

20 Years of Improving Cancer Care Together – An NCCN Roundtable Discussion

On Thursday, March 12, 2015, a highlight of the NCCN 20th Annual Conference will be a special roundtable titled, “20 Years of Improving Cancer Care Together.”

In recognition of NCCN’s 20th Anniversary, this roundtable will be comprised of NCCN leadership—past and present—and other stakeholders who have had a significant impact on the development, progression, and success of NCCN over the years. Noteworthy historical NCCN accomplishments and events will be discussed, and the impact NCCN has had and continues to have on the quality, effectiveness, and efficiency of cancer care so that patients can live better lives.

This special 20th Anniversary Roundtable will be filmed and endured on NCCN.org. For more information about the NCCN 20th Annual Conference, visit NCCN.org/AC2015.

Coming Soon: In-Depth Summary Patient Advocacy Summit: Patient Concerns in 2014 – Big Data, Access, and Palliative Care

On November 3, 2014, NCCN held its 5th Annual Patient Advocacy Summit Patient Concerns in 2014 – Big Data, Access, and Palliative Care at the National Press Club in Washington, DC. An in-depth summary of the summit will be available on NCCN.org in the coming weeks.

From the plethora of data they encounter when making treatment decisions, to accessing and paying for cancer care, to palliative care, patients need resources to help them make appropriate care and financial decisions. Topics discussed at the summit included the patient role and experience in big data collection and utilization, how patients are accessing and paying for drugs and biologics in the current political and regulatory environment, and an assortment of issues regarding palliative care.

The program began with a keynote address from Gabriel Eichler, PhD, PatientsLikeMe (PLM), a patient-powered research network. Dr. Eichler discussed the generation of insights from real-world patients experiences. Relatively new to the oncology space, PLM uses its Open Research Exchange platform to create patient-reported health outcome measurements.

The Patient Advocacy Summit then featured 3 roundtable discussions moderated by Clifford Goodman, PhD, The Lewin Group. Daniel Auclair, PhD, the Multiple Myeloma Research Foundation, set the stage for discussion with a short presentation about big data from the patient advocacy perspective. Following his opening statements, Amy Abernethy, MD, PhD, Flatiron Health, Inc; Adrian Gropper, MD, Patient Privacy Rights; John Ioannidis, MD, Stanford University; David Purdie, PhD, Genentech; and Paul Wallace, MD, Optum Labs, joined Dr. Auclair to discuss “Big Data and the Patient.” The panel touched upon a variety of issues including data standards, advantages and downsides of big data, data quality, and the future of big data.

The second roundtable discussion, “Addressing Patient Access Issues,” was introduced by Dana Malick, American Cancer Society Cancer Action Network, and included Alan Balch, PhD, Patient Advocate Foundation; Tom Farrington, Prostate Health Education Network; Jax Ferguson, MBA, Eli Lilly; Michael Kolodziej, MD, Aetna; Laurel Todd, MBA, Biotechnology Industry Organization; and Ray Wezik, International Myeloma Foundation and the State’s Patient Equal Access Coalition (SPEAC). The panelists discussed the state of patient assistance programs, the lack of assistance for hospital costs, the difficulty in understanding insurance terminology and picking appropriate health insurance, and network adequacy, among other topics.

Cont. on page xxii.

December 2014

Cont. from page xix.

“Palliative Care and the Patient,” the third roundtable discussion, featured panelists Rebecca Kirch, JD, American Cancer Society; Michael Kolodziej, MD, Aetna; Shelley Fuld Nasso, National Coalition for Cancer Survivorship; Linda Sutton, MD, Duke Cancer Institute; and Jennifer Temel, MD, Dana-Farber/Brigham and Women’s Cancer Center | Massachusetts General Hospital Cancer Center. Dr. Sutton set the stage for discussion by first covering the basics of palliative care. The panel discussed Dr. Temel’s research around palliative care, appropriate access to opioids for pain management, and payment and reimbursement for advanced care planning and palliative care.

An in-depth summary of the NCCN Patient Advocacy Summit will be available in the coming weeks.

For more information about the NCCN Policy Summits, visit NCCN.org.

New Language Translations of NCCN Guidelines for Multiple Tumor Types Now Available

NCCN recently posted Chinese, Japanese, Portuguese, and Spanish translations of the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for multiple tumor types:

Chinese Translations: Prostate Cancer V.2.2014; Hodgkin Lymphoma v.2014

Japanese Translations: Acute Lymphoblastic Leukemia V.1.2014; Acute Myeloid Leukemia V.2.2014; Bladder Cancer V.2.2014; Chronic Myelogenous Leukemia V.3.2014; Hodgkin Lymphoma (V.2.2013); Multiple Myeloma (V.2.2014); Myeloid Growth Factors (V.2.2013); Systemic Light Chain Amyloidosis (V.2.2014); Waldenström’s Macroglobulinemia /Lymphoplasmacytic Lymphoma (V.2.2013)

Portuguese Translations: Hodgkin Lymphoma v.2014; Prostate Cancer V.2.2014

Spanish Translations: Prostate Cancer v.2014

The NCCN Guidelines continue to progress as the global standard for clinical practice and policy. The value of NCCN’s evidence-based, expert-derived recommendations to practitioners outside the United States is evident as demonstrated, in part, by the escalating volume and breadth of foreign requests for NCCN content.

Today, more than 300,000 registered users of the NCCN Guidelines on NCCN.org—nearly 48% of all registered users—report that they reside outside the United States. Moreover, there is substantial and increasing international interest in having NCCN content translated into a variety of languages. Last year, requests for translations of NCCN content continued to increase, with 35 countries seeking NCCN Guidelines resources, including in their native languages.

