

## Physicians Reference NCCN Guidelines First, According to QuantiaMD Survey

QuantiaMD, an Interactive Physician Community centered on a proprietary, interactive mobile and web platform, recently surveyed its members on their usage of clinical practice guidelines in oncology. Garnering 118 respondents, the guidelines usage survey revealed the physician community's substantial reliance on and regard for the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines). The NCCN Guidelines are the most comprehensive and most frequently updated clinical practice guidelines available in any area of medicine, covering 97% of patients with cancer.

When asked which clinical practice guidelines for oncology they reference first, 67% of physicians reported using the NCCN Guidelines. The survey also found that 75% of respondents believe that they adhere to guidelines 75% of the time; 70% trust guidelines as practical reference material; 64% build pathways and protocols around guidelines; 36% said their organization measures their adherence to guidelines; and 82% reported that they would find concise, interactive guideline interpretations on QuantiaMD "extremely valuable."

QuantiaMD leverages smartphone technology to enable physicians and health care practitioners (HCPs) to participate in educational segments designed specifically for mobile consumption. QuantiaMD provides access for HCPs to view educational content in brief segments, while also allowing them to interact, comment, and post questions to their peers and national experts directly from their mobile devices.

NCCN and QuantiaMD have collaborated on several educational activities. Currently, a 12-minute program, NCCN Prostate Cancer Guidelines Update from the NCCN 15th Annual Conference, is being presented by NCCN and hosted by QuantiaMD. Participants in the program can earn free CME credit and learn the latest in the treatment of prostate cancer; this online activity is also available via mobile applications for iPhone, Android, and BlackBerry.

The anticipated success of QuantiaMD programs is based on the medical community's recognition of the value of mobile technology. Another recent survey conducted by QuantiaMD, with 877 respondents, found that 72% of physicians currently carry a smartphone. This survey also indicates that 65% of physicians would be more likely to participate in education that was offered in brief segments on their PC or mobile device compared with current educational formats. Another study conducted by Manhattan Research projects that physician adoption of smartphones will increase to 81% by 2012.

NCCN also recognizes the growing importance and utility of mobile technology. In June 2010, NCCN launched free mobile apps for Android and iPhone, which are available on NCCN.org. These apps provide mobile access to the Complete Library of NCCN Guidelines, which are always available free of charge to registered users of NCCN.org.

## NCCN Trends International Surveys Now Available

NCCN recently sent NCCN Trends Surveys to registered users of NCCN.org from China, Brazil, India, Spain, and Russia to learn more about who they are and how they use the NCCN Guidelines. These NCCN Trends International Surveys reveal that most international users of NCCN.org are practicing physicians in a cancer specialty, including medical oncology, hematology, radiation oncology, and surgical oncology. Approximately 85% of respondents in China (n = 130); 85% in Brazil (n = 127); 86% in India (n = 167); 84% in Spain (n = 160); and 100% in Russia (n = 20) indicate this role.

Of polled NCCN.org users in China, 91% report to use NCCN Guidelines "frequently" or "very frequently" to direct treatment of their patients with cancer. Almost

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90% of this survey group indicate that they are most interested in NCCN Guidelines recommendations for treatment with drugs and biologics, as compared with surgery, biomarkers, radiation therapy, and supportive care. Indeed, across all 5 surveys, drugs and biologics are cited as the NCCN Guidelines recommendations of most interest.

Of the 127 survey respondents in Brazil, 108 note use of the NCCN Guidelines at least twice a month. When polled on professional medical education formats, these respondents indicate that journal articles are the most frequently used formats, while live congresses are the most preferred. NCCN.org users in India echo this result, citing journal articles as the most prevalent form of professional medical education, but live congresses as the most attractive. Results from the India survey also show that approximately 30% of respondents report use of the NCCN Guidelines more than 5 times a month; 28% report use 5 to 10 times per month; and 27% report use 2 to 4 times per month.

Data from Spain shows that journal articles are the most preferred format for medical education. Journal articles, as well as live congresses, are the most frequently used format. Of the 160 respondents from Spain, 79% use the NCCN Guidelines at least twice a month.

Half the respondents from Russia report that they use NCCN Guidelines 10 or more times a month and an additional 15% indicate “more than 10 times per month.” According to the survey, live congresses are the most frequently used format of professional medical education in Russia, and the most preferred.

To learn about other NCCN international initiatives, please visit the NCCN Web site at [NCCN.org](http://NCCN.org).

## Managing Hematologic Malignancies Is Increasingly Complex

As the pharmacologic management of cancer moves from an era of empiricism towards one where drugs and biologics are “targeted,” the diagnosis, workup, and evaluation of malignancies have become correspondingly more complicated. An improved understanding of the pathobiology of hematologic malignancies has allowed clinicians to develop better risk assessment and diagnostic and prognostic criteria through the identification of various biomarkers and other types of analyses.

With these additional criteria, the diagnosis and workup of hematologic malignancies have become more complex in recent years. For example, a 2010 update to the NCCN Guidelines for Non-Hodgkin’s Lymphomas incorporated a new treatment algorithm for adult t-cell leukemia/lymphoma and outlined tests that are essential or useful in certain circumstances to establish a diagnosis and work-up for the patient case. Furthermore, the NCCN Guidelines for Waldenström’s Macroglobulinemia/Lymphoplasmacytic Lymphoma, previously included in the NCCN Guidelines for Multiple Myeloma, are now a separate, revised, and recent addition to the Complete Library of NCCN Guidelines. This revision contains a new diagnostic section with recommendations for hematopathology review and adequate immunophenotyping to establish diagnosis. An expanded workup section that includes essential tests along with those that may be useful in certain circumstances is also included.

Increased knowledge of tumor pathobiology has additionally aided in the development of therapies that directly target processes that drive, or are associated with, the malignancy. Early examples of such target therapies arose in the field of hematologic malignancies. Rituximab, a monoclonal antibody directed towards the CD20 antigen expressed on various hematologic malignancies, was initially approved by the FDA in 1997 for the management of relapsed or refractory low-grade, B-cell non-Hodgkin’s lymphoma. Imatinib, a tyrosine kinase inhibitor that antagonizes the BCR-ABL fusion protein, was FDA-approved in 2001 for chronic myelogenous leukemia.

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FDA-approved targeted therapies in hematologic malignancies are on the rise. For example, ofatumumab, a monoclonal antibody directed against CD20, was recently FDA-approved for the treatment of refractory chronic lymphocytic leukemia. The epigenetic modulator romidepsin, a histone deacetylase inhibitor, also received recent FDA-approval for the treatment of cutaneous T-cell lymphoma.

Most newer agents in the pipeline for treating hematologic malignancies are generally not the “traditional” chemotherapy agents. Instead, they tend to target specific processes and molecules, or they work through other mechanisms (such as modulating genetic expression). Agents in the pipeline for hematologic malignancies include inhibitors of the mitogen-activated protein kinase pathway (e.g., tipifarnib), the second generation proteasome inhibitor carfilzomib, the immunomodulator pomalidomide, and histone deacetylase inhibitors such as belinostat and panobinostat.

Many of the issues will be discussed at the NCCN 5th Annual Congress: Hematologic Malignancies. This congress will feature a wide range of topics, including multiple myeloma, Waldenström’s macroglobulinemia, chronic myelogenous leukemia, and lymphomas. Supportive care and practice issues in hematologic malignancies will also be discussed. This meeting will be held on October 8–9, 2010 at the New York Marriott Marquis in New York. To register for or to find more information about the NCCN 5th Annual Congress, please visit the NCCN Web site at [NCCN.org](http://NCCN.org).