NCCN 2021 Virtual Annual Conference Addresses Cancer Care in a Year of Crisis and Innovation

New recommendations to advance racial equity, ways to mitigate the impacts of the COVID-19 pandemic on cancer care, and ongoing strategies for preventing and controlling HPV-associated cancers led the conversation at NCCN's 2021 Virtual Annual Conference on March 18–20. More than 1,300 attendees from across the United States and more than 40 countries met online to learn about updates to the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) and new research in the field. Sessions explored supportive care and ways to help survivors return to work, updates on best practices, and the most contemporary treatments for multiple malignancies including breast cancer, non–small cell lung cancer, gynecologic cancers, and head and neck cancers.

"Despite a year-long pandemic that made both research and patient care more challenging, NCCN's panels of experts from leading academic cancer centers developed continuous updates to the NCCN Guidelines that helped oncology professionals worldwide maintain service to patients with best practices under evolving circumstances," said NCCN Chief Executive Officer Robert W. Carlson, MD.

"At the same time, it was a year of reckoning with the United States' history of racial inequity, in which NCCN and the greater healthcare community have been called with renewed urgency to develop ways to make quality cancer care more accessible and equitable."

Preventing and Controlling HPV-Associated Cancers

The first of 3 keynote panels addressed the importance of vaccination, screening, public and professional education, and system/process improvement in preventing cancers common in people infected with HPV (human papillomavirus).

"HPV vaccination will have a significant impact on reducing cancer incidence in the United States, as well as globally," said Wui-Jin Koh, MD, Chief Medical Officer, NCCN, who chaired the panel. "We know that vaccination against HPV can prevent most cases of cervical cancer, for example, yet many countries still have low vaccination rates, and misinformation about vaccines is rampant. Beyond cervical cancer, HPV is also causative in many cancers of the anus, vulvar, vagina, penis, and oropharynx. Strategies to increase vaccination and otherwise control HPV are vital to cancer prevention."

Elevating Racial Equity

At the conference, representatives from the Elevating Cancer Equity Working Group—convened by NCCN along with the American Cancer Society Cancer Action Network (ACS CAN) and the National Minority Quality Forum (NMQF)—discussed detailed recommendations for reducing racial disparities in cancer care. People of color—especially Black, Latinx, and Indigenous people—often have higher cancer rates and yet are medically underserved, experiencing later diagnosis and worse outcomes.

"These disparities result from systemic inequality and bias in access and care delivery," commented Dr. Carlson. "Oncology professionals have a responsibility to respond, and help ensure their patients have access to guideline-adherent cancer care."

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Presenters Lisa A. Lacasse, MBA, President, ACS CAN, and Elizabeth Harrington, Partner, Public Opinion Strategies (POS), took a deeper look at a recent poll commissioned by the working group that found 63% of African American and 67% of Latinx patients with cancer, survivors, and caregivers reported negative interactions with their care team, compared with 43% of white patients. The presentation also included a real-time poll of the audience regarding the importance and feasibility of implementing the recommendations for improving equity in cancer care. In many cases, attendees reported that they already have these policies in place.

"This is where the rubber meets the road. You can have great ideas, but how they're operationalized is critical to any success. It feels big, but certainly people are doing it," said Robert Winn, MD, Director, Virginia Commonwealth University Massey Cancer Center, who co-chaired the working group along with fellow presenter, Shonta Chambers, MSW, EVP Health Equity Initiatives and Community Engagement, Patient Advocate Foundation.

Adapting Care in a Pandemic

The COVID-19 pandemic forced oncology professionals to adapt in order to provide ongoing care for cancer patients—especially those at high risk. The final keynote session, "Effects of the Pandemic on Cancer Care/Future Directions of Cancer Care," reviewed the COVID-related difficulties cancer centers have faced, how they adapted, and the possibility of permanent shifts to incorporate more telemedicine.

"In a moment of crisis, it is important for us to meet the crisis but then to gain something that we carry forward," said Timothy Kubal, MD, MBA, Moffitt Cancer Center, Co-Chair, NCCN Best Practices Committee. "As healthcare providers, I think we are realizing that many of the things that we have held sacred aren't as important to the patient as we thought. The in-person visit, full physical examination and on-site laboratories, imaging, and chemotherapy are the way things have been done for a generation, but telemedicine challenges many aspects of such tradition. We all thought this would be terrible for the patient but as it turns out, in most cases, it's okay. We need to carry this learning forward to better meet the needs of our patient population and to drive innovation in healthcare delivery. They say the only thing that matters in real estate is 'location, location, location.' But, for our patients, what really matters is, 'What location works for you?'"

