

ASSOCIATION OF CANCER EXECUTIVES UPDATE

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HAVE SOME NEWS TO SHARE?

Please send to Brian Mandrier at
brian@mandriergroup.com



Announcements

4TH ANNUAL MARSHA FOUNTAIN AWARD FOR EXCELLENCE IN ONCOLOGY ADMINISTRATION — ACCEPTING NOMINATIONS!

The Marsha Fountain Award for Excellence in Oncology Administration is designed to recognize an experienced oncology administrator who has made significant contributions to the field of oncology administration or the Association of Cancer Executives. The award is reserved for nominees currently working in the oncology administration field.

The award recipient will receive a travel grant to the Association of Cancer Executives 2021 Annual Meeting and have the opportunity to share with ACE Annual Meeting attendees their work and contributions to the field of oncology administration over the past year. We kindly request if you are aware of a colleague who is deserving of this award to complete the brief nomination form **by October 30, 2021**. Please note the award is geared for people still active in the oncology administration field and not limited to ACE members.

Previous Award Recipients: 2021: Wendy Austin
2020: William Laffey
2019: Nancy Bookbinder

2021 INTERNATIONAL ONCOLOGY LEADERSHIP CONFERENCE (IOLC) REGISTRATION IS STILL OPEN!

IOLC 2021 will be held in Rome, Italy at the Westin Excelsior, Rome Hotel. Registration is still available. [Secure your spot today](#). If you have any registrations or travel related questions please [contact Brian Mandrier](#).

2022 ANNUAL MEETING REGISTRATION EARLY-BIRD REGISTRATION IS NOW OPEN!

We are very excited to return in-person to the Belmond Charleston Place Hotel for the ACE 2022 Annual Meeting. [Please click here](#) to view the agenda and reserve your spot!

Registration is
open for IOLC
and the 2022 ACE
Annual Meeting!
#inpersonevents



association of
cancer
executives

Connecting All
Oncology Leaders

MEMBER SPOTLIGHT



Profile

AMBER S. CAMPBELL, MBA

Title, Organization: System Strategy Director, Sutter Health

Years in the field: 14 years



More Member Moves & News

HAVE SOME NEWS TO SHARE?

Please send to Brian Mandrier at brian@mandriergroup.com

TELL US A LITTLE ABOUT YOUR PROGRAM

Amber Campbell is the Director of Delivery System Strategy at Sutter Health where she has spent the last 12 years with the integrated healthcare delivery system in Northern California. She specializes in strategy and business development, process improvement methodology and has spent two decades in business operations. Amber has worked in the transportation, construction, and healthcare industries. She co-leads the Strengthen Inclusion group as part of the Diversity, Equity, and Inclusion Council at Sutter Valley Medical Foundation and serves as a Director-at-Large for the Sutter Health System Women's Inclusion Resource Group. Amber develops business plans and strategic tactics to grow the oncology services and better serve patients in her community.

Amber is on the Board of Directors for the Association of Cancer Executives, a member of the International Oncology Leadership Conference planning committee and serves on the ACE Fellowship committee as a past administrative fellow (mentored by ACE Board Secretary Cindy Chavira in 2019). She is the mother of three, active traveler and food connoisseur, philanthropist, and active healthcare leader who has spent her career mentoring, coaching, and developing others along their journey. In 2020, she became the debut author of the Amazon Best-Selling book *Fierce: The Power of Owning Your Journey*.

Amber is completing her Doctorate in Business Administration from the California School of Management and Leadership at Alliant International University where she is working on research in gender disparities for leaders across business industries, serving as a Student Ambassador to the program. She received her Bachelor of Arts from Earl Warren College at the University of California at San Diego and her Master of Business Administration from Isenberg

School of Management at University of Massachusetts Amherst.

Amber will be speaking at the upcoming IOLC Conference in Rome November 14-16th as well as the ACE Annual Meeting in Charleston, SC January 23-25th on *Strategic Planning for Cancer Programs Amongst a Financial Healthcare Crisis*. In her session she will discuss how healthcare systems are having to make tough decisions on divestment of assets, service rationalization, and programmatic development because of the financial impacts from the global pandemic. Resulting in strategic planning that paves way for new collaborations and partnerships as well as creativity over capital. In the integrated healthcare delivery model, it is not a one size fits all solution. Amber's session will cover how one health system in Northern California is planning for the growth of their cancer program in a highly diverse and competitive geography filled with both academic and community cancer centers. In Rome, she will be joined by Matt Hickey, the Founding Director and CEO, of The Health Value Alliance in the UK, who will cover the payor side of this same perspective. Understanding the value to a patient requires health systems to partner with their payors and competitors to reduce variation and improve clinical outcomes.

