Relentless Progress: ASCO Responds

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Dr. Beatty's thoughtful piece [1] brings up a number of important points. Progress against cancer has been relentless. To summarize these advances, the American Society of Clinical Oncology (ASCO) has created a website: CancerProgress.net. It's a summary of important milestones in each cancer and each treatment modality, concentrating on the 40 years since the signing of the National Cancer Act in 1971. Cancer mortality peaked in 1992 at 215 deaths per 100,000 population and now stands near 170 in 100,000 population, a drop of nearly 21%. For cancer of the kidney, for example, meaningful therapeutic advances were few until sorafenib was approved in 2005. Now, five other drugs have been added, and the treatment of this disease has been dramatically altered. For the skeptics and naysayers who claim that not much has happened, this website will dispel any such illusions.

Dr. Beatty also emphasizes the enormity of the task that oncologists face in keeping up with the newest information [1]. This problem will only get larger as more molecular and genomic information is integrated into the practice environment. ASCO, as the largest provider of oncology education in the world, feels a keen sense of responsibility to address this issue. We are working on many fronts. In 2012, just preceding the ASCO Annual Meeting, we will hold our first Seminar on New Drugs. Our intention is to highlight the new agents that have been approved by the U.S. Food and Drug Administration. The clinical scientists who were responsible for the investigations of these agents will review their mechanism of action, their use, how they are best integrated into practice, as well as the management of major toxicities. We will also examine the pipeline for agents that will likely be appearing in the next year or two. We believe such a conference will be invaluable for those seeking to understand and employ these new pharmaceuticals and biologics.

ASCO has founded ASCO University, our online education site. There, you will find dozens of educational modules you can navigate, on your own time and at your own pace, to keep abreast of the latest oncology information. In

2012, we will incorporate Daily Medical Education, a new series that sends self-assessment questions to your mobile device on a schedule you determine; Interactive Board Review, a series of webinars that present questions followed by participant voting and a faculty-led discussion of the answers designed for those enrolled in Maintenance of Certification (MOC); and a new lung cancer treatment series developed in collaboration with the Society for Thoracic Surgery. Coupled with our virtual meeting, featuring >30,000 presentations, we are making the highest-quality oncology information available to all our members.

Finally, there is the need to bring information and decision support right to the point of care. ASCO has embarked upon an ambitious project to turn our quality initiative, the Quality Oncology Practice Initiative (QOPI) into a real-time, electronic health record (EHR)-based quality program. QOPI was started in 2002 and was opened to the full membership in 2006. As it has expanded, it now has >100 performance measures and has touched close to 800 practices nationwide. Follow-up data show that practices that go through several rounds of data submission meaningfully improve their performance on the measures in which they were deficient (Fig. 1).

But QOPI as currently constituted has shortcomings. It requires manual chart abstraction and data entry on the QOPI website. It can only sample a subset of patients. Finally, it is retrospective, covering patients who have already been through treatment. We recognize that QOPI 2.0 must be prospective (real time), involve consecutive cases, and be fully integrated with EHRs so that data can seamlessly be transmitted to the case registry with little or no manual intervention. Along with these features, we will need to incorporate decision support tools to aid in workup, staging, choices of therapy, and follow-up. Clinical trials that fit each patient should be displayed. The information has to be easily accessible at the point of care. In addition, the current QOPI does not track outcomes. It is impossible to mount a meaningful quality program without knowing patient out-

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Figure 1. Data on the Quality Oncology Practice Initiative (QOPI). Participation indicates that practices that go through several rounds of data submission meaningfully improve their performance on the measures in which they were deficient.

comes. With outcomes in hand, we will be able to measure the performance of the performance measures themselves and update them in a cycle of continuous improvement.

The massive amount of new oncology information will make the care we provide better, but only if we manage it and

make it easily available to the treating physician where and when it is needed. Dr. Beatty has provided an excellent description of the issues involved [1]. ASCO is committed to taking on and solving this problem. We invite the entire oncology community to join us on this exciting journey.

REFERENCE

1. Beatty PA. Coping with abundance: The burden of progress in medical oncology. *The Oncologist* 2012;17:294–295.

See the accompanying reflections on pages 294–295 of this issue.