Ellen Tauscher, Former Under Secretary of State for Arms Control and International Security and Member of Congress, Named to NCCN Foundation Board

The NCCN Foundation welcomes Ellen Tauscher, Special Envoy for Strategic Stability and Missile Defense, Vice Chair-Designate of the Atlantic Council’s Brent Scowcroft Center on International Security, former Under Secretary of State for Arms Control and International Security, and seven-term Member of Congress, as the newest member of the Board.

“I am delighted to announce that Ellen Tauscher has agreed to join the Board of the NCCN Foundation,” commented Sam Donaldson, chair of the NCCN Foundation Board of Directors and ABC News veteran. “Ellen is an exceptional addition, bringing with her a multi-faceted host of accomplishments, including a highly esteemed political career and well-respected expertise in national security issues. Additionally, due to Ms. Tauscher’s past diagnosis and treatment for esophageal cancer, she is able to provide a perspective that is central to the NCCN Foundation Mission, which aims to help provide philanthropic support for resources and programs for patients with cancer. We truly look forward to pursuing a number of exciting initiatives with Ellen.”

“I am honored and proud to join the NCCN Foundation Board and look forward to adding value and a cancer survivor’s perspective to the Foundation’s efforts. The NCCN Guidelines are vital information to empower cancer patients and their loved ones and provide a useable roadmap for diagnostics and treatment at a frightening and stressful time,” said Ellen Tauscher.

Ms. Tauscher served 7 terms as a member of the United States House of Representatives from California’s 10th District in Walnut Creek, from 1997 until June 27, 2009, when she was confirmed by the United States Senate as Under Secretary of State for Arms Control and International Security.

Among an extensive list of accolades, Ms. Tauscher also founded the first national research service to help parents verify the backgrounds of childcare workers and published a book titled *The ChildCare Sourcebook: The Complete Guide to Finding and Managing Nannies, AuPairs, Babysitters, Day Care, and After-School Programs*. In 2001, *The Washingtonian* named Ms. Tauscher one of the “100 Most Powerful Women in Washington.”

The NCCN Foundation was initiated in 2010, with a key goal of raising funds for the development and distribution of the NCCN Guidelines for Patients. Nine of these guidelines for patients are now available, with more planned. The NCCN Guidelines for Patients use the same treatment algorithms that are the hallmark of the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) but are translated into a more consumer-friendly format utilizing language for non-professional audiences. The NCCN Guidelines for Patients can be accessed at NCCN.com.

Highlights of the NCCN 17th Annual Conference Include Presentations on Lung Cancer Screening, Melanoma, and Non-Hodgkin’s Lymphomas

NCCN held the NCCN 17th Annual Conference: Clinical Practice Guidelines & Quality Cancer Care from March 14th through 18th at The Westin Diplomat in Hollywood, Florida. The latest updates in clinical practice decision-making in cancer care were presented, including but not limited to the new NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Lung Cancer Screening and updates to the NCCN Guidelines for Melanoma and Non-Hodgkin’s Lymphomas.

The NCCN Guidelines for Lung Cancer Screening, which were added late last year, incorporate data from the National Lung Screening Trial (NLST). “In 2011, NCCN decided...”
that the new data on lung cancer screening were important enough to address in separate
guidelines,” said Douglas E. Wood, MD, Professor and Chief of the Division of Cardiothoracic
Surgery at the University of Washington/Seattle Cancer Care Alliance. “While we were
working on our first guidelines, the results of the NLST became available, which makes this
update very timely.”

The NLST, the largest randomized lung screening study ever conducted, showed a
substantial benefit for heavy smokers between the ages of 55 to 74 who had a series of
helical CT lung scans. CT screening identified more lung cancers at earlier stages and
resulted in a significant decrease (20%) in lung cancer mortality in the screened group.

The NCCN Guidelines reflect these new findings and include algorithms for manag-
ing the different types of nodules that are detected in high-risk people who undergo
helical low-dose CT scans. Distinguishing between malignant and nonmalignant lesions
is one of the challenges to screening high-risk smokers.

“Our goal is to recommend appropriate investigation for lesions that seem suspicious
for lung cancer and to avoid interventions for those that are not,” said Dr. Wood. “These
results are world changing. For the first time in my career, we can actually detect lung
cancer at an earlier stage and decrease mortality from this disease. Lung cancer screening
is the biggest news in a generation.”

Significant additions to the NCCN Guidelines for Melanoma were also presented.
Discussed were the addition of ipilimumab and vemurafenib as options for the treatment
of advanced cases.

“We are really looking at the addition of 2 very exciting new agents in the treatment
of systemic disease, one using immunotherapy (ipilimumab), the other using targeted
therapy against a specific gene mutation (vemurafenib),” said Daniel G. Coit, MD, co-
leader of the Melanoma Disease Management Team at Memorial Sloan-Kettering Cancer
Center. “In addition, we are stressing the importance of screening patients with metastatic
disease for the presence of the \textit{BRAF} gene mutation to see if it can be a weapon in the
treatment armamentarium.” Approximately half of patients with metastatic melanoma
harbor an activating mutation of \textit{BRAF}, a signaling kinase. These patients tend to show
dramatic responses to vemurafenib.

Other updates include expanded recommendations on adjuvant therapy and radiation
therapy. In addition, there is less emphasis on screening tests in stage I and II melano-
noma. “We are working hard to define subgroups of patients at very low risk for distant
disease or regional nodal disease who should not undergo extensive staging,” added Dr.
Coit.

Attendees also learned about the latest NCCN Guidelines for Non-Hodgkin’s Lymphomas (NHL), which include new guidelines for 2 lymphoid leukemia subtypes, as well
as modifications to the guidelines for immunophenotyping in the diagnosis of NHL.

“We have added clinical guidelines for both hairy cell leukemia and T-cell prolymphocytic leukemia to our NCCN Guidelines for NHL,” said Andrew D. Zelenetz, MD, PhD, Department of Medicine Vice Chair of Medical Informatics at Memorial Sloan-
Kettering Cancer Center.

The revised guidelines also include modifications to the recommendations for im-
munophenotyping and genetic testing that are used to help differentiate the subtypes of
lymphoma. The guidelines emphasize the importance of integrating morphological find-
ings, clinical features, and immunophenotyping studies for differential diagnosis.

“The panel wanted to improve the utility of these guidelines by making them easier
to use. For example, the revised immunophenotyping guideline represents a more stream-
lined clinical decision-making tool that will be helpful both to pathologists and clinicians. Accurate diagnosis is essential in managing NHL,” Dr. Zelenetz also noted that the
NCCN Guidelines for NHL encompass 16 separate clinical entities classified as NHL.
“This is a very complex set of diseases,” he said. “They require complex recommenda-
tions for evaluation and treatment.”