PROGRAM PROFILE QUESTIONS

In her current role, Amber supports an integrated delivery system in Northern California which serves over 3 million people in 23 counties. Amongst their 22 acute campuses, 45 ambulatory surgery centers, and 140+ ambulatory care centers they diagnose over 13,000 patients annually with cancer. Sutter Health serves more of the Medi-Cal population in Northern California than any other health system and they proudly fund and partner with community programs to provide access to care. There are 10 COC

accredited Cancer Centers within Sutter Health and Amber has had the honor of supporting five of those centers throughout her previous roles and in her current role she provides the business development needs for one of those programs in the Central Valley.

“I am most proud of the work I have been able to do with patient experience” as this at the core is Amber’s passion. In 2019, the Human Centered Oncology Design was a project that she completed as an ACE fellow and earned her cancer program national recognition as she presented at the ACCC meeting for transformative care models.

Understanding the oncology patient journey map, where gaps existed in their experience, and then closing those gaps and seeing the long-term impacts benefit her community. The work continues today as the program added financial navigation, survivorship networking, a lung cancer program, and multiple additions to improve psycho-social support for patients. This work continued the patient experience improvements she started back in 2015 when she collaborated with three other

cancer programs to garner a \$50,000 award to expand breast cancer nurse navigation.

In 2021, Amber is working with her team to continue expanding the comprehensive cancer center in their community-based program to a regional cancer program that serves the greater needs of oncology patients in the Central Valley. As she will discuss in her upcoming conference sessions, the key challenge facing the field of cancer care are the financial pressures

on the overall healthcare delivery system which may spend the next 3-5 years recovering from the global pandemic.

With the

prevalence of later stage disease due to missed or delayed screenings, it will be critical to provide the best clinical outcomes for patients while also investing in innovative and technological improvements within the program. Also, on her mind, are the human centered design techniques that can ensure the care team has tactics in place to prevent empathy fatigue and burnout as the entire workforce of healthcare has been taxed even more than ever before.

Amber will be speaking at the upcoming IOLC Conference in Rome on November 14-16th as well as the ACE Annual Meeting in Charleston, SC on January 23-25th.

Combatting Patient Financial Toxicity through Financial Conversations

BY GIA SEYMOUR, WRITING ON BEHALF OF ANNEXUS HEALTH

When Beth was diagnosed with stage III triple-negative breast cancer in 2007, she was quickly introduced to an extensive care team that included an oncologist, a breast specialist, a surgeon, a radiologist, and a patient navigator.

But notably absent from the professionals dedicated to helping Beth through her health crisis was a financial counselor, even though the hospital at which she received care had financial counselors on staff.

“Nobody talked to me about finances,” Beth, now 57, recalls. “We were just whisked into the treatment stuff. They told me all the tests I needed to get and when to be at my oncologist’s office for my first round of chemotherapy, but no one ever said, ‘Hey, there’s also a financial counselor we can put you in touch with if

you think you might need some assistance going through this.’”

Beth is one of approximately 17 million Americans living with cancer, and she’s among the many survivors to face financial toxicity (financial hardships) following a cancer diagnosis.¹ A recent study using real-world data showed that patients with advanced breast cancer – one of the most frequently diagnosed cancers in the United States – experienced financial toxicity at a staggering rate of 87%.^{2,3}

Despite the widespread incidence of financial toxicity among cancer patients and the availability of various forms of patient assistance offered by both charitable foundations and drug manufacturers to help offset treatment costs, many provider organizations do not proactively work up their patients

for patient assistance. Instead, they wait until the patient voices concerns about affordability, but many patients don’t bring it up because they don’t know help is out there.

It’s rare for providers to initiate conversations about treatment costs and assistance options with their patients. In a 2020 survey of American patients receiving cancer immunotherapy, less than a third of respondents who reported developing financial toxicity stated that they received pre-treatment financial counseling from their medical team – an intervention that was associated with a reduction in the incidence of financial toxicity among the survey respondents.⁴

If Beth was eligible for any patient assistance, no one ever mentioned it to her. Without it, she and her then-husband

REGISTRATION IS NOW OPEN!

struggled to pay the bills – like a \$500 co-pay for a single shot following each round of chemotherapy.

