ASCO's Clinical Practice Committee

To Survive—What a Great Problem to Have!

By *W. Charles Penley, MD*

Webster defines survivorship as “the state of being a survivor.” To be a survivor is to continue to live, function, or prosper despite hardship—to withstand. In the broadest sense, then, we are all survivors. Cancer survivors, however, face unique challenges on many levels—social, economic, emotional, spiritual, and physical—and it is important

for us as oncologists to understand these issues and address them with our patients. Medical oncologists have learned from our colleagues in pediatric oncology, and with ever-growing numbers of survivors of adult malignancies, more systematic approaches have been developed for this population. When one takes a step back to think about it philosophically, what a great problem to have! We have been encouraged and bolstered by patient advocacy and survivorship organizations that have contributed much to the field of survivorship study and have drawn needed attention to these issues, and they should be applauded for their continued good work.

The Clinical Practice Committee (CPC) is proud to be part of the ASCO effort directed toward more effective survivorship care. This work has been carried out by a multitude of individuals across many of the “silos” within our organization. The ASCO treatment summary documents focus on the ongoing care needs of cancer survivors, and are effective tools to guide practicing oncologists as patients transition from active treatment to appropriate ongoing surveillance over time. The Workforce Initiative has demonstrated the need for innovative thinking regarding the provision of care for the ever-growing population of cancer survivors, and in this issue Drs Shulman, Ganz, and Lichtenfeld offer suggestions regarding the involvement of nonphysician providers in survivorship care models. The Quality of Care committee has recognized the importance of appropriate survivorship care and has included related quality measures in the Quality Oncology Practice Initiative program. Specifically, creating a treatment summary and communicating it to the patient are both included as core measures of quality.

Politically, CPC leadership has been involved in actively educating legislators regarding the importance of this

physician work and the value of a systematic approach, using such tools as the written treatment plan and treatment summary. We have worked in Washington, DC, to encourage legislation that would provide for reimbursement for the work done by the oncologist, work that is currently poorly compensated, if at all. We hope that consistent reimbursement will encourage greater utilization of these tools and that, as a result, care will be improved. Of course, it remains to be seen whether these efforts will bear fruit and these provisions will be included in the broader health reform legislation currently being discussed. Nonetheless, we remain hopeful and actively engaged in the discussion.

I would like to close this column with a few acknowledgments. This is my last column as Chair of the CPC, and with the passage of the Annual Meeting and the installment of Dr Mike Neuss as the next Chair, I will officially be put to pasture. In that sense, I will become one of a small number of individuals who are officially CPC Chair Survivors! I deeply appreciate the mentoring that I have received from Drs John Cox, Peter Yu, and Terry Mulvey—my immediate predecessors in this role. Without them, it would have been a pretty tough year. Allen Lichter, MD, Deborah Kamin, Bela Sastry, and the entire staff at ASCO headquarters have been patient and gracious, and I deeply value their professionalism, hard work, and friendship. Drs Nancy Davidson and Rich Schilsky have been supportive both of CPC initiatives and of me personally, and I thank them. Finally, I must mention my friend and colleague, Dr Joe Bailes. We've been through CPC wars since the 1990s together, and I've never learned how to say no to anything he asks of me. He often quotes Willie Nelson, who sums it up quite nicely: “The road goes on forever, and the party never ends.”

I'm hopeful that I can find ways to continue to serve ASCO and the cancer patients who are the primary focus of all of our efforts.

Peace,

Charlie Penley, MD

W. Charles Penley, MD, Chair, Clinical Practice Committee

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