

NCCN Helps Strengthen Cancer Research Pipeline by Awarding Grants to Five Young Investigators

The NCCN Foundation has announced 5 recipients for this year's Young Investigator Awards. The grantees come from NCCN Member Institutions, and will each receive up to \$150,000 in funding over a 2-year period. This marks the eighth year for the NCCN Foundation Young Investigator Awards supporting career development for innovative cancer researchers.

"It is so inspiring to learn about the new ways these up-and-coming researchers are trying to solve today's cancer treatment problems," said Deborah Armstrong, MD, The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins. Dr. Armstrong chaired the 2018 YIA Proposal Review Committee. "Not only do we have a chance to identify where tomorrow's game changing discoveries will come from, but we can also provide funding to support this potentially life-saving research."

The 2018 awardees are:

- Rebecca Arend, MD, University of Alabama at Birmingham Comprehensive Cancer Center
 - ▶ "The Role of TGF- β in Immune Suppression in Suboptimally Debulked Ovarian Cancer Patients"
- Yin Cao, MPH, ScD, Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine
 - ▶ "Disparities in Young-Onset Colorectal Cancer Survival According to Patient, Treatment, and Tumor Molecular Characteristics"
- Tim Luetkens, MD, Huntsman Cancer Institute at the University of Utah
 - ▶ "CD229 Chimeric Antigen Receptor T Cells for the Treatment of Multiple Myeloma"
- Edwin R. Manuel, PhD, City of Hope Comprehensive Cancer Center
 - ▶ "Altering the Local Immune Landscape in Lung Cancer to Improve Anti-PD-1 Therapy"
- Cecilia Yeung, MD, Fred Hutchinson Cancer Research Center/Seattle Cancer Care Alliance
 - ▶ "Optimization of a Rapid Point of Care Device for Acute Promyelocytic Leukemia Diagnosis and Therapy Guidance"



Rebecca Arend, MD



Yin Cao, MPH, ScD



Tim Luetkens, MD



Edwin R. Manuel, PhD



Cecilia Yeung, MD

These 5 awardees were selected from a pool of 48 applicants nominated from across the 27 NCCN Member Institutions. The NCCN Oncology Research Program (ORP) will manage and oversee the projects for the next 2 years. The awardees will then present the results from their research at the NCCN 25th Annual Conference in 2020.

Several past YIA Awardees participated in this year's NCCN Conference, presenting their work as part of the general poster session. Those presenters included:

- James Chen, MD, The Ohio State University Comprehensive Cancer Center - James Cancer Hospital and Solove Research Institute

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- Roisin Connolly, MBBCh, The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins
- Ryan Nipp, MD, MPH, Dana-Farber/Brigham and Women's Cancer Center | Massachusetts General Hospital
- Elias Obeid, MD, MPH, Fox Chase Cancer Center
- Kathryn Ruddy, MD, MPH, Mayo Clinic Cancer Center
- Daniel Sherbenou, MD, PhD, University of Colorado Cancer Center
- Geoffrey Sonn, MD, Stanford Cancer Institute

“With past Young Investigator Awards, we’ve seen researchers more than deliver on their promise to make significant contributions to the cancer care landscape,” said Marcie R. Reeder, MPH, Executive Director, NCCN Foundation. “Awardees have gone on to be published in high-impact journals, have distinguished research careers, and some have wound up on NCCN Guidelines Panels. By giving them a leg-up at this early point in their career, we can make sure to keep the research pipeline primed for future breakthroughs. That means more cures, better prevention, and improved care for the next generation of people with cancer.”

The 2018 NCCN Foundation Young Investigator Awards were made possible through support from AbbVie Inc., AstraZeneca Pharmaceuticals LP, Genentech, Inc., Gilead Sciences, Merck & Co. Inc., Sharp & Dohme Corp., Takeda Oncology, and Pfizer Inc.

For more information about the NCCN Young Investigator Awards, visit NCCN.org/patients.

NCCN Provides New, Free Database to Assist in Cancer Research Collaborations

NCCN Oncology Research Program (ORP) announced today that they are broadening the use of the Shared Resource Database to all cancer centers in the United States. This move reinforces NCCN ORP's dedication to collaborative research that improves cancer care.

“When we work together, we can discover better methods for treating and preventing cancer much more efficiently,” said Robert W. Carlson, MD, Chief Executive Officer, NCCN. “NCCN recognizes the importance of access to shared resources in order to advance scientific progress. By making this resource database available to investigators across the country free-of-charge, we improve our collective ability to conduct crucial cancer research.”