Even with health insurance, the medical bills piled up on top of the family's existing day-to-day expenses. And because Beth was unable to keep working full time due to the physical strain of her cancer treatments, they now had to make ends meet on one income instead of two. "All I wanted to do was focus on fighting this beast called cancer," she recalls. "Instead, I was fielding phone calls from collectors while trying to figure out how to pay our mortgage and put food on the table."

The financial burden took an emotional toll on Beth, who couldn't help but feel guilty for getting cancer and putting her family through this. She feels that the stress and financial struggles her family endured due to the cancer ultimately contributed to her divorce.

Today, Beth is happy with where she's at in life. She has a new career as a certified health coach, helping other cancer patients along their journey. While she chooses to focus on the positive, she wonders how things might have been different had her oncology provider talked with her about finances and

made the effort to connect her with patient assistance.

"I wish there had been a phone call from a financial counselor or advocate to help us figure out how to manage all the bills coming at us," she says. "We didn't have to go bankrupt – I know that now. I wish I had known then that there were a lot of avenues out there for patient assistance." Managing the financial aspect of cancer is a feat within itself; a feat with which cancer patients and their families are tasked during what is often the most chaotic time in their lives. By initiating conversations about finances and working up each patient for assistance as standard practice, provider organizations can help patients afford their care and avoid financial toxicity.



ABOUT THE WRITER

Gia Seymour is a freelance writer specializing in science and health. She is passionate

about giving patients a voice in their care and making medical writing more accessible to patients and their loved ones. She is also a thyroid cancer survivor. Gia can be reached at gia.seymour@gmail.com.

ABOUT ANNEXUS HEALTH

Annexus Health is a privately held, healthcare technology company focused on developing solutions that reduce administrative burdens across the patient journey to improve access, speed, and adherence to critical care. Learn more at annexushealth.com.

REFERENCES:

1. Cancer Statistics. National Cancer Institute. <https://www.cancer.gov/about-cancer/understanding/statistics>. Published 2020. Accessed September 13, 2021.
2. Common Cancer Types. National Cancer Institute. <https://www.cancer.gov/types/common-cancers>. Published 2021. Accessed September 13, 2021.
3. Vorobiof D. Overcoming Cancer's Financial Toxicity with Real-World Data. Managed Healthcare Executive. <https://www.managedhealthcareexecutive.com/view/overcoming-cancer-s-financial-toxicity-with-real-world-data>. Published 2020. Accessed September 13, 2021.
4. Vorobiof D, Hasid L, Litvin A, Deutsch I, Malki E. Financial toxicity (FT) real-world data evidence (RWDE) in American patients (pts) receiving cancer immunotherapy drugs (IOT). *Journal of Clinical Oncology*. 2020;38(15_suppl):e19331-e19331. doi:10.1200/jco.2020.38.15_suppl.e19331.

A Blueprint for Adopting New Therapies at your Practice or Cancer Center

As oncology advances faster than many other therapeutic areas, oncologists and their cancer care team face increased complexity and pressure to keep abreast of the latest therapies. The volume of information in oncology is growing exponentially. From the hundreds of new oral and infusion drugs to constantly changing codes, it is impossible to keep up.

One of the most efficient ways for practice and care teams to stay apprised of oncology advancements, updates, and news is to give the cancer care team the ability to connect with life science professionals directly.

PRIORITIZE YOUR TIME

Prioritize meetings with life science professionals to ensure you receive the information you are most interested in.

Scheduling meetings with life science professionals will help oncologists to interpret and translate rapidly evolving science into treatment options that help provide better patient care.

As you schedule meetings, ask the following questions to ensure your practice is remaining current with their information:

- Does this company have newly approved drugs?
- Has there been a change in dosing?

- Has there been a new indication for an already approved drug?
- Are there side effects or adverse reactions that we need more information on or need to discuss?
- Is there real-world-evidence (RWE) that may affect decisions?

