

Thomas A. D'Amico, MD, Elected Chairman of NCCN Board of Directors

Thomas A. D'Amico, MD, of the Duke Comprehensive Cancer Center has been elected to the position of chair of the NCCN Board of Directors. Dr. D'Amico was previously vice-chair of the board and succeeds Al B. Benson III, MD. The change in leadership was formalized at a recent NCCN Board of Directors meeting held in conjunction with the NCCN 15th Annual Conference.

"I thank Dr. Benson for his vision, leadership and inspiration. He's been an outstanding chair," said William T. McGivney, PhD, chief executive officer of NCCN. "I'm confident Dr. D'Amico will be an excellent successor. He's been a devoted, enthusiastic friend of NCCN for many years and I look forward to working with him in his new leadership role."

Dr. D'Amico is director of clinical oncology, program director of thoracic surgery, and professor in the department of surgery at Duke Comprehensive Cancer Center. He is a recognized leader in the field of oncology with interests including lung cancer, esophageal cancer, and thoracic surgery. Dr. D'Amico remains active in the research community with a focus on the molecular biology of lung cancer and esophageal cancer and the genomic analysis of mutations. He is a member of several NCCN committees and serves on the NCCN Guidelines Panels for Esophageal and Gastric Cancers and for Non-Small Cell Lung Cancer.

"I am honored to be chosen for this prestigious position," said Dr. D'Amico. "Given the wealth of ideas and spirit of the members who comprise the board, there is no doubt in my mind that we can continue to make an outstanding organization such as NCCN even better."

Dr. Benson, of the Robert H. Lurie Comprehensive Cancer Center of Northwestern University, was chairman of the board since 2007. A committed member of several NCCN committees and NCCN Guidelines Panels, Dr. Benson will remain a member of the board.

Succeeding Dr. D'Amico as vice-chair of the NCCN Board of Directors is Samuel M. Silver, MD, PhD, of the University of Michigan Comprehensive Cancer Center.

New NCCN Guidelines for Malignant Pleural Mesothelioma Presented at the NCCN 15th Annual Conference

A new addition to the NCCN Clinical Practice Guidelines in Oncology, the NCCN Guidelines for Malignant Pleural Mesothelioma (MPM), was presented at the NCCN 15th Annual Conference. Lee M. Krug, MD, of Memorial Sloan-Kettering Cancer Center and a member of the NCCN Guidelines Panel, discussed recommended treatment options for patients with MPM as well as first-line therapy regimens.

Mesothelioma is a rare form of cancer in which malignant cells are found in the mesothelium, a protective sac that covers most of the body's internal organs. Pleural mesothelioma refers to the thoracic-based form of the disease, the most common type of mesothelioma.

Although asbestos exposure is a major risk factor for mesothelioma, it can remain latent for more than 20 years and may require a predisposition to the disease. In addition, it can also occur in individuals that previously experienced radiation exposure (e.g., treatment for Hodgkin's lymphoma).

Dr. Krug noted that, "Diagnosing mesothelioma is often difficult, because the symptoms are similar to those of a number of other conditions. In addition, a physician's initial evaluation of a patient may reveal pleural effusion, but it can often be missed on pleural fluid cytology."

May 2010

Common symptoms of mesothelioma are shortness of breath or chest pain among others including tumor fevers, sweats, weight loss, and pneumonia. A surgical biopsy is often required to effectively diagnose a patient with mesothelioma according to Dr. Krug. PET scans can aid in staging as well, detecting unexpected metastases in 10 percent of cases. Prognostic factors include gender, lymph node status, and histology, but Dr. Krug also pointed to other potential markers that may be indicative of the disease.

“Serum markers may also have prognostic significance as studies show that patients with mesothelioma have higher levels of Soluble Mesothelin-Relation Protein (SMRP) and Osteopontin,” said Dr. Krug.

Like any cancer, treatment for mesothelioma depends on many factors including the stage of the cancer, where the cancer is, and how far the cancer has spread. Dr. Krug described treatments such as surgery, chemotherapy, and radiation that may benefit patients as described in the NCCN Guidelines for MPM.

Surgical procedures for MPM can range from a pleurectomy/decortication for those patients with early stage disease to more aggressive procedures, such as extrapleural pneumonectomy. Extrapleural pneumonectomy includes the removal of pleura, the lung, diaphragm, and pericardium, but can result in major complications and should only be performed by experienced surgeons.

“The role of aggressive surgery remains controversial,” said Dr. Krug. “As outlined in the Principles for Surgical Resection for Malignant Pleural Mesothelioma in the NCCN Guidelines, physicians need to be highly selective when choosing potential candidates for this procedure.”

Surgery alone can be inadequate due to residual disease and a high rate of relapse, so the NCCN Guidelines recommend a combined modality therapy approach for select patients noted Dr. Krug.

The NCCN Guidelines consist of a section detailing the Principles of Radiation Therapy for MPM that stress the need for a multimodality approach including evaluation of the patient by radiation oncologists, surgeons, medical oncologists, diagnostic imaging specialists, and pulmonologists.

“Radiation is recommended as an adjuvant therapy to improve local control after surgery, and it is also an effective palliative treatment for relief of chest pain that is often associated with mesothelioma,” said Dr. Krug.

Dr. Krug explained that MPM was historically felt to be chemoresistant, but that recent studies have shown that certain regimens can benefit patients and also can be added for systemic therapy either before or after surgery.

“The NCCN Guidelines recommends pemetrexed (Alimta, Lilly USA, LLC) with cisplatin (Platinol, Bristol-Myers Squibb) or carboplatin (Paraplatin, Bristol-Myers Squibb) as the optimal first-line combination chemotherapy regimen for patients, though others can be considered based on comorbid conditions,” said Dr. Krug. “On the other hand, there are extremely limited data on the benefit of second line therapy. A few specific regimens are listed as second line options in the NCCN Guidelines.”