Continuing the Conversation: Questions on Cancer Care from the NCCN Annual Conference

Each year, NCCN holds a flagship event, the NCCN Annual Conference: Clinical Practice Guidelines & Quality Cancer Care, in Hollywood, Florida. For many of the more than 1300 physicians, nurses, pharmacists, and other oncology professionals attending the conference, its greatest value is the opportunity to hear about the latest updates to some of the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) directly from the experts who helped create them. In fact, this year’s updates were augmented by presentations of 3 new NCCN Guidelines—Acute Lymphoblastic Leukemia, Adolescent and Young Adult Oncology, and Lung Cancer Screening.

Yet, though the NCCN Guidelines presentations may serve as the center of the conference, they cannot tell the whole story alone. The NCCN Conference is also an opportunity to network among colleagues and hear from others in oncology. And, importantly, it is a chance to discuss issues that are critical in the delivery of cancer care but outside managing individual patients—to talk to experts in public policy and join the dialogue about how and by whom access to care is determined for patients with cancer.

This year, exploration of these critical and complex issues was embodied by 2 roundtable discussions. First, longtime NCCN moderator and ABC News veteran and anchor Sam Donaldson opened the conference by leading a distinguished panel of experts in discussing “Cancer and Corporate America: Business as Usual?” The panel, some of whom are cancer survivors, included experts in oncology and public policy and executives from major industries such as IBM, Johnson & Johnson, and The Goodyear Tire & Rubber Company. This roundtable grew out of the ongoing collaboration between the National Business Group on Health and NCCN, which is working to develop standards and tools to assist corporations in this increasingly complex area. (An update on this project can be found at www.NCCN.org/about/news/ebulletin/2012-02-21/nbgh.asp.) Addressing issues that businesses face in ensuring appropriate health care for employees, the roundtable opened with the question of what companies owe employees in terms of delivering high-quality cancer care. It concluded with the statement that everyone in cancer care must make sure the system is configured so that employees with cancer are not concerned about their employment and can concentrate on fighting the cancer and not insurance companies. But the panel also acknowledged that cost plays a role.

Questions on the roles of cost and quality were perhaps even more pointed in the second roundtable, “Optimal Care for Patients: Who Decides?” Continuing the theme of balancing patient needs with economic realities, in this case regarding treatment decisions, the panel was moderated by Clifford Goodman, PhD, of The Lewin Group, and represented the full range of people involved in decision-making—patients, physicians, providers, corporations, Centers for Medicare and Medicaid Services, and private insurers. Dr. Goodman began the discussion with a fundamental question: Where is the “center of gravity” of decision-making in cancer care? And from that, other questions followed: Can the patient be the main focus with so many other deciders (physician, insurance company) “in the room”? What are the roles of guidelines, of pathways? And, perhaps most importantly, what is the role of value in determining care?

Dr. Goodman closed this roundtable by asking the panel for a prediction of cancer care decision-making in 5 years. Answers ranged from similar to what we have but with more focus on guidelines, to a primarily institution-driven system with more restrictions on resource utilization. What do you think cancer care will look like in 5 years?