BUILD AN ENGAGEMENT STRATEGY WITH LIFE SCIENCE PARTNERS

To gain more insight from life science companies, review presentations from leading oncology conferences such as ASCO, ASH, NCCN, and other medical conferences. Scheduling meetings with life science professionals will help oncologists to interpret and translate rapidly evolving science into treatment options that

can impact patients' lives. There is an increasing number of treatment regimens and patient data that oncologists need to assess to ensure they are offering their patients optimal treatment

INCLUDE THE ENTIRE CANCER CARE TEAM

Most of the time when cancer centers and practices schedule meetings with life science experts, they only think about oncologists. While oncologists need to hear this important information, it is important to include the entire cancer care team in these meetings to provide valuable information and resources with less confusion. Before scheduling your next meeting, ask the following questions:

- Are my oncology nurses comfortable delivering newly approved therapies?
- Do they know all the side effects or adverse reactions of newly approved therapies or current therapies?
- Do my financial counselors have the latest information on Patient Assistance Programs or co-pay cards?

- Does my pharmacist know how to acquire a newly approved therapy?
- Are my billers and coders updated on the latest reimbursement and coding information?

If your response to any of these is “no”, then including the entire cancer care team can make for a more effective and helpful meeting.

DOCUMENT YOUR ENGAGEMENT

Cancer centers and practices may want to consider creating a quarterly report to better communicate new treatment advancements and their impact on the entirety of the practice staffs' functions and roles. This can also help streamline communications, ensuring everyone is apprised of new information that is discussed whether or not they were present for the meeting with the life science representative.

The report may include:

- Topics discussed during the meeting

- Staff members present
- Information presented or exchanged
- Meeting day and length
- Is there a need for a follow-up meeting or for additional information?

These reports will help senior staff to validate the value and outcomes of meetings with life science experts.

In this dynamic world, it is more important than ever to have a relationship with life sciences experts to keep oncologists and cancer care teams informed about the latest therapies and treatment options and provide the best care to patients. Practice engagement with life sciences companies is no longer limited to connections between oncologists and life sciences 'reps.' Anyone involved in the care team, from clinicians to operations staff, can engage with the specific life sciences content and experts they need to support patients. This team and more specifically, role-based approach can streamline workflows and help each team member stay up to date on the information they need to support patients and their practice.

How to Build a High-Risk Breast Program

BY FEYI OLOPADE AYODELE, CO-FOUNDER AND CEO, CANCERIQ

Cancer treatment today is both precise and personalized. But cancer screenings still rely on a one-size-fits-all approach that all too often misses early-stage diagnoses for women at the highest risk of a breast cancer diagnosis. How many of us have known someone with a family history of breast cancer who received a late-stage diagnosis and was left asking a simple but difficult question: “Why didn't anyone catch this sooner?”

The answer is that the average breast program fails to meet the needs of the 1 in 10 women with the highest risk of a breast cancer diagnosis. These programs rely on limited or out-of-date guidelines for determining who is eligible for cancer screenings or genetic evaluations, and they provide the same clinical pathways – with a heavy emphasis on screening and little emphasis on preventive care – regardless of a patient's risk factors.

The best way to help women like this is to provide a more personalized and precise approach to breast cancer prevention and treatment. High-risk breast programs improve patient outcomes by identifying high-risk patients sooner and providing personalized care plans based on evidence-based, clinical guidance for high-risk as well as rising-risk patients. This leads to fewer breast cancer deaths and improved quality of life. Programs also improve financial outcomes for breast centers by driving utilization of the preventive services that centers specialize in providing, whether it's MRIs, prophylactic surgeries, or in-person or virtual high-risk care visits. Lastly, high-risk breast programs give breast centers a competitive edge by helping meet accreditation requirements, differentiating the center from competitors and preventing leakage to tertiary care centers.

Today's high-risk breast programs fall into one of four stages of maturity. In the first three stages, workflows depend on interactions among people, paper, and software applications that act independently. In the fourth and most mature stage, a program has reached the point of end-to-end integration, largely using technology but also through the optimization of people and processes.

This maturity is reflected in how programs manage the main components of cancer care: Screening patients, conducting genetic evaluations, managing high-risk patients, and measuring outcomes. For example, mature high-risk breast programs incorporate digital risk scoring and stratification models to determine risk level; offer genetic evaluations and care management at a designated clinic, co-location, or onsite, and leverage nationally recognized genetics and high-risk

programs as the basis for providing clinical services for high-risk patients. Altogether, mature programs are able to identify high-risk cases sooner, close care gaps, and limit patient churn.

Health systems that have taken meaningful steps to put a high-risk breast program in place have achieved immediate and measurable results. For example, after implementing software to help nurse navigators manage patients, Louisiana-based CHRISTUS Ochsner Lake Area Hospital referred 310 high-risk patients for a breast MRI in five months (a 31x increase) – including four patients who detected masses that had not appeared on their initial mammogram.

