

# Oncology's transitional generation: charting the way to integrated, efficient, and cost-effective delivery systems

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As we move into a new year, it is worth reflecting on the substantial advances in oncology during 2011. It was a remarkable year, with progress in basic as well as translational research that yielded major new therapies in breast cancer, melanoma, prostate cancer, leukemias, and several other cancers and blood diseases. We saw progress in prevention for breast cancer, in improving cure rates in early-stage diseases, and in prolonging life in several advanced-stage cancers. The publication of data suggesting targeted immunotherapy as a possible cure for patients with advanced refractory chronic lymphocytic leukemia (CLL) should encourage us to prioritize referrals to and participation in clinical trials.

The delineation of the human genome has paved the way for personalizing cancer care. At the San Antonio Breast Cancer Symposium in December, we heard how being able to determine the array of gene mutations in a patient's tumor has led to a better understanding of the multiple subtypes of each tumor. Our deeper understanding of the variably mutated clusters of pathways can guide us in gauging which patients will respond to current therapies, which might benefit from novel new combination therapies with various pathway blockers, and which will need entirely new approaches.

Being able to draw on such an extensive and impressive body of scientific data gives us increasing hope for finding more effective and less toxic therapies that will translate into improved cure rates for our patients and prolong their quality of survival in the coming years. For our current patients, we have other data that remind us that they will have a longer and better quality of life on palliative care and through hospice rather than being subjected to slow-acting, toxic therapies that prevent them from living full lives until the end.

Our challenges for this new year remain significant, as we see health care costs soar, but without any discernible

improvement in the health of Americans compared with our industrialized counterparts. We, the current generation of practicing physicians, comprise the transitional generation, segueing from the prevailing fragmented, physician-focused system to an integrated, patient-focused accountable delivery system. We are the generation of clinicians working to develop those more integrated, efficient, and cost-effective delivery systems. For this, we need data on value from clinical practice and clinical trials so that we can better advise our patients on their therapy options. Our generation is being asked to document the complexities of our patients, their diagnoses, comorbidities, medications, therapies, outcomes, and the costs of their treatment. We are piloting the electronic health record systems, creating care teams, and re-engineering the delivery system. This remains a huge challenge for clinicians, but holds the promise that we who care for patients can develop and pilot new delivery systems to bring better value to our patients, ourselves, and our country.

The breakthroughs of this past year were thrilling. The challenges for the coming year remain daunting. We will need to find ways to serve the growing number of cancer patients in the United States with fewer physicians to treat them. We will need to build clinician-led teams to serve these patients. We will need to partner with administrative and business experts to assist us in providing high-quality care to more people at lower costs.

As we look forward to 2012, may we hold the vision of better care in a more caring and cost-effective system as a goal we can contribute to, both individually and collectively. We hope our journal has been a useful tool in the challenging work you do with your patients, even as you strive to improve our delivery systems. We wish you, your family, your patients, and your staff a joyous 2012 and the energy, innovation, and continued commitment to keep bringing the best of cancer care to your patients during this new year.