CPC: Let It Be

By Daniel M. Hayes, MD

On the coast of Maine, in the spring, (for us, this is a short but very intense season), one can become exceptionally energized and inspired; perhaps the lyrics of life and work might even become poetic. One reflects on the past and starts eagerly to question a future.

Paul Ingles has produced an album, “The Beatles Finale: Let It Be.” While finding nostalgia and inspiration on a glorious Sunday morning in May, Phyllis and I prepared the cottage for the upcoming summer season, which explodes to fill a dense calendar by the time the ASCO Annual Meeting begins. We listened to a National Public Radio special that featured the music of the last album that the Beatles made. “Nothing’s gonna change my world” . . . a relevant song even for our times, now 40 years later. I was in my first year at Cornell University Medical College in 1969. Oh my, our world certainly has changed, John Lennon!

With new elements, discoveries, practice disciplines and professions, technologies, and complexities, the fabric of oncology practice has rapidly and dramatically evolved. Sitting in a room with a patient with cancer, working hard to find the right care for this patient, now seems so different and so far from the 60s, almost “across the universe” as it were. And we continue to change faster and faster.

Personally, I now look back over 34 years of practice in the oncology clinic. I am more passionate than ever, and hopefully confident, about caring for my patients with cancer, much more so than when I started, using DNA inhibitors and a new anthracycline.

As chair of the ASCO Clinical Practice Committee (CPC), I encourage readers of *Journal of Oncology Practice* to become creative collaborators rather than competitors. I am an experienced practitioner who wants to give back to my profession, to help ASCO engage all of those who provide cancer care in the challenges and opportunities of our day. The members of the CPC are practice leaders who face these challenges and opportunities with new ideas, new talent, and new dedication and

continue to find ways to improve the access, efficiency, quality, and outcomes of cancer care in all regions of our country. They build practices, now of a number of flavors, which are not simply independent but also aligned with and within hospitals and health care systems. They lead ASCO State Societies, which collectively support many practices with a regional strategy. They manage and coordinate clinical trials, quality measurement, electronic health care records, and multidisciplinary care teams of nurses, nonphysician providers, pharmacists, information and managerial support staff, molecular pathologists and laboratory staff, and, of course, the extremely engaged and very stressed oncology staff. They implement standards for evidenced-based, effective, pathway-driven, measurable, and accountable care. They engage consumers, survivors, patient advocates, legislators and policy makers, and payers of many types to manage the mission of cancer care. They mentor the next generation of physician leaders. We are the voice of *JOP*, a journal born of the CPC, which has helped develop and guide the practice of oncology for two decades.

The challenges of the uncharted landscape that health care reform will present to clinical oncology will require new dialogue, new debate, and new collaborative relationships, a new contract with many partners in care. John Lennon notwithstanding, we cannot simply “let it be” . . . Perhaps, we will “whisper words of wisdom” . . . I am honored to chair this committee, the work of which I respect deeply.

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