The NCCN Annual Conference convenes oncology professionals—physicians, nurses, pharmacists, researchers, payers, advocates, and policymakers—to advance cancer treatment and patient care by exploring emerging therapies and addressing the latest issues and updates. The virtual conference featured >35 educational sessions with interactive polling, and moderator-facilitated Q&A. The conference also featured >90 research posters and >50 virtual interactive exhibits.

The online conference platform will allow attendees to continue accessing all sessions until May 19, 2021. At that time, the sessions will be made available as recorded webcasts via the NCCN Continuing Education portal at education.nccn.org, with a clinical synopsis publishing in *JNCCN—Journal of the National Comprehensive Cancer Network* this summer.

NCCN Announces UC Davis Comprehensive Cancer Center as 31st Member Institution

NCCN has announced that its Board of Directors has voted to elect University of California (UC) Davis Comprehensive Cancer Center as its newest Member Institution. UC Davis joins 30 other leading academic cancer centers from across the United States that work together to improve and facilitate quality, effective, efficient, and accessible cancer care so patients can live better lives.

"We are very happy to welcome UC Davis into our network of highly respected institutions devoted to improving outcomes for people with cancer through transparent, evidence-based, expert recommendations and education," said Robert W. Carlson, MD, Chief Executive Officer, NCCN. "UC Davis leverages strengths in innovative cancer care models and technologies, precision therapeutics, transformative imaging, and mitigation of cancer risks and disparities to reduce the cancer burden in their region and beyond. The physicians, scientists, and public health experts at UC Davis share NCCN's commitment for making cancer discoveries and delivering them quickly to patients."

UC Davis Comprehensive Cancer Center is the only NCI-designated center serving the Central Valley and inland Northern California, a region of >6 million people. Its specialists provide compassionate, comprehensive care for >15,000 adults and children every year and access to >150 active clinical trials at any given time. Its innovative research program engages >225 scientists at UC Davis who work collaboratively to advance discovery of new tools to diagnose and treat cancer. Patients have access to leading-edge care, including immunotherapy and other targeted treatments. Its Office of Community Outreach and Engagement addresses disparities in cancer outcomes across diverse populations, and the cancer center provides comprehensive education and workforce development programs for the next generation of clinicians and scientists.

"We are extremely pleased to become a member of NCCN, collaborating with many of the nation's leading cancer centers in enhancing and facilitating exceptional cancer care," said Primo "Lucky" Lara, Jr., MD, Director, UC Davis Comprehensive Cancer Center. "It is truly an honor to be part of such an impactful alliance."

As part of NCCN, UC Davis will now appoint subject matter experts to join >1,600 multidisciplinary members across 60 panels responsible for >80 NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) covering most types of cancer as well as prevention and supportive care. These evidence- and expert consensus-based recommendations are updated continuously through a completely transparent process and are considered the gold standard for clinical direction and policy in cancer management. The clinical recommendations are also available in nonmedical terms through the library of NCCN Guidelines for Patients to empower people with cancer and their caregivers to better understand their management and participate in shared decision making. Both the clinical and patient guidelines are available for free for noncommercial use at [nccn.org](https://www.nccn.org) or via the Virtual Library of NCCN Guidelines app.

NCCN was originally founded in 1995 with 13 Member Institutions. Learn more about the organization's growth across a quarter century at [nccn.org/annualreport](https://www.nccn.org/annualreport).

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NCCN Announces New Biosimilars Research Projects in Oncology in Collaboration With Pfizer

The NCCN Oncology Research Program (ORP), in collaboration with Pfizer Inc., announces 10 projects have been chosen to receive funding to support innovative approaches to improve the processes related to appropriate biosimilar adoption in oncology.

The selected organizations and research projects are:

- American Society of Clinical Oncology, Inc., ASCO's PracticeNET Learning Network
 - *Analysis of Biosimilar Utilization and Perspectives within ASCO's PracticeNET Learning Network*
- Baptist Memorial Hospital Tipton
 - *Adoption of Biosimilars in Oncology*
- Cancer Support Community
 - *Frankly Speaking About Cancer: Biosimilars – Researching Oncology Patient and Caregiver Perceptions*
- Cedars-Sinai Medical Center
 - *Optimize Systemic Platform to Assure Quality, Value and Evidence-Based Decision Making on Biosimilar Products Use in Oncology Patients*
- City of Hope Medical Foundation
 - *Challenges to Biosimilar Adoption in Community Oncology Due to Diverse Payer Preferences for Different Biosimilar*
- Houston Methodist
 - *Impact of Discordant Preferred Drug Status between Hospitals and Payers for Chemotherapeutic Biosimilars*
- Roswell Park Comprehensive Cancer Center
 - *Identifying Best Practices in Biosimilar Implementation*
- University of Illinois at Chicago
 - *Developing a Human-Centered Information Packet to Increase Trastuzumab Biosimilars Uptake*
- The University of Texas at Austin
 - *Biosimilar Optimization in Community Oncology Practice*
- UT Southwestern Medical Center
 - *Developing a Clinical Decision Support Tool for Biosimilar Use in Oncology*

“This research highlights NCCN's commitment to exploring new avenues for increasing the availability of affordable, effective treatment options in oncology,” said Wui-Jin Koh, MD, Chief Medical Officer, NCCN. “These projects will help us to determine best practices for using biosimilars—when safe and appropriate—and how to educate providers and patients about them.”

