

## In Memoriam: Rodger J. Winn, MD

By Joan S. McClure, MS

I find it difficult to know where to start in eulogizing Rodger. He was both a brilliant colleague and a very good friend. He was the moving force for orchestrating the development of the National Comprehensive Cancer Network (NCCN), and he orchestrated that development in ways that were collegial and knowledgeable and always from the perspective of ensuring high-quality care for patients.

He will certainly be missed by his family and friends, and from the NCCN perspective, he is largely responsible for what the organization has become. In the early years, the NCCN was just a handful of cancer centers banding together to try to keep the determination of appropriate care for cancer patients in the hands of physicians. Rodger had the vision to see that developing guidelines to document the care given at academic cancer centers could help physicians retain the ability to designate appropriate care.

He pulled panels together with his ability to look at the big picture, his lively curiosity and quick understanding, and his force of will and considerable charm. He had a special talent for knowing when to talk and when to listen and how to ask questions that put discussion into context. As what he called a “hardhat oncologist,” he earned the respect of many of the “stars” of the oncology world and he was able to bring multidisciplinary panels together and help them reach consensus. When in the guidelines’ infancy it was not at all clear that competing centers could agree on how to treat patients, Rodger developed the categories of consensus that specify both what evidence a recommendation is based on and what degree of consensus is reached. Recognizing that the degree of agreement could be different for different recommendations within the treatment of a specific cancer was a huge step that allowed panels to see that there was more agreement than discord. And the guidelines were born.

One major innovation was drawing guidelines as process maps rather than documenting care in text-based documents. These algorithms have become the standard of care in the United States and increasingly in Asia, in part because of the collective expertise of the 800 clinicians who volunteer their time to develop and maintain the guidelines and in part because of the usability of the format that allows clinicians to “follow their fingers” through the continuum of care.

I think of Rodger in terms of the guidelines, but he was much more to NCCN, not the least of which was founding editor-in-chief of *JNCCN*. NCCN had never had a journal before, and we all learned together. Rodger rolled up his sleeves right along with the rest rather than sitting on high and dictating what he wanted.

He helped NCCN develop an oncology research program and came up with the idea for our regional symposia. Most importantly, he was a voice for the core mission of NCCN to improve the quality of care for patients.

The last time I saw Rodger was at a Cancer Quality Alliance meeting 6 days before he died. Some people there did not recognize him at first; he was thin and frail and his lips were cracked and bleeding, but he was there. If you closed your eyes, you heard the usual vibrant, articulate Rodger skillfully steering discussion through political land mines while insisting on commitment to his quality agenda. If you opened your eyes, you wondered how he had the strength to be there, but we all knew that it was his commitment to quality that gave him the strength. At the end of the day, he told me he had done what he needed to do that day and at another meeting the day before. He was satisfied with the way he was closing out his professional career.

And he’s left behind a valuable legacy for both patients and physicians for enhancing the quality of care of cancer patients in this country and elsewhere.



Rodger J. Winn, MD