ASCO's Clinical Practice Committee

The Clinical Practice Committee: A Look Ahead

By *W. Charles Penley, MD*

Greetings from Nashville! Publishing deadlines being what they are, I find myself sitting inside on an April afternoon in the unenviable position of producing an article that will seem timely and germane when the July JOP is delivered to you. By that time, the American Society of Clinical Oncology (ASCO) Annual Meeting will

have come and gone, crisp spring temperatures will have yielded to summer swelter in the South, we will *possibly* know which candidates will be on the Presidential ballot in the fall, and with much luck, voices of reason will have prevailed in Congress regarding the “SGR Fix.”

What does any of this have to do with the Clinical Practice Committee (CPC) and the agenda for the upcoming year? The answers are the focus of this column.

The ASCO Annual Meeting remains the largest and most prestigious cancer care–related meeting in the world. The program is spectacular, and cancer patients are directly and immediately impacted by the research presented. To paraphrase a popular television advertisement, “The Clinical Practice Committee doesn’t do the research; the Clinical Practice Committee works to ensure that your patients have access to the innovative therapeutics that emanate from that research.” The CPC and ASCO staff work together with regulatory agencies and third-party payors to ensure access to high quality, up-to-date cancer care. We work to develop new coding and reimbursement guidelines when changes in practice require them. On perhaps an even more fundamental level, the CPC has been involved in discussions regarding the continued payment for routine costs of care for patients who choose to participate in clinical trials, hoping to ensure that high quality clinical research continues.

While I can’t presume to predict the outcome of the presidential election in the fall, I have absolutely no doubt that the outcome will have an impact on practicing physicians of all stripes in this country. The new administration will bring new ideas to the healthcare arena, new faces in administrative roles, and no doubt new programs and regulations. Yesterday’s Medicare Modernization Act implementation and today’s erythropoiesis-stimulating-agent

debate will morph into other issues directly related to cancer care delivery, and it is the role of the CPC to remain engaged and represent the interests of all oncologists and our patients. I am confident that ASCO leadership, staff, and volunteers will rise to meet whatever challenges that may arise.

The Sustainable Growth Rate Formula remains a highly politicized problem that affects all who provide healthcare in America. Congress, in its wisdom, has for the last several years produced one-year “fixes”, and Medicare reimbursement has been largely stable (though of course not keeping up with the increasing costs of healthcare delivery). Last year, the “fix” was for only six months, meaning that by July, *something* will have happened—good or bad—to the Medicare conversion factor. Larger minds than mine have attempted to permanently resolve this problem, and thus far have failed to do so, so I won’t presume to offer a solution. However, I can assure you that ASCO and the CPC will remain active in these discussions on behalf of all practicing oncologists.

In addition to these issues, the CPC serves as the conduit for regular interaction with the state affiliates. We believe that a strong network of state affiliates is important, and are working to improve two-way communication. The State Affiliate Grant Program remains a tangible example of support that ASCO offers to its affiliates. These grants are used to support a wide variety of activities at the state level. A State Society Task Force was convened last year to work on other ways to strengthen these relationships, and we plan to carry this work forward.

I look forward to and am humbled by the opportunity to serve as the CPC chair. I am grateful for the opportunity to have worked closely during the past year with my immediate predecessors in this role, and know that I have large shoes to fill. Drs Terry Mulvey, Peter Yu, and John Cox have my undying respect and gratitude. I appreciate their continued wise counsel. Finally, I will start my year as chair by acknowledging the incredible group of ASCO staff members who support our work. Without them, our little band of volunteers would indeed struggle mightily!

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