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# The good, the bad, and the hopeful

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**W**riting this letter on the first day of 2008 is a good time to look back on the year just ended. From the 40,000-foot-view, 2007 contained moments of triumph as well as moments of intense frustration for community oncology. Thankfully, the past year was marked by many advances in clinical medicine. For instance, there are finally drugs that improve survival in two notoriously difficult diseases: hepatocellular carcinoma and metastatic renal cell cancer. As reported recently at the American Society of Hematology meeting, combination chemotherapy incorporating novel agents into regimens definitively improve outcome in multiple myeloma. As noted at the recent San Antonio Breast Cancer Symposium, the use of genetic expression profiling in breast cancer continues to expand, allowing better estimations of the risk of recurrence and more personalized adjuvant treatment. Clearly a new paradigm in the treatment of cancer is emerging.

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## Good news, now bad news

On the other hand, in the past year the Centers for Medicare and Medicaid Services (CMS) tried to tell community oncol-

ogists how to practice medicine—specifically how to prescribe erythropoiesis-stimulating agents in chemotherapy-induced anemia. Adding injury to insult was the fact that the reimbursement criteria established by non-medical oncologists at CMS were arbitrary, ineffective, and completely devoid of evidence. There were other blows to patients: Through its Oncologic Drugs Advisory Committee, the US Food and Drug Administration voted against the use of bevacizumab in metastatic breast cancer despite an impressive improvement in progression-

free survival. The committee also declined to recommend approval for a novel vaccine in advanced prostate cancer.

And despite tremendous effort by community oncologists and their representatives, Congress failed to enact any legislation correcting deficiencies in the average selling price +6% reimbursement model for injectables, such as removing prompt pay discounts or establishing treatment planning codes. For more on these efforts, which will be at the forefront of discussions in 2008, see Ted Okon's Washington Update in this issue on page 49.

This past year, a major workforce evaluation revealed a looming crisis in the numbers of oncologists who will be available in the future to provide care for the expected flood of cases as baby boomers age. Perhaps most ominously in 2007, the effects of the Medicare Modernization Act of 2003 finally took hold, as stop-gap measures such as demonstration projects and temporarily enhanced chemotherapy administration fees were finally phased out.

## Real changes

The net effect was the beginning of real change in the American cancer care delivery system. A substantial number of practices consolidated with their competitors, sold their practices to hospitals, closed financially wobbly satellite offices, and suspended unprofitable services such as research and nutrition counseling. There is a feeling of angst out there. If you need proof, just read Dr. Stuart Bloom's eloquent article "Caring in Five Minutes" on page 43. It's a powerful view from the trenches.

Given the seismic shifts in care and the enormous stakes involved in repairing the system to get it right, one of the most profound obligations of oncologists is to make sure that the best leaders rise to the occasion. To that end, we are featuring in this issue a Community Dialogue on page 11 with the two oncologists running for president of the American Society of Clinical Oncology in 2008: Barbara McAneny and Doug Blayney. The questions asked in these interviews reflect many of

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the critical concerns and emerging issues of interest to practicing oncologists. Please read their answers carefully and, most importantly, please take time to vote for the candidate who best represents your views.

Also in this issue is a comprehensive review of advances in colorectal cancer in 2007 by Dr. Leonard Saltz (see page 37), an international authority on this topic. Additionally, there is a fascinating review of a clinical trial addressing carbohydrate restriction in patients with advanced cancer by Dr. Eugene Fine and colleagues (see page 22). So many patients ask us about dietary maneuvers to help their disease, so it is terrific to see well-conducted studies attempt to provide initial answers.

Beginning on page 50, please peruse the abstracts of posters to be presented at the Third Annual Community Oncology Conference taking place in Washington, DC, on February 1–2, 2008.

There is still time to register for this meeting, which features an impressive lineup of speakers and topics of interest to physicians, nurses, and administrators alike. Further information is available at our website, [www.CommunityOnc.com](http://www.CommunityOnc.com) and elsewhere in this issue.

Finally, as we look forward to all the promises of a new year, I wish all readers and their patients a happy, peaceful, and—most importantly—healthy 2008.



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