



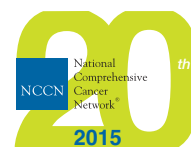
Thomas A. D'Amico, MD

Dr. Thomas A. D'Amico is a graduate of Harvard University (AB) and the College of Physicians & Surgeons of Columbia University (MD). He received training in general surgery and thoracic surgery at Duke University Medical Center. After completing a Fellowship in Thoracic Surgical Oncology at Memorial Sloan Kettering Cancer Center, Dr. D'Amico joined the faculty at Duke University Medical Center. He is currently the Gary Hock Endowed Professor of Surgery, Chief of the Section of General Thoracic Surgery, Director of the Training Program in Thoracic Surgery, and Chief Medical Officer of the Duke Cancer Institute. As Director of the Thoracic Oncology Program of the Duke Cancer Institute, Dr. D'Amico supervises the clinical and research programs in lung cancer and esophageal cancer. He is also involved in improving safety and quality in patient care, as a member of the Duke Quality and Safety Committee and the Perioperative Executive Committee.

Dr. D'Amico serves on several editorial boards and is active in the leadership of the Residency Review Committee for Thoracic Surgery, American Association for Thoracic Surgery, Society of Thoracic Surgeons, and International Association for the Study of Lung Cancer. Finally, he active in NCCN, as a member of the NCCN Lung Cancer Guidelines Panels and the Co-Chair of the NCCN Esophageal and Esophagogastric Junction Cancers Guidelines Panel.

Growth and Change at NCCN

Thomas A. D'Amico, MD



I first became aware of NCCN shortly after joining the faculty at Duke Comprehensive Cancer Center (now Duke Cancer Institute) in 1996, and I was among a group who convinced our cancer center director, Michael Colvin, to pursue membership in the organization. This decision—for Duke to join NCCN and for me to represent Duke on the NCCN Board of Directors—has proved to be beneficial for all. My earliest experiences with NCCN included membership on the Guidelines Panels for non-small cell lung cancer and for esophageal and gastric cancers, starting in 2000. At that time, NCCN had outcomes databases for breast cancer, colon cancer, and non-Hodgkin's lymphomas, and these were growing. However, the database for lung cancer had not been funded, and Duke did not participate in any of the databases.

Once again, I approached the center leadership at Duke and impressed on the Duke Executive Committee the importance of joining the database effort at NCCN. Once again, the effort was successful, and Duke soon joined the breast cancer database. On the other horizon, I worked with the database leadership at NCCN to fund the lung cancer outcomes effort, which came to fruition in 2007 and yielded several excellent publications in a short time.

Throughout those 10 years of working with NCCN, every aspect of that work was outstanding: the guidelines panels, outcomes databases, annual meetings, and numerous professional relationships. I was indeed fortunate to serve as Chair of the Board from 2010 to 2013, a period of transition for NCCN that was both challenging and rewarding.

In 2012, with regret, after many meetings and a retreat, the NCCN Executive Committee agreed that the outcomes database effort could no longer be funded, because we could not meet the multimillion dollar cost for infrastructure. This decision was particularly difficult for me, as I had been (and still am) such a strong proponent of the outcomes database concept. I am optimistic that the new NCCN/Flatiron agreement will resurrect and improve the database effort, allowing more members to accrue more data on more tumor types.

In addition, changes in the Chief Executive Officer and Chief Operating Officer positions occurred during my tenure. Although this could have seen as a difficult period for NCCN, I view it as an important positive transition from one successful tenure to another. The presence of an outstanding NCCN Executive Committee at that time made every decision thoughtful and collaborative. It is gratifying to see our efforts so well represented now by Dr. Robert Carlson.

Finally, during my tenure as Chair, NCCN and NCCN Board of Directors engaged in the first strategic planning process. This process was successful and enduring, and resulted in numerous changes, including several new institutional members. Now, 3 years later, the Board is again working on the strategic plan for the next 5 years. I will be interested to see how the growth and development of NCCN is influenced by the new members, and how being part of NCCN influences them.