Currently, there are 56 translations of NCCN Guidelines available on NCCN.org. Translations of NCCN Guidelines are available in Chinese, Japanese, South Korean, Latin American Spanish, and Brazilian Portuguese. Adaptations of NCCN Guidelines are available for use in Latin America, Asia, the Middle East, and Russia.

To access these resources, or to learn more about NCCN International Initiatives and international programming opportunities, visit NCCN.org.

Changing the Course of Prostate Cancer Treatment: Life Expectancy Estimation, Active Surveillance, and Drug Development

NCCN has published the 20th annual edition of the NCCN Guidelines for Prostate Cancer, 1 of the 8 original NCCN Guidelines published in November 1996.

“We have made an incredible amount of progress in the diagnosis and treatment of prostate cancer since the NCCN Guidelines were published in 1996,” said James L. Mohler, MD, Associate Director for Translational Research, Chair, Department

Cont. on page xxix.

December 2014

of Urology, and Professor of Oncology, Roswell Park Cancer Institute; and NCCN Guidelines Panel Chair for Prostate Cancer. “The death rate for men with prostate cancer has fallen from approximately 40,000 to 29,000, and the evolution of the NCCN Guidelines for Prostate Cancer has contributed significantly to that trend.”

Dr. Mohler, who has been a member of the NCCN Guidelines Panels for Prostate Cancer and Prostate Cancer Early Detection since 2005 and 2003, respectively, notes that life expectancy estimation for men with prostate cancer has had a transformative effect on treatment. Today, NCCN Guidelines recommendations for early detection and treatment consider life expectancy, which can be derived from prediction tables and adjusted based upon patients’ comorbidities and other factors.

“The sole recommendation of active surveillance for men with low-risk and very-low-risk prostate cancer, although initially controversial, has been gaining increased acceptance as more clinical experience supports the action taken by the NCCN Prostate Guidelines Panel,” said Dr. Mohler.

According to Dr. Mohler, significant innovations have also been made in the treatment of metastatic castration-recurrent prostate cancer, improving outcomes and presenting men and their physicians with an armamentarium of agents from which to tailor treatment.

Today, NCCN develops and maintains 60 NCCN Guidelines, covering 97% of malignant cancers. NCCN Guidelines are developed and updated through an evidence-based process in which the expert panels integrate comprehensive clinical and scientific data with the judgment of the multidisciplinary panel members and other experts drawn from NCCN Member Institutions. Access to the complete library of NCCN Guidelines is available free-of-charge at NCCN.org.

“NCCN applauds and thanks the NCCN Guidelines Panel for Prostate Cancer,” said Robert W. Carlson, MD, Chief Executive Officer, NCCN. “Given the challenge of determining the optimal treatment for the most commonly diagnosed cancer in men in the United States, our panel members over the past 20 years have consistently served in the best interest of men with prostate cancer.”

On March 12–14, 2015, NCCN will host its 20th Annual Conference: Advancing the Standard of Cancer Care at The Diplomat in Hollywood, Florida. In recognition of its 20th anniversary, NCCN will host a special live roundtable during the conference comprised of NCCN leadership—past and present—as well as other stakeholders who have had a significant impact on the development, progression, and success of NCCN over the years. Noteworthy historical NCCN accomplishments and events will be discussed, as well as the impact NCCN has had and continues to have on the quality, effectiveness, and efficiency of cancer care so that patients can live better lives.

To learn more about NCCN, the NCCN Guidelines, and the NCCN 20th Annual Conference, visit NCCN.org.

Improved Outcomes in Non–Small Cell Lung Cancer Due to Advancements in Screening, Diagnosis, Radiology, and Systemic Therapies

NCCN has published the 20th annual edition of the NCCN Guidelines for Non–Small Cell Lung Cancer (NSCLC), 1 of the 8 original NCCN Guidelines published in November 1996.

“Since the first NCCN Guidelines for NSCLC were published 20 years ago, there have indeed been many advances in the diagnosis, screening, and treatment of non-small cell lung cancer,” said David S. Ettinger, MD, Alex Grass Professor of Oncology, The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, and NCCN Guidelines Panel Chair for NSCLC.

Cont. from page xxii.

December 2014

Dr. Ettinger, who has chaired the NCCN Guidelines Panel for NSCLC since 1996, notes major accomplishments in the diagnosis and treatment of NSCLC, including the use of low-dose CT scan in screening for NSCLC, as well as PET/CT scan in diagnosis. According to Dr. Ettinger, notable radiotherapy advances include stereotactic body radiotherapy (SABR) and intensity-modulated radiotherapy (IMRT). In surgery, he said, the use of video-assisted thoracic surgery (VATS) or minimally invasive surgery has been an important advance.

“Today, clinicians understand the importance of histology—adenocarcinoma versus squamous cell carcinoma—as well as the use of molecular diagnostic studies,” said Dr. Ettinger. “Systemic therapy has come a long way with innovations in adjuvant and maintenance therapies, as well as the use of bevacizumab and targeted therapies. In the future, we will likely look to further innovation in immunotherapy, as well.”

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“Today, lung cancer is the second most common cancer in both men and women, and NCCN is proud to have played a pivotal role in promoting the optimal care for these patients for 20 years,” said Robert W. Carlson, MD, Chief Executive Officer, NCCN. “We are thankful for the dedication of the NSCLC panel members to furthering the NCCN mission.”

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