient-focused

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This is one of those seasons when we all wish—for our patients and for ourselves—that illness could take a holiday. In the absence of that, I invite you to read this month's timely Community Dialogue discussion on page 487 with two nationally recognized breast experts. Drs. Cliff Hudis and Eric Winer help us think through an ongoing controversy: which women with early estrogen receptor-positive breast cancer can forgo chemotherapy in favor of hormone therapy alone? Their conversation with our writer Patrick Young offers an up-to-date review of studies that can inform the discussions with our patients.

Of course, more definitive answers will come with clinical trials, including the TAILORx trial—Trial Assigning Individualized Options for Treatment (Rx). As a companion piece to our interview with Drs. Hudis and Winer, Dr. Joseph Sparano has written a succinct and informative review of this current clinical trial, starting on page 494. In it, you can learn more about the study design (patients will be randomized to therapies based on their *Oncotype Dx* risk assessment) and how you can enroll your patients in this widely available national trial.

You'll want to add Dr. Michael Deininger's update on CML to your summer reading list, beginning on page 519. His article includes a review of the molecular mechanisms of this malignancy and perspectives on the targeted agents currently available and those under study. With the recent approval of dasatinib added to the previously approved imatinib, and the pending nilotinib, this article will help you design rational treatment approaches and conduct informed discussions with your CML patients. Dr. Deininger's professional and timely summary can come in handy as you keep up with the many excellent patient Web sites on CML.

As we all work to offer high-quality cancer care, we're faced with the challenge of using evidence-based guidelines. In their article on page 530, our

nurse colleagues Cathy Maxwell and Alisha Stein offer a concrete example of how to implement a supportive care guideline to minimize febrile neutropenia. The authors provide an easy-to-use patient assessment tool as well as a clinical algorithm that oncology nurses can employ in the practice to identify patients who meet the risk criteria for prophylactic white cell growth factor use. Their assessment tool can double as an authorization request documenting medical necessity. This approach improves patient care and avoids unnecessary patient care time.

I also want to point out Steve Coplon's Washington Update on page 539. He summarizes a Congressional hearing held in July on Medicare reimbursement. Stakeholders throughout the oncology community testified, led by Dr. Fred Schnell, president of the Community Oncology Alliance. They articulated the practical realities of the Medicare Modernization Act, which is threatening access, affordability, and quality care delivery for our patients nationally. It was clear from the testimony of many members of Congress that our message is being heard. We must continue to work together to implement appropriate payment reform so that all our patients can continue to benefit from the improvements in care that clinical trials and treatment guidelines now make possible.

There's a lot more in this issue, which you'll see as you peruse the pages. As always, our goal is to provide you with succinct and relevant data that you can use in your practice every day. We hope that this time of year—and all year round—we can help you make the best use of the time you spend with patients. Summer is passing by all too quickly, so we hope you have the chance to enjoy some lazy days too!



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