From the Editor's Desk

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Translating Research Into Practice, Clinical Trials, and Process

This is the *Journal's* third Annual Meeting issue. The 43rd ASCO Annual Meeting in Chicago has the theme, "Translating Research into Practice"—the translation of basic science discoveries into clinical use. During its short publication life, the *Journal* has focused on what happens after the translational questions are resolved. Translating the clinical science discoveries into practice, into guidelines, into building practice processes and systems to assure the delivery of quality care delivery, and into patient access to these discoveries and reimbursement for the time, energy, and capital extended by providers of this care.

In this issue, we have articles converging around translational research focusing on electronic health records, clinical trial operation, and assuring quality care. Our feature on translational research explains the topic with some illustrative examples, which define the concept of translational research, and we highlight this year's ASCO clinical advances report—a useful, yearly ASCO publication.

Our cover story explains a potentially practice-changing effort, ASCO's electronic health record (EHR) initiative. ASCO and its membership, acting through its committee structure, have supported development of specifications for EHRs. Using the patient treatment summary as a starting point, the initiative aims to foster development and adoption of an EHR that meets the needs of practicing oncologists, caring for patients with chronic illness using therapies with narrow therapeutic windows, coordinating input from multiple sources, and measuring outcomes.

The treatment summary is modeled on the document produced at the conclusion of radiation therapy treatment. However, the treatment summary for medical oncology is necessarily more complex. It is intended to be meaningful to the patient and to subsequent nononcologist treating physicians. The chemotherapy summary contains not only information on drugs given, which can span months to a year or more, but also detailed instructions for follow-up to detect cancer recurrence and preventable long-term toxicities. Because of its complexity, the chemotherapy treatment summary should be a natural application for creation by the practice's EHR. Using a treatment summary, and its forerunner, a treatment plan, is the right thing to do. Whether hinging the development and adoption of an EHR on the presence or absence of the treatment summary is a valid strategy is an open issue. The *Journal* will continue to feature this important initiative.

The IT Help Desk column continues the EHR-translational theme with some insight on The University of Texas M.D. Anderson Cancer Center's latest efforts to choose a medical record. We also discuss eHealth, a Washington, DC-based coalition formed to advocate for standards and adoption of the EHR.

One of our original research pieces describes the use of a PDA (personal digital assistant) for capturing quality-of-life data in prostate cancer treatment. The PDA is one of many electronic tools that replace the paper-based questionnaire and are used to capture patient-centric data. The potential advantage of an electronic tool is the ease with which patient's responses can be captured into an EHR, formatted for presentation to the physician or other, and stored for trending or analysis. We pair this original research article with a commentary from Barry Fortner, a pioneering, practice-based researcher in this field.

On the reimbursement front, we have a feature illustrating some formal oncologist-hospital arrangements. These business arrangements should facilitate patient care by bringing together the organizational and fiscal strengths of a hospital, to support the professional expertise of the oncologist. The hospital outpatient prospective payment system (HOPPS) brings additional wrinkles to these arrangements. We pair this feature with a commentary on structure by the always thought provoking health care attorney Alice Gosfield, who reminds us that quality of care and sound business principles should underlie any of these transactions.

We continue our series Strategies for Career Success with a discussion of the various professional advisors—attorneys, accountants, financial planners—who are helpful during career planning and transition. While this series' primary focus is fellows completing training, these articles are a good read and reminder for working docs as well. We also continue our series exploring the reasons our clinical trial award winners have been successful.

I trust you will enjoy the 43rd Annual Meeting and its combination of basic, translational and clinical science, and I hope you return to your professional setting with a renewed commitment to patient care and service.

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