One of the biggest impacts of the high-risk breast center, though, is on the bottom line – from utilization of preventive services as well as projected long-term cost savings from early detection of cancer. After seeing a 10x increase in genetic consults, Illinois-based OSF HealthCare also generated more than \$500,000 in additional downstream revenue in the first 12 months.

For some systems, this financial impact is felt far beyond the high-risk breast program, as it soon becomes a model for other service lines. Success with breast cancer screening, genetic evaluation, and care management for high-risk patients has led to ambitious goals for the Adventist

Health Early All-Around Detection (AHEAD) Program: screen over 1 million patients in preventative care, test 100,000 patients for eight types of cancer (including breast), generate \$39 million in preventive service revenue, and detect over 30,000 cancers early over the next 5 years.

To learn more about making the business case for investing in the people, process, and technology that go into creating a mature and successful high-risk breast program – and to see more examples of high-risk breast programs in action – download our new eBook at <https://go.canceriq.com/building-high-risk-breast-programs>.

Varian and Siemens Healthineers: The Evolution of Intelligent Cancer Care

Five years ago, Varian set out to create an evolving technology ecosystem that would bring knowledge to the point of care, enable intelligent treatment delivery, and convert data into actionable insights so that sophisticated cancer treatments could be easier to plan and deliver.

In 2018, we gave these efforts a formal name: Intelligent Cancer Care. “By 2019, we were more certain than ever that the challenge of making safe, effective, and highly personalized cancer care more accessible depended on bringing intelligence to the task—intelligence that could automate routine, repetitive tasks; add knowledge-guidance to oncology processes; and make sophisticated cancer treatments easier, more efficient, and more cost effective to deliver,” said Chris Toth, Varian’s chief executive officer.

COMBINING WITH SIEMENS HEALTHINEERS: A NEW ERA OF INNOVATION

Today, we are on the cusp of another new era of innovation—this one energized by our recent combination with Siemens Healthineers. “As one company, we share a conviction that together, we can do even more to help our customers enable better outcomes and enhance the patient experience along the entire cancer care journey, from screening, early detection, and diagnosis to treatment, follow-up,

and survivorship,” said Toth. “We see significant opportunities for new tools, technologies, and services that help our customers manage multidisciplinary care across the entire continuum.”

THE FOUR PILLARS OF INTELLIGENT CANCER CARE

Varian, as part of the larger Siemens Healthineers, is focusing its Intelligent Cancer Care initiatives in four broad areas: 1) accelerating the path to treatment, 2) bringing data—and knowledge—to the point of care, 3) personalization of care, and 4) increasing access to care.

Pillar 1: Accelerating the Path to Treatment

We feel that a cancer patient’s only concern should be fighting – and beating – the disease. Unfortunately, the treatment pathway is complicated; it often becomes fragmented and, in some cases, takes too long. A data-driven, highly integrated, intelligent approach to cancer care can address many of the challenges. As part of Siemens Healthineers, Varian is singularly positioned to refine cancer care through a fully integrated care pathway that addresses the entire cancer patient journey.

As one united company, we can integrate solutions earlier in the journey. With

advancements in imaging and lab diagnostics, a higher proportion of cancer cases can be detected earlier through advanced screening programs. Likewise, these technologies enable fast and precise diagnosis, which allows clinicians to create informed, personalized plans for treatment.

“There are myriad ways in which we expect to use Siemens Healthineers technologies to strengthen the Varian portfolio,” said Dee Khuntia, Varian’s chief medical officer. “We are planning to use them to improve our image guidance tools and our automated segmentation models. We’re especially excited about strengthening our decision support tools, especially as related to the integration of lab diagnostics in the not-too-distant future.”

Pillar 2: An Ecosystem with Data-Driven Insights

Varian and Siemens Healthineers colleagues have commenced working to unite our oncology offerings to address the entire patient care continuum, with the goal of creating a comprehensive oncology ecosystem.

“We are convinced that well-designed software systems and solutions that make use of meaningful data can enable treatment centers, research institutions, and practices to work together to provide

more integrated, multidisciplinary care,” said Andrew Shogan, president, Multi-Disciplinary Oncology. “Our goal is to connect and leverage data, teams, technologies, and workflows to deliver greater insights, improve collaboration, and streamline operations.”

