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William T. McGivney, PhD, is Chief Executive Officer of the NCCN, responsible for the development of strategies and programs to improve the quality of care available to cancer patients. Such programs include the NCCN Clinical Practice Guidelines in Oncology, NCCN Oncology Outcomes Database, NCCN Oncology Research Program, and NCCN Drugs & Biologics Compendium. Strategically, Dr. McGivney is responsible for the growth of NCCN's influence in the oncology community and for assuring the development of partnerships with managed care companies and employers, the development of NCCN's health information capabilities, and the expansion of centralized research programs.

Before joining NCCN, Dr. McGivney was Director of the Division of Health Care Technology at the American Medical Association and then Vice President for Clinical and Coverage Policy at Aetna Health Plans. While at Aetna, he helped establish the first formal independent outside review process.

Dr. McGivney, a recognized expert in coverage policy and in drug and device regulatory policy, was awarded the FDA Commissioner's Medal of Appreciation in 1989. He has served on numerous national boards and committees including as President of the Board of the Patient Advocate Foundation and National Patient Advocate Foundation and as a member of the UNOS Board of Directors and the Medicare Coverage Advisory Committee.

The ideas and viewpoints expressed in this editorial are those of the author and do not necessarily represent any policy, position, or program of NCCN.

JNCCN at 10

NCCN is pleased to celebrate the tenth anniversary of *JNCCN – The Journal of the National Comprehensive Cancer Network*. Over the years, NCCN has been attentive to converting and transposing the content of the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) into formats that suit the informational needs of different audiences. For example, NCCN translated and transposed all recommendations on the use of drugs and biologics in the NCCN Guidelines into the format of the NCCN Drugs and Biologics Compendium (NCCN Compendium), and NCCN established versions of the NCCN Guidelines for patients. Ten years ago, NCCN launched the Guidelines and related scientific, evaluative information in journal format: *JNCCN*.

JNCCN's success parallels the substantial growth in importance and influence of the NCCN Guidelines. The NCCN Guidelines have become widely recognized and applied as the standard of care in oncology practice in both the community setting and in academia. Further, the NCCN Guidelines and NCCN Compendium have been established for most payers as the basis for setting coverage policies regarding clinical interventions in oncology.

In November 2011, more than 165,000 unique visitors visited the NCCN Web site—www.nccn.org—which translates into approximately 1.4 million unique visitors per year. Of these, 53% are clinicians and others from the United States who accessed the NCCN Guidelines and other information products. The international cohort of visitors has grown steadily and rapidly, particularly over the past 5 years. On the payer side, a recent survey of 55 insurers published in *Managed Care Magazine* (September 2011) concluded that “90% of those insurers looked to the NCCN Compendium for guidance, with most covering an indication ranked 2B or above.” *The 2010-2011 Genentech Oncology Trend Report* stated that “By far the most influential Guidelines for oncology treatment decisions are those published by the National Comprehensive Cancer Network, used by 86.5% of managed care companies.”

These successes and the existence of *JNCCN* all proceed from the start of the NCCN Guideline Development Program under the watchful eyes of the late Rodger Winn, MD. Dr. Winn had a vision of using experts to integrate the evaluation of available scientific evidence with the experience and expert judgment of clinicians to provide recommendations for treating patients with cancer along the full continuum of care. Dr. Winn's genius was manifest in the establishment of a process that recognized the need for an evidentiary basis for the recommendations. However, Dr. Winn also understood the critical value and need for expert clinicians to provide input into the process based on extensive experience and expansive expertise. Further, the quality of evidence and degree of consensus for the recommendations of the NCCN Guidelines were and are communicated in the simple and direct format of the NCCN Categories of Evidence and Consensus.

The NCCN Guidelines were published in journal format from the beginning, in 1996, in the journal *Oncology*, by Jack Gentile, a leader and innovator in oncology publishing. Mr. Gentile's journal was at the time and for many years the second most read journal in oncology. Although the sale of *Oncology* to another publisher established a void in the formal paper-based publication of the NCCN Guidelines, that void was quickly filled. As NCCN mulled over establishing its own journal, 2 publishers approached, within the same month, with proposals for *JNCCN*. Even in 2001, it was easy to see that, given the growing use of NCCN Guidelines, providing the Guidelines in a journal format with related commentaries and review articles

would meet the readership needs and interests of the oncology community. An objective then, as now, was to provide a more in-depth discussion on the basis for the NCCN Guideline recommendations.

By the early part of this new century, NCCN had established a complete library of NCCN Guidelines, which now includes 47 Guidelines Panels, each with 25 to 30 multidisciplinary experts developing 120 algorithms to address the ever-changing continuum of care for the multitude of disease states that we refer to as cancers.

