NCCN Evolving Through the Decades: A Continuum of Commitment and Mission

Al B. Benson III, MD

After its 10-year anniversary, NCCN had emerged after a decade of experience enriched by an expanding, exquisite staff, a sense of mission, and a growing number of products radiating from the core NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines). The initial years were grounded by 3 critical decisions that continue to serve as a foundation supporting the guideline processes: (1) the guidelines are available, free of charge, on the Internet; (2) there is an absolute financial firewall surrounding the development of the guidelines, which is supported exclusively by the NCCN Member Institutions; and (3) NCCN Guidelines panel members serve in a volunteer capacity.

Dr. Rodger Winn, the “father” of the NCCN Guidelines, was instrumental in building this foundation and erecting the infrastructure that encompasses the continuum of expert guideline development based on evidence and consensus in real time while providing the technology and staffing to maintain the integrity, timeliness, efficiency, and consistency of the guideline processes. The global recognition and use of NCCN Guidelines as the standard for clinical cancer care is a tribute to both Dr. Winn’s vision and the realization that the guidelines filled a void in available tools to inform clinical practice decisions.

Remarkably, from an initial membership of 13 institutions, 8 guidelines, and 7 guidelines panels in 1996, there are now 26 member institutions, 49 panels, and approximately 1150 volunteer experts participating on the guideline panels, task forces, and committees. These expert volunteers dedicate more than 21,000 hours per year to these activities. The evolution of NCCN represents a unique example of a cadre of academic clinicians unifying to influence clinical practice and providing a broad array of readily available tools to enhance discussions and decisions between patients and clinicians.

As NCCN’s second decade began to unfold, this more mature organization began to expand its portfolio and pursue opportunities that could further benefit our constituencies, including both patients and clinicians. A hallmark achievement of this era was the initial recognition of the NCCN Drugs & Biologics Compendium (NCCN Compendium), derived directly from the NCCN Guidelines, by UnitedHealthcare, followed shortly thereafter by the Centers for Medicare & Medicaid Services (CMS) in 2008, as a basis for coverage policy determinations for drugs and biologics in cancer care. Other private payers followed suit.

NCCN further enhanced its educational and informational programs consistent with its mission to improve the safety, effectiveness, and efficiency of cancer care. A variety of symposia were introduced, including Innovative Diagnostics & Therapeutics in Cancer Care, the Annual Congress: Hematologic Malignancies, and the NCCN Academy for Excellence & Leadership in Oncology. NCCN also continued to support NCCN Regional Symposia across the country.

The first NCCN Scientific Symposium in China attracted more than 3000 oncologists from across Asia. Additional congresses and symposia were held in China, Japan, South Korea, and the United Arab Emirates, and included international thought leaders discussing the utility and applicability of the NCCN Guidelines. These international collaborations led to the development of select foreign editions of the guidelines reflecting regional variations in cancer care.

Among numerous other activities, the NCCN Chemotherapy Order Templates—based directly on the NCCN Guidelines and the NCCN Compendium—were...
developed. Agreements were established with several information technology companies to embed NCCN-related content into various decision-assist tools for clinicians. Engagement with third-party payers expanded in an effort to influence coverage policy, provide case management training sessions, and voice related concerns of the NCCN Member Institutions.

As NCCN enters its third decade, the mission and the dedication/enthusiasm/commitment of the membership and staff remain the same. Cancer treatment guidelines by definition are neither prescriptive nor static. The innumerable challenges before the entire oncology community—including economics, access to care, and globalization—warrant evolutionary changes within related organizations, including NCCN.

For its part, NCCN is integrating technologic advances to enhance the applicability of its products, including the guidelines. The development of cancer treatment regimen evidence blocks incorporating efficacy, safety, quality, and consistency of evidence and affordability, and the introduction of resource-stratified guidelines that consider the realities of limited resources around the world, are examples of NCCN’s efforts to address some of these challenges. And more will come as this next decade—with NCCN’s commitment to improve the safety, effectiveness, and efficiency of cancer care—unfolds.