Pillar 3: Personalized Care

To provide patients with the greatest likelihood of a successful outcome, we know we must enable personalization at every step of the journey – for patients, clinics, and networks. Our goal is to provide a broad, scalable connected suite of solutions that accomplishes this. In

addition, through our Advanced Oncology Solutions group offering digitally enabled services, we’re equipping cancer centers with immediate solutions to expand capabilities, accelerate efficiency, and effectively manage their own oncology ecosystems.

Pillar 4: Increasing Access to Advanced Care

Gaps in care are currently growing faster than the infrastructure required to address patient needs. And, even in places where access to advanced care currently exists, there are opportunities to support oncology teams and raise the quality of

care by filling resource gaps, making new technologies faster and less expensive to deploy, simpler to use, and easier to maintain for a lower cost of ownership.

At Varian, we believe that patients should have access to the best care possible, no matter where they live. That is why we are leveraging all the tools available today and working to innovate next-generation solutions to bring efficient, evidence-based solutions to all parts of the world.

To find out more, visit the Varian website at www.varian.com.

Don’t Get Pigeonholed: Navigating Your Oncology Career

BY STEVEN CASTLE, MBA, COA, RT(T)

We as oncology administrators are highly skilled professionals leading a dynamic service important to our communities while contributing to the greater success of our hospitals or health systems. Direct cancer services is a key driver within a medical facility; in addition, volume generator to ancillary imaging, surgery, pathology, lab, inpatient care, rehabilitation, dietary, and numerous other services. In our role, we are required to be leaders, followers, arbitrators, clinicians, financial wizards, lawyers, Human Resources, business development, techies, relationship builders, marketers, and more. As we are successful, we may become perceived from within our organizations as purely ‘specialist’, pigeonholed from potential careers beyond oncology. The purpose of this short article is to share one rather extreme experience with the members of ACE, how our skills can translate to responsibilities well outside of oncology.

My own oncology leadership experience helped prepare me as a US Navy reserve officer in roles well outside of my civilian role. In 2019, I was deployed leaving my hospital role to serve the US Navy Europe/African Commands/6th Fleet as a Foreign Area Officer (FAO), a role I was not trained for. This role was afforded to me as the military open mind primarily views a person skilled based on their rank, believing direct knowledge can be quickly attained. What is a FAO? FAO’s serves as a regionally-focused expert in

political-military operations possessing a unique combination of strategic focus, regional expertise, with political, cultural, sociological, economic, and geographic awareness. This included advising senior leaders on political-military operations and relations with other nations (friend or foe), provide intelligence to forward-deployed commands conducting military operations, build and maintain long-term relationships with foreign leaders, develop and coordinate security cooperation, execute security assistance programs with host

nations. Daily activities include developing analysis on diplomatic, intelligence, military capabilities, and economic threats.¹ This experience provided me a rare opportunity to sit at the table with senior admirals and general officers, US ambassadors, heads of foreign Navies, and foreign ministers of defense.

This role was incredibly distant from my civilian role; the clothing changed, the people, changed, languages varied, content discussed entirely new and

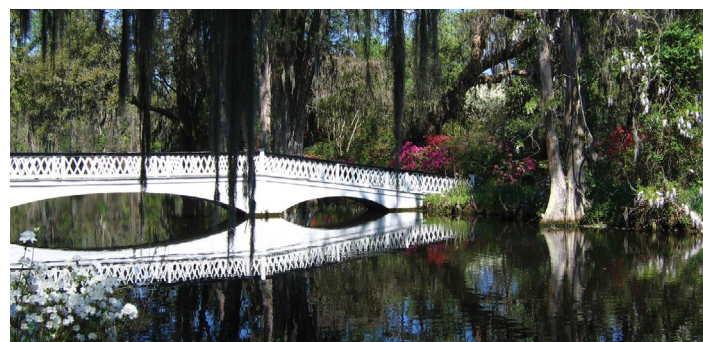
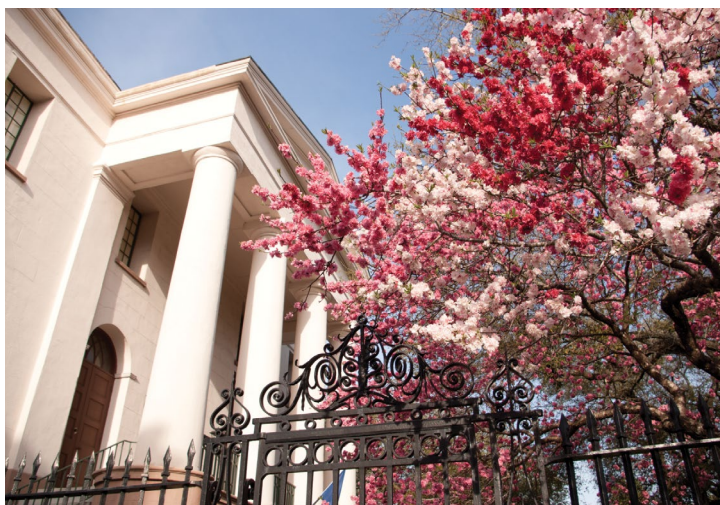
separate from our oncology roles. However, the skills I attained as an oncology executive, carried over to my success as a FAO. As oncology leaders, we lead people and projects, perform complex reading and writing, develop and execute strategic plans, perform fiscal analysis, cultivate relationships, and provide formal presentations with senior leadership or communities. To reinforce belief, back home I have observed a radiation oncology leader successfully