The NCCN ORP fosters innovation and knowledge discovery that improves the lives of people with cancer and supports preclinical, translational, clinical research and quality improvement projects in oncology. For more information, visit [NCCN.org/ORP](https://www.nccn.org/ORP).

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NCCN Provides New COVID-19 Treatment Advice; Updates Vaccine Guidance for Patients With Cancer

NCCN has published new best practice recommendations for Management of COVID-19 Infection in Patients with Cancer. This new expert guidance cites more than 150 studies covering how best to manage and treat diagnosed or suspected COVID-19 in patients with cancer to achieve the best possible outcomes for all conditions. The recommendations include topics such as:

- Who should be tested for SARS-CoV-2;
- Which SARS-CoV-2 tests to use;
- How to use/interpret PCR cycle threshold (Ct) value;
- Who should be isolated, how, and for how long;
- When to modify chemotherapy, immunotherapy, or transplantation schedules; and
- Which COVID-19-directed treatment(s) to use under various circumstances.

“These recommendations for the simultaneous treatment of both COVID-19 and cancer synthesize contemporary guidelines from other specialty societies and organizations, along with rapidly emerging data,” explained Wui-Jin Koh, MD, Chief Medical Officer, NCCN. “Our mission to help people with cancer live better lives is more important than ever right now. This new guidance, along with other expanding resources at [NCCN.org/covid-19](https://www.nccn.org/covid-19), will help to answer many of the treatment questions that have come up over the course of the pandemic. While specific to COVID-19 in patients with cancer, the recommendations also provide useful information for COVID-19 infection management in individuals without cancer.”

The organization has also updated the NCCN: Cancer and COVID-19 Vaccination guidance document that was originally published on January 22, 2021. The NCCN COVID-19 Vaccination Advisory Committee—which consists of leading oncologists with expertise in infectious diseases, vaccine development and delivery, and medical ethics—asserts that all people in active treatment for cancer should feel safe receiving any of the three vaccines currently approved under Emergency Use Authorization (EUA) from the FDA, with some additional recommendations around timing. The committee continues to advocate for listing people with cancer among the high priority groups for the vaccine and highlights the importance of vaccination for household members and caregivers as well.

“The most important thing is that people get whichever vaccine is offered to them as soon as they can,” said Steve Pergam, MD, MPH, Associate Professor, Vaccine and Infectious Disease Division, Fred Hutchinson Cancer Research Center and Infection Prevention Director at Seattle Cancer Care Alliance, co-leader of the NCCN COVID-19 Vaccination Advisory Committee. “At this time, the available data does not indicate major differences in effectiveness relative to the most important clinical outcomes, and all three have been determined to be safe for adults. The exception is for people age 16 or 17 who should only receive a vaccine that has been approved for their age group.”

The updated guidance document includes some new caveats around the timing of mammograms after vaccination to reduce the possibility of false positive results.¹ The committee also added additional information on the importance of not letting clinical trial participation prevent anyone from getting vaccinated or vice versa. The members also cautioned against antibody testing post-vaccination outside of clinical trial research protocols.

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Those updates add to previous recommendations pertaining to:

- How to recommend appropriate scheduling based around immunosuppressive therapy;
- How to prepare for possible medication interactions or adverse events;
- How to account for societal inequities and prioritize at-risk communities;
- How to communicate with patients and caregivers, particularly non-English speakers; and
- The balance of vaccination efforts between the cancer center and community settings.

"These resources, that address the multiple facets of COVID-19 and cancer, are intended to be living documents that evolve as circumstances change and new data emerge," said Robert W. Carlson, MD, Chief Executive Officer, NCCN. "I'm proud of NCCN's ability to rapidly and continually improve all of our evidence-based guidelines to meet many needs. We hope our efforts increase the safety and peace of mind for people with cancer everywhere."

The new treatment recommendations and updated guidance document can be found at [NCCN.org/covid-19](https://www.nccn.org/covid-19) along with other resources for optimal cancer management during the ongoing pandemic. Learn more about the importance of routine screening and treatment from the multi-organizational effort: Cancer Won't Wait and Neither Should You with the American Cancer Society (ACS).

Reference

1. Available at: <https://www.sbi-online.org/Portals/0/Position%20Statements/2021/SBI-recommendations-for-managing-axillary-adenopathy-post-COVID-vaccination.pdf>