

COA Issues Position Statements on Biomarker Testing and Physician Autonomy, Updates Previous Statements

COA Endorses Broader Access to Biomarker Testing and Defends Physician Autonomy in Cancer Care

WASHINGTON, DC, UNITED STATES, March 26, 2025 /EINPresswire.com/ -- The Community Oncology Alliance (COA) Board of Directors has issued two new position statements underscoring the importance of biomarker testing in guiding cancer treatment and the need to preserve physician autonomy to ensure the best outcomes for patients with cancer.

Biomarker Testing

COA strongly supports the use of biomarker testing as an essential tool in selecting the most appropriate treatment for patients with cancer and other serious illnesses. Biomarker testing is pivotal in modern medicine in personalizing cancer treatment. Testing helps identify specific biological markers in a patient's tumor, guiding the selection of the most effective therapies. By ensuring that patients receive proper chemotherapy, biologic, or biosimilar treatment, biomarker testing can improve outcomes and minimize unnecessary care. It supports broader access to life-saving medications, making advanced care more affordable and equitable, sparing patients from potential toxicities of ineffective treatments.

Biomarker testing is essential for personalizing cancer treatment, yet its application varies among patients and access remains uneven. While nearly half of patients receive biomarker testing, a significant portion still do not, highlighting the need for broader implementation to ensure all patients have access to personalized treatment options. Also, insurance policies often



Community Oncology Alliance Logo

have separate cost-sharing provisions for biomarker testing making the affordability of biomarker testing difficult for some patients.

“Biomarker testing enhances cancer care by enabling personalized treatment plans for each patient. COA strongly supports the use of biomarker testing and believes it is a worthwhile investment that improves outcomes, shortened treatment durations, and reducing the use and cost of ineffective treatments,” said Mark Thompson, MD, COA’s medical director of public policy. “Ultimately, it can help improve survival rates and quality of life for patients with cancer.”

COA’s Position Statement on Biomarkers can be found here:

<https://mycoa.communityoncology.org/education-publications/position-statements/coa-position-statement-on-biomarkers>

Physician Autonomy and Patient Access to Cancer Treatment

COA believes that optimal outcomes for patients with cancer and other serious illnesses are achieved when physicians are free to use their clinical judgement, without interference from restrictive insurer or pharmacy benefit manager (PBM) policies. Restrictive formularies, step therapy protocols, prior authorization requirements, or other bureaucratic utilization management barriers often delay or deny necessary care, undermining treatment plans tailored to the unique needs of each patient.

Physician autonomy and choice – defined as the ability of physicians to make treatment decisions based on clinical evidence, patient preferences, and professional experience – is fundamental to providing high-quality cancer care. Every patient diagnosis and treatment journey are unique. Cancer is not a one-size-fits-all disease; decisions must consider factors such as cancer type and stage, genetic mutations, comorbidities, age, response to prior treatment, and patient preference.

“Ensuring physician autonomy to make patient-centered treatment decisions is not only fundamental to clinical excellence but also critical to preserving trust in the physician-patient relationship,” said Dr. Thompson. “We must reject policies that insert bureaucratic red tape between physicians and their patients. COA will continue to advocate for policies that uphold physician autonomy and protect patients with cancer from harmful delays and barriers to care.”

COA’s Position Statement on Physician Autonomy can be found here:

<https://mycoa.communityoncology.org/education-publications/position-statements/coa-position-statement-on-physician-autonomy-and-patient-access-to-cancer-treatment>

Updated Position Statements that Reflect Policy Changes

Along with the biomarker testing and physician autonomy position statements, the COA Board of Directors has also issued updated versions of four existing statements on

- Copay Accumulators
- Prescription Drug Affordability Boards (PDABs)
- Certificate of Need (CON) Legislation
- Telehealth

These updates reflect ongoing changes in health care policy that affect the availability, quality, and affordability of community-based cancer care. As part of COA's commitment to its members, COA regularly reviews and revises its position statements to ensure they remain current and relevant to the challenges facing independent oncology practices and the patients they serve.

Each of COA's formal position statements provides background, history, and detail on a key issue affecting cancer care. These statements are reviewed and vetted by the practicing oncology professionals who sit on the COA Board of Directors and Government Affairs and Policy Committee. Many cover issues that are part of legislation or policy under consideration by the Centers for Medicare & Medicaid Services (CMS), the United States Congress, state governments, and others.

A complete version of all COA Position Statement is available online at <https://mycoa.communityoncology.org/education-publications/position-statements>.

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About the Community Oncology Alliance

The Community Oncology Alliance (COA) is a nonprofit organization dedicated to advocating for community oncology practices and, most importantly, the patients they serve. COA is the only organization dedicated solely to community oncology where the majority of Americans with cancer are treated. The mission of COA is to ensure that patients with cancer receive quality, affordable, and accessible cancer care in their own communities. Learn more about COA at www.communityoncology.org.

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