



A NEW ERA IN CANCER CARE

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Oncology is a rapidly growing service line that is the focus of increased interest and on-going investment at Lancaster General Hospital. As the new Director of Oncology since September 2006, I appreciate this opportunity to present a brief overview of my vision and describe the anticipated evolution of Lancaster General's cancer program.

The number of people in the United States diagnosed with cancer each year continues to rise, yet the American Cancer Society reported in January 2007 that the number of people dying from cancer in the U.S. has decreased for the second year in a row. Tobacco control, early detection, and advances in treatment, have each contributed to this good news.

COMMUNITY CANCER CENTERS; THE NCI INITIATIVE

In the United States, 85% of people with cancer are treated in community hospitals, a situation that is expected to continue. The National Cancer Institute (NCI), having observed that outcomes of cancer treatment vary widely across the country, has developed a strategic initiative to improve community cancer care. The Lancaster General Cancer Program recently submitted an extensive grant application to become one of six designated NCI pilot sites to develop a comprehensive community cancer center model.

Our effort to develop this model has the support of our dedicated hospital administration and Board of Trustees. LGH is well-suited to meet the NCI challenge thanks to our exceptionally talented physicians, sophisticated technology, and comfortable, well-run facilities, but we can do even better if we integrate our tools, talent, and investment to create a synergy of purpose and a systems approach. The LG Cancer Program will define optimal strategies for delivery of care at all our sites and programs including LGH, the Health Campus, Women and Babies Hospital, and other ambulatory services. We will work collaboratively with our private practice physicians

to build upon strengths and identify opportunities for improvement.

Interdisciplinary and multidisciplinary programs will incorporate national benchmarks and evidence-based medicine into a comprehensive strategy that addresses the complexity of cancer care. Among the forthcoming initiatives will be the development of cancer site-specific multidisciplinary clinics, enhanced site-specific tumor boards, a multidisciplinary interventional oncology program, a survivorship clinic, and a cancer risk assessment clinic.

CANCER RESEARCH

Cancer must be understood from multiple and innovative perspectives. Research that improves our understanding of its causes and mechanisms is essential to our ability to apply interventions for prevention and treatment. LGH was a founding member of The University of Pennsylvania Cancer Network and has access to the latest education and research tools. We will enhance our collaboration with them, strengthen our internal research capabilities, and strive to rapidly translate new medical knowledge into our cancer care system.

OUTPATIENT CANCER CARE

Strategically, development of an outpatient cancer center will better position us for future challenges in health care delivery. Already, 80% of cancer care is provided in the outpatient setting. In the last issue of JLGH, Senior V.P. Jan Bergen outlined the growth and importance of Outpatient Services in the LG system.¹ An improved state-of-the-art cancer center will allow us to expand and upgrade radiation technology, enhance medical oncology, add support services, and provide a hub to coordinate the spectrum of patient services.

We will partner with physicians, collaborate with community agencies, and develop critical working connections with providers. By being an integrated part of this community, through community outreach, attention to the

patient experience, and family centered care, our cancer program will work to build cohesiveness throughout the entire LG system, notably among its physicians. We believe that the advantages of an integrated multidisciplinary cancer program will be an important tool in future efforts to recruit talented physicians, nurses, and caregivers. We also anticipate that the LG Cancer Program will develop a regional scope that has broader and deeper relationships even beyond our immediate community.

CONCLUSION

Studies have demonstrated that comprehensive community cancer centers improve cancer related survival. I will present those data in the next issue of JLGH, and will describe how our LG Cancer Program will evolve in step with national trends in cancer care. I am eagerly anticipating the opportunity to work with the entire LGH medical staff to meet these exciting challenges.

REFERENCES

1. Bergen, JL. Out of the Hospital, But Not Out of Touch; Lancaster General Outpatient Services. JLGH.2006/07;1:76-77.

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