NCCN Publishes First-Ever US Guidelines for Rare Cancers Associated With Pregnancy

The NCCN has released new treatment guidelines for a group of rare cancers that impact women during pregnancy. Gestational trophoblastic neoplasia (GTN), also known as gestational trophoblastic disease (GTD), can occur when tumors develop in the cells that would normally form the placenta during pregnancy. This happens in approximately 1 out of every 1,000 US pregnancies, although it is more common in many Asian and African countries. Due to the rare nature of this condition, and the small number of specialists worldwide, providers are often not aware of how to provide the best care for people with GTN.

“These guidelines are sorely needed,” explained David Mutch, MD, Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine, who leads the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) committee for GTN. “By compiling expert consensus, we can standardize the way this uncommon disease is treated. When treated properly, GTN can almost always be cured, but deviating from that standard can have severe consequences. Plus, by providing clear instructions for how best to treat GTN, we can streamline the insurance approval process for more efficient care.”

The NCCN Guidelines for GTN detail treatments for several variations of the disease. For molar pregnancy (also known as a hydatiform mole; a rare mass that can form inside the womb during early pregnancy, resulting in an abnormal fetus), surgery is the first, and often only, treatment required. It is generally performed via suction dilation and curettage. Low-risk GTN is primarily treated with single-agent chemotherapy, although additional chemotherapy or surgery may be required for persistent disease. With high-risk GTN, treatment typically involves multi-agent chemotherapy, with possible radiation therapy for brain metastasis. Surgery can be used for chemotherapy-resistant disease.

Dr. Mutch was joined on the GTN committee by John Lurain III, MD, Robert H. Lurie Comprehensive Cancer Center of Northwestern University, and R. Kevin Reynolds, MD, University of Michigan Rogel Cancer Center. The committee is a subset of the larger NCCN Guidelines Panel for Cervical, Uterine, and Vulvar Cancers, of which all 3 are members. “We’re fortunate to have several recognized experts in GTN on our panel,” said Wui-Jin Koh, MD, Seattle Cancer Care Alliance, Chair of the NCCN Guidelines Panel for Cervical, Uterine, and Vulvar Cancers, and incoming Chief Medical Officer for NCCN. “These rare, potentially aggressive malignancies are highly curable. That’s why it’s so important to correctly diagnose, treat, and monitor people with GTN. When patients are appropriately managed—as described in these standardized guidelines—not only do they generally achieve excellent long-term outcomes, but fertility can also be preserved for the majority of patients.”

“If someone with a rare type of cancer doesn’t live near one of the world’s experts on that disease, it doesn’t mean their treatment path can’t be based on that expertise,” said Robert W. Carlson, MD, Chief Executive Officer, NCCN. “NCCN guidelines provide care recommendations for 97% of all patients with cancer, plus many additional recommendations covering screening, prevention, and supportive care. We have plans to add several more new guidelines within the next year, to build out the library of NCCN Harmonized Guidelines for regions with different resource levels, and to publish more translations for non-English speaking clinicians. We know that people with cancer all over the world are relying on NCCN Guidelines to make sure they get the best possible care for their cancer.”

The NCCN Guidelines for GTN bring the total number of NCCN Guidelines to 72. They are available free-of-charge at NCCN.org or via the Virtual Library of NCCN Guidelines mobile app for smartphones and tablets. NCCN Guidelines are the most frequently updated medical guidelines in the world, with new versions released at least once a year, and more often as needed. These evidence and expert consensus-based guidelines are downloaded millions of times a year by oncologists and other clinicians worldwide.

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JNCCN Strengthens Editorial Focus on Original, Impactful Research into Cancer Care Delivery

Recently, JNCCN introduced new Associate Editors, who reflect the journal's growing focus on original research designed to improve the quality of cancer care delivery worldwide. The expanding focus on Original Research is led by Editor-in-Chief Margaret Tempero, MD, Professor of Medicine and Director of the UCSF Pancreas Center at UCSF Helen Diller Family Comprehensive Cancer Center. This vision has resulted in an all-time high impact factor for the journal. According to InCites Journal Citation Report data from Clarivate Analytics, articles from JNCCN were cited 5,143 times in 2017, resulting in an impact factor of 6.471 for the year, which places it in the top quartile for all oncology journals. This upward trajectory is also illustrated by rising readership rates in print, a half-million jump in page views online, and research submission rates increasing 500% over the past 4 years.

