

Caring for Every Patient, Learning From Every Patient

Every year, ASCO has a theme for its annual meeting, something to define the most impactful presentations and the state of oncology. In past years, the themes have addressed a particular aspect of cancer care. In 2018, for example, then-president of ASCO Dr Bruce Johnson dubbed the theme “Delivering Discoveries: Expanding the Reach of Precision Medicine.” Whether precision medicine is truly available and appropriate for every patient is debatable, but 2018 certainly represented a broadening of our knowledge and the shifting of precision medicine to the mainstream of patient care. In other years, the message has been more patient-focused and implicit, as in 2017, when then-president Dr Daniel Hayes called the theme “Making a Difference in Cancer Care With You,” which was a reference to multidisciplinary care. I love the message, but I’m not sure the theme carried through the meeting—multidisciplinary care was already part of our standard of care for so many cancers.

The theme of the 2019 ASCO annual meeting captured both a cancer and patient focus. The outgoing president, Dr Monica Bertagnolli, tagged this meeting “Caring for Every Patient, Learning From Every Patient.” The meeting touched on access to care, cancer outcome disparities, and the use of large data sets to understand more from patients beyond clinical trial settings. This theme was highlighted by a provocative real-world data analysis of access to cancer care based on electronic health records (EHRs), which revealed that the racial disparity in the time to initiate cancer care disappeared in states that adopted Medicaid expansion through the Affordable Care Act, whereas it did not in states that did not adopt Medicaid expansion (LBA1). In a separate study, researchers found that the Affordable Care Act led to an earlier stage of diagnosis of ovarian cancer and shorter time to treatment initiation (LBA5563). Finally, a third study revealed that access to private insurance, along with higher educational level and income, related to better outcomes for patients with multiple myeloma (LBA107). Regardless of the politics of health care, these data show that health coverage influences patient outcomes.

As more and more practices embrace EHRs, the opportunity exists to create searchable data elements in our documentation to allow us to mine our records for patterns of disease, care, and outcomes like never before. Earlier this year, ASCO released mCODE, a core set of common cancer data standards. I believe that this year’s message of caring for and learning from every patient is the motivation we need as a medical community to finally come to

terms with EHRs and embrace every patient’s story as part of a larger data landscape. In addition, ASCO continued to present *ASCO Voices*, using podcasts and

unscripted presentations to evoke personal and passionate narratives from health care providers and patients alike.

Balancing large population data set presentations with personal narratives, this meeting was able to evoke both where we are going as a field and how we maintain our humanity in the face of the burdens of cancer care. We are certainly not there yet, but as 2018 was for precision medicine, 2019 may be the watershed year for using medical records to bridge the gap between community practice and academic medicine.

Several articles in this issue expand on the theme of “Caring for Every Patient, Learning From Every Patient.” Dr Pearl Toy of the University of California San Francisco provides an update on transfusion-related acute lung injury, a rare condition that requires careful diagnosis and reporting. Dr Kenneth Anderson of Harvard Medical School addresses the special challenges of managing multiple myeloma in older patients.

Regarding my favorite topic, prostate cancer, we feature an interview with Dr Michael Hofman of the University of Melbourne regarding the use of PSMA PET/CT in both staging and treatment of prostate cancer, and a case report by yours truly on treatment of prostate cancer after hormonal therapy.

Our two review articles this month are “Risk Factors and Clinical Management of Venous Thromboembolism During Pregnancy” by Drs Marissa D. Rybstein and Maria T. DeSancho of New York-Presbyterian/Weill Cornell Medical Center and “Management of Advanced Phase Myeloproliferative Neoplasms” by Drs Bridget Marcellino and John Mascarenhas of Mount Sinai.

Rounding out the issue is a discussion of a topic that affects us all: disclosure of conflicts of interest in medicine. We spoke to Dr Dirk Arnold of the Asklepios Tumor Center in Hamburg, Germany, to gain his insights as a physician practicing outside of the United States. Just as we can learn from every patient, we can learn from every country’s health care system.

Sincerely,



Daniel J. George, MD

