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LATEST CANCER CLINIC CLOSURE IN SELMA, ALABAMA
At Least 30 Cancer Clinics Closed; More Now at Risk in Florida

Cancer System Dismantling as Overlooked in Healthcare Reform

Washington, DC – March 17, 2010 – The Community Oncology Alliance (COA) today announced the latest cancer clinic closure is Montgomery Cancer Center in Selma, Alabama. That brings a total of at least 30 community cancer clinic closures over the past several months --with the majority increasing from 2009 forward -- due to financial pressures from severe cuts in Medicare reimbursement for cancer care. Yet the current healthcare reform plans do not address this crisis in cancer care or the impact to senior cancer patients on Medicare.

“We have been operating at a financial loss for some time because of the reimbursement cuts over the past few years,” explained Harry M. Barnes, III, M.D. “We will attempt to care for our Selma patients in our Montgomery office, but unfortunately, Selma cancer patients will no longer have access to chemotherapy in their own community. This poses a threat to indigent patients who have limited options for transportation, some of whom may not seek care or may have poorer outcomes.”

Dr. Barnes’ Selma clinic had been in operation for more than 25 years.

Another oncologist who closed his practice this week is Dr. Robert Carroll of Gainesville, FL, who built a renowned solo practice as a breast cancer specialist. Because of the financial losses that occur when oncologists purchase the expensive drugs needed for cancer chemotherapy – the cost of which is not fully covered by Medicare – Dr. Carroll was faced with an outstanding balance of more than \$300,000 owed to cancer drug suppliers.

“I practiced cost-conscious medicine,” Dr. Carroll explained, “and avoided expensive drugs with marginal benefits. But the Medicare and private insurance reimbursement has become worse and worse. I cut staff and quit taking my own salary in November, but even that has not been enough. Reimbursement on patient care is just not enough to keep my practice open.”

Recently Dr. Carroll has been forced to send his Medicare patients to local hospitals for chemotherapy. Once there, patients have reported excessive delays in receiving chemotherapy which, in the hospital setting, costs Medicare far more than the same treatment administered in the community oncology setting. Several more practices currently face closure in Florida.

Other oncology practice closures are spread across 24 states. Some of these have also been sold to hospitals or large healthcare organizations due to financial pressures brought on by the reimbursement cuts. Rural practices and those with higher proportions of Medicare and Medicaid patients are particularly hard hit.

Medicare has already severely cut payments for cancer care — over 25% since 2004 -- which has impacted doctors' ability to treat patients. The cuts for cancer drugs are 5% this year and will continue each year through 2013, when they will be cut by close to 20%. Payment cuts are also being made to imaging tests — such as PET and CT scans — and there will be a 21% payment cut for all physicians' services as of October 2010 if Congress does not act to stop it.

“Medicare patients like me will all have to go to hospitals for our cancer care,” commented Taylor Bohnyak, a lymphoma patient in North Brunswick, NJ. “The hospitals will have to treat us, along with their own patients, as well as younger cancer patients. If my lymphoma comes back, I fear that I will not be able to get treated in time or quickly enough to hold my aggressive form of cancer at bay.”

About Community Oncology Alliance (COA)

Formed in 2003 in response to the Medicare Modernization Act, COA is a non-profit organization dedicated solely to community oncology. COA was founded by community oncology to advocate for patients and providers in the community oncology setting, where 84 % of Americans with cancer are treated.

Currently, COA is working with the Congress in providing proactive solutions designed to protect the viability of the nation's cancer care delivery system and patients' access to quality, affordable cancer care. The cancer death rate in the U.S. has declined due to earlier detection, the quality of treatment, and the accessibility of cancer care. However, according to the American Cancer Society, men still have an approximately one in two lifetime risk of developing cancer, with a risk of one in three for women. For more information, please visit www.communityoncology.org.

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