Physician Assistants in Oncology

To the Editor: We would like to comment on the efforts of the American Society of Clinical Oncology (ASCO) in identifying the challenges and demands of treating patients with cancer, and in naming physician assistants (PA) and nurse practitioners (NP) as part of the solution.¹ At the same time, we are disappointed with two articles published in the May 2007 issue of the *Journal of Oncology Practice (JOP)*, which slight the PA profession. The first article, written by Dr Yu, describes how NPs will have an increased role in the oncology workforce, yet the role of the PA is noticeably omitted.² In the second article, a biased communication, Dr Cohen expresses his concerns over PAs in oncology.³

We cannot ignore that the section heading for the article by Dr Yu is the "Voice of ASCO." I can only hope that Dr Yu will follow his current report with a discussion of the role of PAs in oncology. Certainly, an article dedicated to describing the positive impact that PAs can have in caring for patients with cancer is warranted. Or does ASCO not have a voice for PAs? I do not believe this is the case. A liaison to ASCO was created in conjunction with the American Academy of Physician Assistants (AAPA) to represent PAs in oncology at ASCO events. In addition, a new educational symposium made its debut at the ASCO Annual Meeting in 2006. In conjunction with the AAPA, ASCO, and Oncology Nursing Society, the symposium addressed challenges that NPs and PAs face when evaluating patients.

Dr Cohen's letter deserves attention as well. PAs are educated, motivated, and caring health care providers. The University of Texas M.D. Anderson Cancer Center (MDACC) employs

over 160 PAs and relies on their skills, knowledge, and expertise to ensure the highest quality of care. The office of Physician Assistant Programs at MDACC developed a PA journal club, a PA continuing education lecture series, and a postgraduate PA program in oncology. In gastrointestinal medical oncology at MDACC, PAs have had a significant impact on oncology research, publishing original research articles and giving presentations at international oncology meetings.⁴⁻¹⁰ Other departments at MDACC have equally successful PAs.

We admire Dr Cohen's engagement with his patients. We also suggest that a PA might allow him to work part-time in his practice or see more patients as a full-time clinician. Dr Erikson et al reported that oncologists who work with NPs or PAs have higher weekly visit rates, and productivity is highest when NPs or PAs are used for advanced activities.¹ In addition, PAs provide quality care when working in non-primary care settings. For example, PAs and NPs working in specialty HIV clinics had performance ratings similar to or better than physician ratings for eight quality measures.¹¹ PAs should not diminish the role of the patient-physician relationship in oncology, but rather provide high patient satisfaction, increased revenue, and more forgiving work schedules for their supervising physicians.

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In Reply:

I am in complete agreement with Mr Tetzlaff's statements concerning the invaluable role of physician assistants (PAs) now and in the future. There are substantial differences between nurse practitioners (NPs) and PAs in terms of scope

of practice, state regulations, prescriptive authority, educational experience, and traditional practice patterns. These inherent differences must be recognized and understood, and the Clinical Practice Committee welcomes the initiatives of the American Academy of Physician