

Buying In

Rodger J. Winn, MD



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Rodger J. Winn, MD, was the founding Editor-in-Chief of *JNCCN* and one of the first medical directors of NCCN. He is largely viewed as the “Father of the NCCN Guidelines.” The work he accomplished during his lifetime included serving as Associate Professor of Clinical Medicine at the University of Texas MD Anderson Cancer Center and assisting NCCN in many capacities. Dr. Winn received his medical degree from Jefferson Medical College and his training included an internship and residence at Memorial Sloan Kettering Cancer Center. Dr. Winn died on April 4, 2007, of complications from esophageal cancer. He left behind a valuable legacy of enhancing the quality of care for patients with cancer in the United States and throughout the world.

Editor’s Note: As we begin to wind up our celebration of NCCN’s 20th anniversary, we thought it would be nice to share a historical moment with you. In the inaugural issue, the founding Editor-in-Chief, Rodger Winn, wrote an editorial describing the mission of JNCCN—Journal of the National Comprehensive Cancer Network. We are publishing this again so you can see how JNCCN has matured. The most important aspect of the journal was to provide a vehicle for publishing the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines), and we have maintained that legacy. But over time, we have evolved into a publication that presents cutting-edge research in health services, outcomes, quality, and policy. We also include features such as “Molecular Insights in Patient Care” and “The Last Word” that capture innovation in science and thought. Please read Rodger’s thoughtful introduction and enjoy the ride!

For most of us, acquiring knowledge has been a fairly linear, unidirectional process—monolithic (and increasingly heavy) textbooks; graphically sophisticated, slide-supported lectures; journal articles multiplying logarithmically—we absorb and then apply. Certainly our patients have benefited from the avalanche of data and evidence that threatens to overwhelm us. Technology transfer is rapid, and thanks to the Internet and the post office, the results of carefully designed and meticulously implemented clinical trials are widely available and are easily accessed.

Unfortunately, the slightly darker side of this process comes in the finding of health services researchers that education per se does not necessarily lead to the adoption of new standards, and the “tell them you have built it and they will come” approach frequently does not attract players to the field. Fortunately, communications and education experts have stepped in and the new byword in effective teaching has become “interactive.” Unlike the passive acquisition of information that we may be used to, interactive learning calls on us to inform educators of our needs, examine our deficiencies, receive an instant evaluation of our educational accomplishments, and provide feedback to our mentors so that they too can benefit from the process.

The result is that new information is not only noted; it becomes incorporated into practice. The reason: Buy-in.

The question then becomes: why a new journal? Is *JNCCN* bucking the future by delivering a paperbound, linear, unidirectional teaching tool—attractive and oncologically interesting but still a relic of an outdated approach?

We hope not.

In each issue, we will put before you a set of NCCN Guidelines. Accompanying the guideline will be a series of related articles, designed to expand on particularly complex or controversial recommendations. In addition, we hope to bring to you a broad range of studies related to health policy, outcomes, quality assessment, economic issues, and original research in implementing change and improving patient management. In this first volume we present our colorectal treatment, colorectal screening, gastric, esophageal, and hepatobiliary guidelines, with supporting reviews.

But of the utmost importance: we seek your buy-in. One of the most important areas of each journal will be your comments and our authors’ responses. Ask the questions that remain unanswered, take exception to the assumptions or reasoning, expand on and refine our ideas. If an area of a guideline varies dramatically from your practice or understanding of the literature, state your case. What makes this especially

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powerful is that your ideas will be fed back to the responsible guideline panel. A critique of the scientific thesis of a supporting article may change the interpretation a panel is placing on a particular body of evidence. The end result of this buy-in is two-fold: your understanding of an area becomes clearer and NCCN's panels receive input confirming the validity of the guidelines.

Finally, as the journal moves forward, we hope that you will consider moving to the next level of buy-in, the submission of articles for peer review and publication. Although issues over 2003 will be devoted to breast cancer (April), supportive care (July), and the leukemias (October), we urge you to submit manuscripts detailing your experiences, research findings, and commentaries relating to any areas of importance in the practice of oncology. In keeping with our common goal, the payoff from your buy-in will be better care for the cancer patient.

NCCN Call for Papers

JNCCN—Journal of the National Comprehensive Cancer Network is seeking manuscripts in the journal's new content model, launched in January 2015:

1. High-quality cancer-relevant studies in the areas of health services, outcomes, quality improvement, and policy.
2. "Molecular Insights in Patient Care,"—case reports in which a molecular finding informed diagnosis and/or management, particularly treatment.
3. Correspondence and commentary from health care professionals in all fields of oncology.

Please note: at the heart of this call for papers remains the conviction that outstanding research and insights can be shared to create excellence in cancer care for more people.