manage infusion services, pharmacy, lab, and an administrator responsible over a successful inpatient nursing unit. These roles are generally reserved for specialized leaders or nursing. Often, I have stated if you can successfully lead an oncology service line, you can lead anything. As oncology leaders, we have a dynamic set of skills to lead beyond oncology. I encourage the members of ACE, if they choose, see themselves as highly capable and aware that their skills will translate to

success across broader enterprise. It starts there and then sharing your ambition with your leadership while seeking opportunities to expand the scope of your experience. Good luck and enjoy the challenges available.

REFERENCES

- 1 <http://www.faoa.org/FAO-What-is-a-FAO>, referenced 26 MAY 2021



REGISTRATION IS NOW OPEN!

The 5th International Oncology Leadership Conference (IOLC) will be held in Rome, Italy, from 14-16 November 2021. IOLC 2021 is presented by the Association of Cancer Executives in partnership with Gemelli ART, the European School of Oncology, and The Mandrier Group.

IOLC brings together Oncology Administrators, Oncologists, Administrative Managers, Business Operations Managers, Chief Administrative Officers, Chief Nursing Officers, Clinical Administrators, Radiation Oncology Managers, Patient Navigators, and Service Line Directors from around the world to discuss the most critical issues in oncology administration.

Conference attendees will have the opportunity to attend an exclusive behind-the-scenes tour of the Gemelli ART along with hearing from several highly respected speakers from Bruno Gridelli, M.D., Executive Vice President and Managing Director at UPMC and UPMC Italy, Vincenzo Valentini, Prof., Policlinico Gemelli, Walter J. (Wally) Curran, Jr, MD, FACR, FASCO, Global Chief Medical Officer, GenesisCare and Filippo Alongi, Chairman of Advanced Radiation Oncology, IRCCS Ospedale S.Cuore Don Calabria, Negrar-Verona & Associate Professor at University of Brescia, Italy

The European School of Oncology will conduct a workshop focusing on “Encouraging Career Development in your Workplace.”

Here are a few highlights from the 2021 agenda:

- Cancer Care Operations Post-Pandemic: What did we learn, what can we improve - Perspectives from the U.S., U.K., and E.U.
- New Models in Clinical Trials and Cancer Research: The Gemelli - Generator Experience
- Creating and Maintaining Care Pathways Across Three Continents
- A Comprehensive Look at Patient Experience in the New Age of Telehealth

- 1.5 Tesla MR-guided and Daily Adaptive Prostate Cancer SBRT: Feasibility, Preliminary Outcomes and Future Perspectives
- Fairer Breast Cancer Care in a Globalized World
- Precision Medicine (Two-Part Session)
 - **Part 1** - Change is the Only Constant: Oncology Strategy for Precision Medicine
 - **Part 2** - Minimal Invasive Interventional Oncology, The New Frontier of Precision Medicine: The Gemelli-IOC Experience
- ART and Artificial Intelligence for Patient Resilience

Early-bird registration rates are available till 31 August. To learn more about IOLC, [please visit the IOLC website here.](#)

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SILVER SPONSOR



We are very pleased to be bringing IOLC to our attendees in an in-person format. Attendees will have five hours of dedicated networking time in various settings throughout the conference. See you in Rome!

