

*Inside this issue*

# Riding the Capitol Hill roller coaster

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**A**s a newly elected member of the American Society of Hematology's (ASH) Clinical Practice Committee, I attended my first meeting of the group in Washington, DC, during May of this year. The hematologists on this ASH committee dedicate themselves to strengthening the clinical practice of our specialty. We had three main issues to focus on at this meeting: erythropoiesis-stimulating agents (ESAs), Medicare's sustainable growth rate (SGR), and the agency's Physician Quality Reporting Initiative (PQRI).

After reviewing the science and rationale behind each issue, we went to Capitol Hill, dividing into small groups, to make our case before our senators and representatives. Our stops included the offices of two senators and four representatives.

This was my first trip to the Hill and I found it fascinating, impressive, horrifying, and occasionally dull. We spent some actual face time—a few brief minutes—with Senator Arlen Specter (R-PA) and Representatives Phil English (R-PA) and Joe Sestak (D-PA). The staffers we met were all young, overworked, and largely very well informed. However, they varied from either fully engaged and interested to bored and distracted.

We pitched our message on ESAs, SGR, and PQRI in the quiet of an austere conference room as well as in the chaos of office hallways. At each stop, there was a flurry of business card exchanges, which seemed almost comical to me after awhile.

Nevertheless, at several points during the day, I thought we actually connected and made our case effectively. There were whole moments when we compelled the members or their staffers to look us straight in the eye and promise they would call or write Medicare and question the wisdom of the proposed ESA policy put forth on May 14, 2007. If enacted, that policy would eliminate use of almost 90% of ESAs in oncology. They also promised to contact Medicare about the application of SGR and PQRI. At times, these officials seemed genuinely interested in helping and at other times, I felt we were only getting lip service. But progress comes in small steps.

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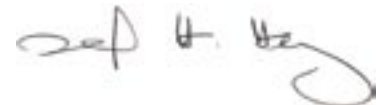
Although our healthcare/government process seems a bit insane—the rushing around, the overcrowded schedule—I still think it's an amazing way to get a lot done, even given the thousands of interest groups in our country that try to make themselves heard in the Federal government each day. I wish some of the staffers had been a little older and more experienced, but as one of them said to me, they're forced to keep up an impossible pace, one that would be difficult for most adults who want to have a life and a family....let alone afford a house and a car in Washington!

As with that trip to Washington, this issue of *Community Oncology* focuses in large part on ESAs and their payment. Starting on page 389, we explore the topic from various points of view: that of clinicians, a payer, and an administrator. You'll also find an invigorating debate on ESAs in our Having Your Say section beginning on page 367. And finally, Washington Update tackles the issue on page 419.

We also cover some practical science: this month, *Community Translations* discusses vorinostat in T-cell lymphoma (see page 384). We have an excellent article about brain tumors and their medical complications on page 411 and an instructive Nursing Management piece on how to implement a prospective multisymptom chemotherapy risk assessment tool that you and your patients will find very helpful (see page 404). Turn to our Technology column on page 417 and you will see how "tech toys" helped one doctor and his practice.

As always, at *Community Oncology* our goal is to help you cut through the clutter, offer practical information you can use, and keep you informed.

Given that the ESA issue is such a lightning rod, we would welcome your comments on where you stand. So please contact us at [editor@CommunityOncology.net](mailto:editor@CommunityOncology.net) with your comments or letter to the editor.



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