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June 13, 2007

Letters to the Editor  
The *New York Times*  
229 West 43rd Street  
New York, NY 10036

To the Editor:

"A Stubborn Case of Spending on Cancer Care" (Business Section, June 12) highlights the country's ill-designed system of Medicare reimbursement for cancer care, in which time spent with patients is valued less than chemotherapy drugs. Cancer care is complex and multi-faceted, and the cost of cancer care should be fully and fairly reimbursed.

While there have been some substantial adjustments to the Medicare system in recent years, the time physicians and nurses spend administering chemotherapy and providing many other patient services is still not fully covered, and many physicians are now finding that reimbursement for drugs is less than the actual cost of those drugs. This is forcing increasing numbers of physicians to send their Medicare patients to hospitals, potentially disrupting patient care.

The article asserts, while offering little evidence, that some oncologists are making up for the recent loss in drug reimbursement by giving inappropriate or unnecessary therapy. Such practices are in no way representative of the overwhelming majority of oncologists who are deeply committed to their patients and base treatment decisions on the best clinical evidence of what is most likely to benefit each patient.

Oncologists' commitment to improving patient care has led to new breakthroughs in treatment, better quality of life for patients, and increasing survival rates. But the unfortunate truth is that unless the system fully covers the costs of treating patients, many Medicare patients may not benefit from the high-quality care oncologists have to offer.

Sincerely,

Allen S. Lichter, MD  
Executive Vice President and CEO  
American Society of Clinical Oncology  
Alexandria, VA

2008 Annual Meeting  
May 30-June 3, 2008  
Chicago, Illinois

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