From the President

Sandra Horning, MD

At the beginning of a new year, and roughly halfway through my term as ASCO president, it is time to take stock of the Society and clinical oncology in general.

ASCO has faced many challenges in these 6 months: changes in leadership, dramatic Medicare reform, and potential major shortfalls in federal funding for cancer research. We are fortunate to have a strong interim leader in Joseph S. Bailes, MD, who has been engaged with ASCO issues for more than 15 years. His long and rich experience in cancer policy will clearly help us navigate these uncertain times. As ASCO's interim executive vice president and chief executive officer, Dr. Bailes will work closely with the Board, committee chairs, and other volunteer leadership of the Society to ensure the best outcomes for cancer patients and for community and academic oncologists.

Although clinical and translational research hold great promise in advancing the prevention and treatment of cancer in this era of more targeted therapeutics and novel diagnostics, the promise of scientific discovery cannot be fulfilled if high-quality cancer care is not recognized and paid for. Likewise, progress cannot be sustained without adequate research funding, continued development and support of well-trained investigators, and a strong clinical trials system. ASCO staff, volunteers, and leaders are hard at work to assure all patients benefit from the best care we have to offer today and in the future.

Ensuring that oncology practices can continue to provide quality care to all patients remains a priority in 2006. To that end, we have continued and strengthened our dialogue with key policy makers, leaders in Congress and officials with the Centers for Medicare & Medicaid Services (CMS). One important result of this activity was ASCO's successful effort to influence Congress to pass a resolution to extend the oncology demonstration project. CMS has recast the demonstration project for 2006, and ASCO is developing tools to help you deal with this new practice reality.

We've taken multiple steps to strengthen clinical and translational cancer research. ASCO's newly established Cancer Research Committee is working with the National Cancer Institute's (NCI's) Clinical Trials Working Group to implement strategies that will improve the clinical trials system. We've refined our Methods in Clinical Cancer Research and Clinical Trials for the Community Oncology Team workshops to provide practical tools for investigators in all settings. ASCO task forces in translational research and in biomarkers/imaging are working toward recommendations to further integrate these areas and specialists into the Society's activities. At press time, research funding for the National Institutes of Health (NIH) remains uncertain. What is clear, however, is that the era of dramatic increases in the NIH budget has ended, and we must work with the NCI to ensure the best use of limited resources. In that regard, we are closely monitoring Congressional interest in NIH reauthorization and providing regular input to ensure that any changes in NIH structure do not compromise NCI's support of ongoing basic, translational, and clinical cancer research.

As the gatekeeper for new therapies, the U.S. Food and Drug Administration (FDA) must have the tools required to evaluate new products and make them available to patients as soon as reasonably possible. ASCO is continuing its discussions with FDA officials to ensure that the agency's review of new oncology products is as efficient as possible, that appropriate end points are used in determining efficacy, and that patients have timely access to potentially life-extending therapeutics. We were encouraged by FDA's action in establishing a new Office of Oncology Drug Products. Now we must work to realize the full potential of that office through adequate staffing and organization of the available resources.

Because federal policy makers are focusing on specific measures of quality care, ASCO has discussed Medicare's implementation of a pay-for-performance approach to reimbursement for cancer care with CMS. ASCO aims to make the transition to performance-based initiatives smoother by continuing its Quality Oncology Practice Initiative (QOPI), which was developed to establish quality measures and enable medical oncologists to evaluate and improve quality within their own practices. This innovative self-assessment and improvement tool is in use in oncology offices across the country and is being considered as a model for other specialties as well. In addition, ASCO is co-chairing the Cancer Quality Alliance with the National Coalition for Cancer Survivorship. The Alliance fosters collaboration among diverse organizations in the cancer community that have come together to speak as a single, national voice committed to cancer care quality improvement.

We all know that our patients' needs extend beyond the completion of cancer treatment and that transition to appropriate survivorship care is critical to their long-term health and quality of life. In November, ASCO partnered with the Institute of Medicine (IOM) to co-host a Symposium on Cancer Survivorship in conjunction with the release of the IOM report "From Cancer Patient to Cancer Survivor: Lost in Transition." The March issue of JOP will focus on survivor issues, including the importance of developing a "Cancer Survivor Care Plan," a tool that would summarize information critical for long-term quality care.

ASCO is committed to you, the members, to assist in managing change in a way that continues to move oncology practice and research forward for the benefit of cancer patients. We can be successful only if we know your issues and concerns, so please do communicate regularly with the leadership and staff of ASCO. Together, we can succeed in providing the highest quality care and delivering on the promise of new science—even in this ever-changing environment.

A handwritten signature in black ink that reads "Sandra Horning". The signature is fluid and cursive, with a large, stylized "S" and "H".