Furthermore, the information has become increasingly more important to clinicians. Indeed, in the early years, oncologists and oncology nurses predominantly used the NCCN Guidelines as a reference. In 2010, however, an NCCN survey of nearly 2000 Guidelines users found that although 90% of oncologists indicated that they still use the Guidelines as a reference, the same percentage of oncologists said that they used the NCCN Guidelines to make decisions about appropriate care for individual patients. In addition, the payer community began to use the recommendations more and more in setting coverage policies and making decisions regarding care for their beneficiary populations. In January 2008, UnitedHealthcare became the first private payer to recognize and apply the NCCN Compendium as the full basis for coverage policies for drugs and biologics. In June 2008, the NCCN Compendium was recognized by the Centers for Medicare & Medicaid Services (CMS) as a resource for decision-making in the Medicare program. Later in that year, *JNCCN* was officially recognized as an approved and appropriate reference journal for decision-making by Medicare contractors for local coverage determinations and by CMS itself.

JNCCN has become inextricably woven into the fabric of NCCN Guidelines development and the communication process for the Guidelines and other NCCN information products. Concomitant with all of this, as I write this (in December 2011), *JNCCN* has the fourth highest total readership of any dedicated oncology journal. Our readership position has continued to strengthen as *JNCCN* moved from being published quarterly to every other month to monthly. This schedule responds directly to demand for more timely and comprehensive publication of NCCN Guidelines information. Further, the articles related to Guidelines content are also available online at www.jnccn.org.

A key driver in the evolution and expansion of *JNCCN* has been Hal Burstein, MD, PhD, an international leader in the treatment of breast cancer from the Dana-Farber Cancer Institute. Dr. Burstein became the Editor-in-Chief of *JNCCN* in July 2008, and with vision and clear foresight, has elevated the level of discourse and increased readership.

In the coming months, readers will see *JNCCN* move from an emphasis on publishing complete Guidelines to publishing highlights of the updated sections. The discussion sections will also shift to providing a fuller communication of how expert panelists discussed and viewed the quality and quantity of available data. Topical and controversial issues will be explored by those on both sides of the discussion. Information will be delivered in smaller bytes. Recent or late-breaking additions to NCCN information sources such as the NCCN Compendium will be highlighted. Although *JNCCN* is available internationally in English, a totally Chinese version of the journal is under development.

A major objective of NCCN is to positively influence decisions and policies that influence the availability of and access to drugs, biologics, devices, procedures, and techniques. NCCN has sought to accomplish this on a sound, scientific, evidentiary basis integrated with expert judgment. As for all of us, we do this so that patients can live better lives. Over these past 10 years, *JNCCN* has been an important communication vehicle but also a critical forum for the more in-depth and expansive discussion of the data and reasoning that supports specific recommendations for patients.

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None of the NCCN's work would be possible without the dedication of the individual Guidelines Panel members who donate their time, expertise, and insight on a volunteer basis, free of charge. The calculation of this donated time is well over 16,000 hours per year, not including travel time. Over these many years, the NCCN Guidelines development process has also been supported by an extraordinary and totally dedicated staff led by Joan McClure, MS; Kristina Gregory, RN, MSN, OCN; Dottie Shead, MS; and many others.

We thank our publisher, Harborside Press, and our colleagues there, Conor Lynch, Anthony Cutrone, David Horowitz, Gail van Koot, and Wendy McGullam, and especially Jack Gentile, returning to work with these colleagues to establish Harborside Press as the leader in oncology publishing. *JNCCN* is fortunate to have a superb lineup of issue editors who, month after month, produce a flawless, high-quality, highly visible scientific publication. We recognize and thank the editorial staff, Lacey Meyer; Genevieve Hartzman, MA; and Kerrin Green, MA, Assistant Managing Editor. Especially, we thank Kimberly Callan, MS, ELS, *JNCCN*'s Managing Editor. Ms. Callan, who has extensive experience in the publishing world, has been, since the beginning, the steady guiding hand in assuring the growth of the journal in a manner commensurate with the scientific standing and integrity of NCCN Member Institutions.

Most of all, we thank you, our colleagues in the provision and delivery of treatment, care, and kindness to patients. You read our journal and provide feedback, comments, and suggestions, and together we have made *JNCCN* better. Together in a complex and difficult delivery system, we seek to ensure that sound science and sharp clinical acumen and reasoning remain the primary drivers for decisions about care for patients. As we at NCCN enthusiastically move *JNCCN* into its second decade, we renew our commitment and dedication to the patients whom we serve.