"Our greater focus on original research helps us build on the strength of the NCCN Guidelines we publish, and furthers NCCN's mission to improve the quality, effectiveness, and efficiency of care so that patients can live better lives," said Dr. Tempero. "JNCCN is a key source for new information about health services, outcomes, comparative effectiveness, and quality improvement. The studies we publish are changing the way people with cancer receive treatment by drawing attention to where we fall short and highlighting how we can do better."

In order to accommodate continuous growth, JNCCN recently restructured the make-up of the Executive Editorial Board. After an extensive national search, the journal invited 8 accomplished health services researchers from various NCCN Member Institutions to help oversee content. That group now includes:

- Sara Javid, MD, University of Washington/Seattle Cancer Care Alliance
- Ticiana A. Leal, MD, University of Wisconsin Carbone Cancer Center
- June M. McKoy, MD, MPH, JD, MBA, Robert H. Lurie Comprehensive Cancer Center of Northwestern University
- Anthony J. Olszanski, MD, RPh, Fox Chase Cancer Center
- Oxana Palesh, PhD, MPH, Stanford Cancer Institute
- Jeffrey Peppercom, MD, MPH, Harvard Medical School/Massachusetts General Hospital Cancer Center
- Kanishka Sircar, MD, The University of Texas MD Anderson Cancer Center
- Grace L. Smith, MD, PhD, MPH, The University of Texas MD Anderson Cancer Center

In recent weeks alone, JNCCN studies have been featured in *The Wall Street Journal*, *U.S. News & World Report*, *Physician's Weekly*, *Everyday Health*, and numerous other outlets. Studies have featured topics such as breast cancer survivor mammogram rates, the "weekend effect" on emergency colorectal cancer surgery, and the importance of communication around end-of-life care.

Every issue of JNCCN also includes the publication of a recently updated edition of the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines). "The NCCN Guidelines provide the foundation which all of our work is built on," explained Robert W. Carlson, MD, Chief Executive Officer, NCCN. "JNCCN is one of the ways we share the latest updates in cancer care standards from those guidelines. The journal also provides an essential platform for disseminating the kind of high-quality research that leads to people with cancer receiving better care."

JNCCN publishes 13 issues every year, with select content available for free online at JNCCN.org for 3 months after publication. NCCN Guidelines Panel Chairs serve as members of JNCCN's Guidelines Editorial Board to provide additional oversight, topic suggestions, and feedback on editorial decisions.

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Congressional CAR T 101

NCCN recently worked in conjunction with the Lymphoma Research Foundation and American Society of Hematology (ASH) to bring members of Congress and their staff up-to-speed on the successes and challenges associated with Chimeric Antigen Receptor (CAR) T-cell therapy, a type of immunotherapy.

The CAR T-Cell Congressional Briefing event took place on Capitol Hill on Tuesday, July 10. Speakers included:

- Andrew Zelenetz, MD, PhD, Medical Oncologist and Medical Director, Quality Informatics, Memorial Sloan Kettering Cancer Center; Panel Chair, NCCN Guidelines for B-Cell Lymphomas; Chair-Elect, Scientific Advisory Board, Lymphoma Research Foundation
- Joseph Alvarnas, MD, Vice President of Government Affairs and Senior Medical Director for Employer Strategy, City of Hope Comprehensive Cancer Center

They were joined by Meghan Gutierrez, CEO, Lymphoma Research Foundation, Shannon L. Maude, MD, PhD, Children's Hospital of Philadelphia, and Nick Howe, a survivor of diffuse large B cell lymphoma.

The hour-long discussion was attended by >50 congressional staffers who were eager to learn more about how immunotherapy works, the process and costs for administering it, and how current payment mechanisms need to be adjusted in order to ensure life-saving coverage. Dr. Zelenetz provided a general overview and history of the innovative treatment practice, while Dr. Alvarnas focused on specific benefits for adults with B cell lymphoma. NCCN is proud to play a part in educating lawmakers about this innovative treatment and to provide a foundation of knowledge in support of any future health policy decisions.

To learn more about the NCCN Oncology Policy Program, please visit [NCCN.org/policy](https://www.nccn.org/policy).