In Memoriam: Christopher E. Desch, MD

Chris Desch died December 10, 2006, when his single-engine plane failed above the Blue Ridge Mountains near Charlottesville, Virginia. He was killed instantly. He had been an avid pilot for the past 5 years.

At age 51, Chris's life was cut short when older adulthood and the peak of his professional career were just beginning. We will never know what impact he would have had on his family, on the oncology and health service research community, or on the world in general. This In Memoriam piece is to celebrate his too-short life, from the perspective of those who worked with him.

American Society of Clinical Oncology: Mark Somerfield, PhD

Dr Chris Desch was a dedicated ASCO member and volunteer. Among the other ASCO roles he served, Chris was a member of the colony-stimulating factors guideline panel, associate chair of the Tumor Markers Panel, co-chair of the Colorectal Surveillance Panel, co-chair of the non-small-cell lung cancer (NSCLC) adjuvant therapy panel, chair of the Health Services Committee, a member of the steering committee of the Quality Oncology Practice Initiative (QOPI), and a member of the Quality Advisory Committee. To each of these activities, Chris brought his unique blend of hard work, healthy skepticism, modesty, fierce intelligence, humor, and unabashed commitment to the needs of the practicing oncologist.

Nowhere was Chris' role as advocate and translator for the "doc in the trenches" more evident than in his work on ASCO guideline panels. At a meeting of the NSCLC adjuvant therapy panel last year, Chris responded to a question from a fellow panel member concerning a fine point of the clinical trial data interpretation by telling the group, "You must have mistaken me for someone who has a brain." Of course, Chris was plenty smart; he was scary smart, and he was an insightful and challenging intellectual sparring partner. Perhaps he wasn't one of the super-experts on this panel, but the role he played was a critical one of ensuring that the complex and grand language of draft guideline recommendations, eventually got distilled into something an oncologist could understand and apply to his or her patients.

"We've never met a better doctor. We've never met a better man."

Colleagues of Dr Desch at Henrico Doctor's hospital

Physician Community: Tom Smith, MD

Chris was the best internist with whom I have ever worked. No, he did not have a photographic memory for all differential diagnoses or anatomy. Rather, he was gifted at assessing the severity of problems, assessing the goals of patient care, getting the information needed to make a plan, then presenting that plan to the patient. He was the chief resident during his residency, the leader during his fellowship program, and "the doctor's doctor" in his Richmond practice.

Chris was lauded by Joe Simone as "an oncologist who makes me proud that I'm an oncologist" for his dedication to improving care for rural cancer patients. In 1987, he and Nancy Kane started the Rural Cancer Outreach Program with the stated goal of bringing state-of-the-art care from the Massey Cancer Center to small hospitals in rural Virginia. In typical Chris fashion, he did a "needs analysis" by asking the rural nurses, doctors, and administrators what they wanted, rather than informing them of what Massey-Virginia Commonwealth University (VCU, Richmond, Va) was willing to provide. What was wanted by these 100-bed hospitals, situated in poor regions of the state, was expertise, availability, and continuity of care. Most would never be able to sustain a full-time oncologist. All were in medically underserved areas with a high proportion of uninsured, and Medicaid and Medicare patients, most of whom could not afford other care or transportation to a larger center.

When we first began going to these hospitals, we saw many patients who had never seen an oncologist, despite treatable conditions, uniform use of mastectomy, very little use of radiation, and very little use of opioids. Within a few years, nearly all patients who needed adjuvant, curative, or palliative chemotherapy were receiving it. We also documented dramatic increases in breast-conserving therapy and pain management with narcotics. Radiation therapy increased so

"You think that the dead we loved ever truly leave us? You think that we don't recall them more clearly than ever in times of great trouble?"

Headmaster Albus Dumbledore, Harry Potter and the Prisoner of Azkaban

much that the cancer center offered daily van service from the rural centers to Massey-VCU.

By this time, Chris had become interested in the health service research aspects of care. When we studied the impact of the Rural Cancer Outreach Program on health care utilization and costs, we were surprised to find that the cost of care for our patients had fallen by 41% compared with other similar patients, due to coordination of care, nonduplication of services, and shift of procedures to the lower-cost rural area.

When Chris left Massey-VCU for private practice in 1999, he continued his rural practice at Kilmarnock General Hospital Oncology Clinic. It was a sign of his dedication that even when he went to the National Comprehensive Cancer Network (NCCN), he continued this practice, though it was a money loser for his own practice and required 4 hours of travel for each day spent.

When Chris left private practice for NCCN, I inherited some of his patients into my own Massey-VCU practice. They were uniformly well-educated about their illnesses, what could and could not be done for them, and the options for treatment. In addition, their care had been an expert mix of expertise and restraint: "Chris sent us to _____ for my liver metastases resection, then he had me take intrahepatic therapy for 6 months because an article had just come out showing that was best; then we have been in a watch and wait mode." Chris had found the perfect mix of realism and hope for people with serious illness.

What I will miss most about interactions with Chris is his ability to synthesize complex information and muster interventions in a way that helps the individual patient. That, and his jazzy socks.

Quality Improvement Community

There are many, many of us who counted ourselves as Chris's friends. Sitting down with him in any public venue at an ASCO Annual Meeting was a challenge—there was never enough room to squeeze in chairs for all of us who wanted to join the party. And just walking around the meeting with him, one was struck by the proportion of people whom he knew and who stopped him to have a conversation.

And it was a joy to be with him. Even if the occasion was an otherwise painful meeting, Chris's presence made it immeasurably better. If he was running things, the agenda was tight, and any bombast was silenced with a chuckling and polite but firm interruption. When rank or political necessity precluded such intervention, he caught your eye and rolled his just subtly enough to convey a sense of camaraderie.

When the occasion was pleasant, his broad smile and infectious laugh were no less rewarding.

Though he was not a harsh critic, he was a careful reader and demanding editor who took requests to comment on works in progress seriously; who always managed to help clarify prose, and more importantly, to focus the message. When he was satisfied, you knew the work was good, and little in the process of writing was better than a congratulatory e-mail from Chris.

To say he worked tirelessly on his many ASCO projects would seem to be an exaggeration: how else could it have been possible for him to do so many other things so well? But he did contribute much more than most to the effort to promote oncology practice within real evidence-based standards. He said nothing was better about his NCCN job than the opportunity to sit in the room as practice guidelines were written because he marveled at how smart some doctors were.

Being his friend was great because it let one be included in the universe of people who exemplified the attributes he valued most: intelligence, effort, and honesty (after all, he viewed all of evidence-based medicine as simply "honest" medicine to an honest standard). He also wasn't above a little gossip or a small bet, for example, about who would be an ASCO president and when.

Those of us lucky enough to be his friends were always glad to see him, and know we will miss him the rest of our lives.

Chris Desch was a doctor and oncologist of whom we should be proud, just like his family should be proud of him as a sibling, husband, and father. He started the novel Rural Cancer Outreach Program that serves rural Virginians who would not otherwise have access to expert care in their own community. In his private practice, he started a thriving research enterprise that enhanced care and brought new options to people. At ASCO, he led a group of practical health service researchers to create helpful clinical practice guidelines, and to measure and improve the quality of ordinary practice. His national work in improving the quality and value of oncology care was just beginning when he died. As we head into the next 20 years of oncology, with welcomed advances but increasing tensions about cost and resources, we will need to invoke Chris's quiet spirit of cooperation and searching for the greater good.

DOI: 10.1200/JOP.0753601