The Shared Resource Database currently includes >240 resources, such as complex technologies, instrumentation facilities, human tissue specimens, animal models, specialized databases, and many other specialty research items. It has been available exclusively to the 27 NCCN Member Institutions for the past 2 years.

“By compiling information about all of these various cancer resources in one place, we’re saving valuable time that could be spent doing research,” said Susan Most, RN, MBA, Director of Clinical Operations, NCCN ORP. “In the past, researchers had to visit each institution’s website individually, to see which items might be available. Now, with our Shared Resource Database, they only need to look in one place for whatever they need. Plus, they can search by name, location, or keyword.”

The online database is located at NCCN.org/sharedresource, and requires free registration. NCCN curates every entry to ensure it contains up-to-date contact information for each item. Researchers are welcome to use the database both as a source for outside resources and as a tool for sharing their own.

“Opening up this database to everyone really underscores our commitment to furthering quality cancer research,” said Dr. Carlson. “As an evidence-based organization responsible for the most frequently updated medical guidelines, we rely on research results when making recommendations for cancer care.”

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To learn more about the NCCN ORP, clinical trials, scientific publications, and other advances, visit NCCN.org.

NCCN Roundtable and Keynotes Address: How to Define and Find Value in Cancer Care

NCCN recently convened a roundtable discussion on trends for delivering quality care and value for people with cancer in the face of climbing costs. The discussion took place during the NCCN 23rd Annual Conference in Orlando. Clifford Goodman, PhD, Senior Vice President of The Lewin Group served as moderator for the panel, which included: Travis Bray, PhD, Founder, Hereditary Colon Cancer Foundation; Randy Burkholder, Vice President of Policy and Research, PhRMA; Ron Kline, MD, Medical Officer, Center for Medicare & Medicaid Innovation (CMMI), CMS; Daniel Mirda, MD, President, Association of Northern California Oncologists; Michael Neuss, MD, Chief Medical Officer, Vanderbilt-Ingram Cancer Center; Lee Newcomer, MD, MHA, Former Senior Vice President, Oncology & Genetics, UnitedHealthcare; and Bhuvana Sagar, MD, National Medical Executive, Cigna Health Care.

The multi-stakeholder panel discussion was preceded by individual keynote addresses from Drs. Kline and Newcomer, who provided the CMS and Managed Care perspectives on transforming cancer care in America, with a look at where we've been, where we are currently, and where we could go in the future.

In Dr. Kline's address, he explained how CMMI's Oncology Care Model (OCM) encourages clinicians to focus on high-quality and high-value care. He explained how OCM adjusts for novel therapies, which are likely to include a higher price tag, and detailed how high-value practices can earn performance-based payments within the system. Dr. Kline also pointed out that CMMI has invested significantly in the first performance period in Monthly Enhanced Oncology Service (MEOS) payments toward these efforts, and is committed to self-examination and improvement.

"We are listening to you," said Dr. Kline, addressing a room filled with oncology healthcare providers. "We are learning, and we're trying to improve care for cancer patients."

Immediately following that address, Dr. Newcomer—who recently retired from his role with UnitedHealthcare—spelled out his concerns for cancer care spending in the United States.

"If we don't fix this problem and return to some kind of balance, we will have a crisis," Dr. Newcomer said. "Leadership is absolutely essential. Everyone has to be all in."

Dr. Newcomer detailed some pilot programs from UnitedHealthcare involving alternative payment structures, which have had mixed results. He then transitioned to broader policy issues and discussed the market restrictions that reduce all payers' abilities to negotiate drug pricing, and called for the removal of insurance regulations that encourage drug price increases. Dr. Newcomer also quoted from the farewell speech of President Dwight D. Eisenhower, stating, "As we peer into the future, we must avoid the impulse to live only for today, plundering the resources of tomorrow."

How best to preserve the "resources of tomorrow" sparked a spirited conversation during the subsequent emerging issues roundtable. Stakeholders representing patient advocates, public and private payers, large and small clinical facilities, and the pharmaceutical industry did not always see eye-to-eye on the definition of "value" in cancer care nor on how to provide and preserve it.

"What we mean by value is delivering better treatments for patients that extend their lives and reduce toxicity," explained Mr. Burkholder. "When you consider the gains we are making through better treatments relative to what we are spending, there's no doubt they represent significant value." However, others on the panel questioned the value of life-saving treatments, if they are priced beyond what patients are able to pay.

