From the Editor's Desk

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Surviving

In September 2008, a broad coalition of groups interested in oncology care came together for its biannual meeting. The Cancer Quality Alliance (CQA) is unique. In one room payers (both public and private), oncology providers of all stripes, representatives of all of the acronymic organizations that govern quality, and organizations that govern all aspects of medicine gathered to discuss survivorship care. The special series in this issue of the *Journal* distills the major presentations of that day. Though roughly laid out in the order of presentation, I encourage the reader to take a patient-centric approach and begin with the patient perspective offered by Michael Feuerstein, PhD, MPH. He eloquently outlines the problem that exists in all of our offices as patients transit a fragmented, specialist-oriented medical system that is not linked together. What strikes me is the same fragmented care system that interfered with his care also stresses us as providers. How many hours do you or your staff expend trying to track down data or coordinate care for patients? How many days pass as you schedule routine staging studies at various facilities and then have to track down the results? Or navigate the variety of unique payment provider rules constructed for each patient in your practice?

Underlying the fragmentation is the entirety of the system in which we practice. Primary care specialties are disappearing. Practices of every ilk try to bolster and diversify revenue to stay in business. Therefore, imaging and procedures are scheduled in facilities not tied by a common record. The same can be said for surgeons and interventional radiologists. What results is a patchwork of unconnected providers, all excellent and convenient in their own right, but divorced from one another. The centripetal forces of the reimbursement system drive us apart.

Providers are frustrated, as are patients like Feuerstein who find their care stymied. Indeed, the Institute of Medicine has opined on the various, complicated deficiencies of our care in detail, and those key reports are referenced heavily in this series.

Beyond these structural issues, oncologists must admit that we have become interventional in our own right. We often focus on the course of therapy at hand, and do not stitch patients' care into narratives that reflect their lives. Developing a knowledge base of unique survivorship issues and innovating ways of reaching patients are key.

Why not begin bringing survivorship care to the first visit? In essence, this is what a treatment summary/plan does. As the patient begins the survivorship journey, structured communication tools help describe the disease, the pathophysiology, the goals of treatment, and the steps to care for the patient. At completion of therapy, the summary provides a touchstone to outline issues likely to be faced by the survivor. The radiation oncologists among us for years have provided a treatment plan and summary document to referring physicians, but they have not been providing the summary to patients. Hayman and Mulvey outline their experiences, from radiation and medical oncology respectively, in using these tools to augment the care they provide.

Pediatric oncology often leads the way in patient care. Horowitz presents a technology-based solution to track patients and involve them in care, while at the same time providing a vault of information that is tailored specifically to an individual. What is unique is that the portal is designed for both provider and patient.

Ganz and Lichtenfeld, experts in the field, outline broad issues related to the science of survivorship care and the challenges that face this part of specialty oncology care. Not part of the series, but timely, is the article by Shulman et al that underlines the impact of workforce on survivorship care, and the fact that we must develop nonphysician providers in our practices to deliver these services.

Elsewhere in this issue, new templates for treatment plans/summaries for lung cancer are presented. Please note the links provided where you can access a growing list of tools to incorporate into your practice.

This issue also includes a good summary of antiemetics by Gralla. It is of note that as the number of antiemetic choices increase, more scrutiny concerning rational use of these drugs (many of which are expensive in their own right) is occurring. Gralla provides a nice overview that you may use to educate staff and payers on their use.

As always, the editors appreciate feedback on the *Journal* and solicit your suggestions on topics that need to be addressed in these pages. Please send your comments to jopeditorsdesk@asco.org.

A handwritten signature in black ink, appearing to read 'John V. Cox' with a stylized flourish underneath.

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