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Re: Improving the Quality of Cancer Care: Addressing the Challenges of an Aging Population

Dear Ms. Levit:

The American Society of Hematology (ASH) appreciates the opportunity to review and comment on the Institute of Medicine's (IOM) proposal, *Improving the Quality of Cancer Care: Addressing the Challenges of an Aging Population*. The Society supports this effort and applauds the IOM for framing the important issues regarding current and future cancer management in the rapidly-expanding aging population. The study is particularly timely and relevant because this segment of the population sustains the greatest burden of cancer.

ASH represents approximately 14,000 clinicians and scientists committed to the study and treatment of blood and blood-related diseases, including blood cancers such as leukemia, lymphoma and myeloma, and nonmalignant illnesses such as anemias, thrombosis and bleeding disorders. ASH's mission is to promote the understanding, prevention and treatment of blood disorders, and improve healthcare and patient outcomes with hematologic disease.

The Society is pleased that the IOM will revisit topics addressed in the 1999 report with a specific focus on the demographic changes that will rapidly accelerate the number of new cancer diagnoses at a time when workforce shortages are predicted. ASH also feels that it is essential to understand whether recommendations to improve quality in cancer care have occurred since the last report. If recommendations were not implemented, it would be imperative to know why. Suggestions for how to address the gaps in prior recommendations and overcome barriers to those gaps would be an important part of this study, especially as practitioners prepare for an increasing number of older patients with cancer, including hematologic malignancies.

Furthermore, addressing the social and economic factors is of utmost importance and these are clearly articulated in the current proposal. For example, the proposal states that most of this population is insured by a single payor (CMS), where changes to reimbursement are being considered. Current limitations to reimbursement can be predicted to worsen while targeted diagnostics and therapeutics are likely to increase the costs to CMS. Better studies are needed to support reimbursement decisions by CMS regarding treatment alternatives.

The proposal points out that IOM's National Cancer Policy Forum (NCPF) has hosted a number of workshops and has published consensus studies addressing particular aspects of quality cancer care in recent years, and the IOM has also supported more general reports on health care quality and workforce issues. ASH encourages the IOM to build upon all of these efforts and supports the proposal's suggestion to bring together all of the issues raised by prior NCPF activities to create actionable recommendations for improving the quality of cancer care.

Finally, as the Committee reviews the Statement of Task, ASH suggests consideration of an additional area of study especially as the IOM addresses the challenges of an aging population in improving the quality of cancer care. Despite the fact that cancer is primarily a disease of the elderly, the current base of knowledge in cancer management is derived from clinical trials conducted in younger and otherwise healthier patients. Many older patients will have some coexisting illness and/or functional impairment that may not have been studied in prior clinical trials. To address this challenge, ASH recommends that the IOM include a sixth area in its Statement of Task:

- Consider the implications of under-representation of the more typical older patient (particularly those over the age of 75 years with or without existing functional deficiencies or comorbidities) on clinical trials and provide a framework for expanding research that includes geriatrics-focused outcomes such as safety, preservation of function and quality of life.

Again, thank you for the opportunity to provide input. The Society looks forward to the committee deliberations and study outcomes. We appreciate your consideration of our comments.

Sincerely,

A handwritten signature in black ink, appearing to read "Armand Keating". The signature is fluid and cursive, with a prominent horizontal stroke at the end.

Armand Keating, MD
President