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“Patients come to me and say that they can’t afford their cancer therapy,” said Dr. Mirda. “Even when insurance covers it, their copay is insurmountable.” Dr. Bray agreed, “There was an article that said 79% of people being treated for cancer report moderate-to-catastrophic financial burden.”¹

Dr. Kline offered up an equation: “Value is outcome over cost. We create better value by asking: can you accomplish the same goal at a lower cost?” Dr. Sagar echoed his point about finding ways within treatment practices to reduce costs without diminishing quality. “Payers and providers are working together more collaboratively, toward a common goal of improving patient outcomes,” said Dr. Sagar. “Together we are designing programs that effectively align incentives with evidence-based, appropriate care to achieve better results.”

The panelists agreed on the importance of making more data available to both patients and physicians. “It’s critical for physicians to understand cost and effectiveness,” said Dr. Mirda. “Physicians need to have some assistance from an administrative layer within their practice in order to understand this.”

Dr. Neuss agreed: “We are making progress, but where we haven’t made enough progress is in measurement. Having a visual, having an understanding of the costs associated with care, broken down by different categories of patients, is how we will identify best practices moving forward.”

Another area of agreement for reducing costs is through more early intervention and prevention. According to Dr. Bray, “10% of cancer is preventable. You can unburden people by preventing it.”

In the final moments, panelists put forth a few key takeaways, calling for better access to data for both patients and providers, taking a comprehensive approach from diagnosis to end of life with transparent cost information along that continuum, learning from what has worked elsewhere, and making sure these discussions include input from patient advocates.

Visit NCCN.org to learn more about the tools NCCN provides to encourage prevention and enable shared decision-making between patients and providers, including the NCCN Guidelines for Patients, NCCN Guidelines with Evidence Blocks, NCCN Categories of Preference, and NCCN Guidelines for Prevention and Risk Reduction. Join the conversation online with the hashtag #NCCNac18.

References

1. The article in *Health Affairs* can be found at <https://www.healthaffairs.org/doi/10.1377/hblog20170523.060220/full>, citing research from: Zafar SY, Peppercorn JM, Schrag D, et al. The financial toxicity of cancer treatment: a pilot study assessing out-of-pocket expenses and the insured cancer patient’s experience. *Oncologist* 2013;18:381–390.

Nearly Two Thousand Cancer Experts Come Together to Discuss Ways to Improve Quality, Effectiveness, and Efficiency of Care

The NCCN 23rd Annual Conference was held on March 22–24 in Orlando, Florida. The event was hosted by NCCN, and featured multi-stakeholder representation, including survivors, cancer care providers, and patient advocates, to name a few.

“The NCCN Conference provides a rare opportunity for the many different voices in cancer care to break out of their siloes and share perspectives with one another,” explained Robert W. Carlson, MD, Chief Executive Officer, NCCN. “There are so many different groups working hard to improve the lives of people with cancer, in the way they know best. At our conference, not only are expert clinicians sharing the latest research in their specialties, they are also hearing from other stakeholders about how we can all work together to improve cancer care in the future.”

This year’s conference had >1,700 registrants, including registration for satellite symposia, a fellows program, nursing events, and others. NCCN Guidelines Panelists

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presented several NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) updates, including prostate cancer, colon and rectal cancers, multiple myeloma, melanoma, breast cancer, non-small cell lung cancer, and hepatocellular cancers. Additionally, 3 brand new NCCN Guidelines were presented: Cancer in People Living with HIV, Management of Immunotherapy-Related Toxicity, and Uveal Melanoma.

The cost of cancer care was a key focus throughout the event. Keynote speakers, Ron Kline, MD, and Lee Newcomer, MD, MHA, presented public and private payer perspectives on how to reign in rapidly-rising prices. The issue of value and cost were also a hot topic of debate during an emerging issues roundtable on value-based healthcare models (discussed earlier).

During a breakfast symposium on biosimilars, experts from Memorial Sloan Kettering Cancer Center (Andrew D. Zelenetz, MD, PhD), Duke Cancer Institute (Jeffrey Crawford, MD), and the University of Tennessee Health Science Center (Lee Schwartzberg, MD) presented the latest data on how to incorporate this innovative approach into patient treatment plans. Two NCCN Guidelines Panel Chairs from Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine (Maria Dans, MD, and Robert A. Swarm, MD) presented ways to adapt the NCCN Guidelines for Pain and Palliative Care to meet varying levels of resources.

Breakout sessions also focused on how best to continue and accelerate research in order to prolong and improve the lives of people with cancer. The NCCN Foundation announced Young Investigator Awards for 4 of the country's most promising new cancer investigators. Researchers presented >100 posters across 2 days. Additionally, eligible conference-goers were able to earn up to 17.25 credits for continuing education during the event.

The Patient Advocacy Pavilion included representatives from a record number of patient advocacy groups, >25 in all. During a special reception, advocates expressed how important it was to be able to speak for patients directly to the nurses and clinicians who most need to hear from them.

“Ultimately, people with cancer and their caregivers are the reason we are all here,” said Dr. Carlson. “Not only are we working hard to keep up with rapidly expanding diagnoses and care options, we’re helping make sure that cancer care worldwide becomes increasingly patient-centric.”

For the full list of speakers, sponsors, and sessions, view the entire agenda at NCCN.org/conference. Join the conversation online with the hashtag #NCCNac18.

NCCN has more events coming up, including a policy summit on Policy Strategies for the “New Normal” in Health Care to Ensure Access to High Quality Cancer Care, in Washington, D.C. on June 25th; NCCN 13th Annual Congress: Hematologic Malignancies in New York City, September 21–22; and next year’s NCCN 24th Annual Conference, March 21–23, 2019.

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NCCN Honors Key Contributors to the Improvement of Global Cancer Care and Dedication to the NCCN Mission

NCCN announced the recipients of 2018 awards for service to patients and contributions to the alliance, during the NCCN 23rd Annual Conference in Orlando, Florida. The awards were presented by NCCN Chief Executive Officer Robert W. Carlson, MD, and honored those who served NCCN’s mission with distinction over the past years.

2018 honorees include:

- Crystal Denlinger, MD, Fox Chase Cancer Center
- Abdul-Rahman Jazieh, MD, MPH, King Saud bin Abdulaziz University for Health Sciences

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- Warren Smedley, MSHA, University of Alabama at Birmingham Comprehensive Cancer Center
- Ronald Walters, MD, MBA, MHA, MS, The University of Texas MD Anderson Cancer Center
- Kristin Kline Hasson, NCCN



Crystal Denlinger, MD



Left to right: Gary Weyhmuller, MBA, Robert W. Carlson, MD, and Abdul-Rahman Jazieh, MD, MPH



Left to right: Timothy Eberlein, MD, Warren Smedley, MSHA, and Robert W. Carlson, MD



Ronald Walters, MD, MBA, MHA, MS



Left to right: Gary Weyhmuller, MBA, Kristin Kline Hasson, and Robert W. Carlson, MD

Warren Smedley and Dr. Ron Walters were both honored with Board of Producers awards, presented to individuals who have made major contributions to NCCN over the years. They are unsung heroes who have provided exemplary service in helping NCCN achieve its mission through their passion to improve the care of people with cancer.

“Warren brings important insights and thoughtful perspectives to the board and to committee discussions. His innovative ideas for structuring meetings and projects helps to maximize their value,” said Dr. Carlson. “Ron goes above and beyond when sharing his expertise on quality measurements. His insights on policy are invaluable, and he’s never hesitant to pose challenging questions.”

Dr. Jazieh received the Partners in Cancer Care award for his work unifying oncologists across the Middle East and North Africa (MENA), and for helping to create the MENA adaptations of the NCCN Guidelines. Dr. Jazieh recognized the economic diversity in the region and spearheaded efforts to provide appropriate guidelines for both high- and low-resource communities. He worked with the Ministries of Health in Abu Dhabi and Saudi Arabia to secure funding for ongoing work and opened an office in Riyadh to support those efforts.

Dr. Denlinger was this year’s recipient of the Rodger Winn Award, named in memory of the first leader of the NCCN Guidelines Program who was instrumental in its creation. Dr. Denlinger is the first and only NCCN Panel Chair who began her relationship with NCCN as a participant in the NCCN Fellows Program. The one-time NCCN Foundation Young Investigator Award recipient now sits on 2 NCCN panels, including serving as Chair of the NCCN Guidelines Panel for Survivorship.

“Crystal is an excellent consensus-builder,” said Dr. Carlson. “She shares Rodger’s curiosity, dedication to medicine, ability to juggle multiple tasks, and talent for melding a variety of personalities into a highly productive panel.”

Ms. Hasson was named this year’s Pat Daulerio Employee of the Year by her peers at NCCN. The award name comes from a longtime employee who helped build the NCCN Meetings department before losing her own battle with cancer. Ms. Hasson had worked with Daulerio and was moved to receive an honor in her name. Addressing the NCCN Board of Directors, Hasson said, “Thank you all for the large role you play helping people who mean the world to others, in the way that Pat meant the world to me.”