20 Years of Improving Cancer Care Together – An NCCN Roundtable Discussion

Opening roundtable of the NCCN 20th Annual Conference reflects on the creation of the National Comprehensive Cancer Network, noting collaboration and transparency as major factors of its success.

FORT WASHINGTON, PA — On March 12, 2015, as part of its 20th Annual Conference: Advancing the Standard of Cancer Care, the National Comprehensive Cancer Network® (NCCN®) featured the commemorative event, 20 Years of Improving Cancer Care Together – An NCCN Roundtable Discussion. In recognition of NCCN’s 20th Anniversary, this special roundtable, moderated by Clifford Goodman, PhD, The Lewin Group, featured NCCN leadership—past and present—as well as other stakeholders who have had a significant impact on the development, progression, and success of NCCN over the years.

The panelists included Al B. Benson III, MD, Robert H. Lurie Comprehensive Cancer Center of Northwestern University; Robert W. Carlson, MD, Chief Executive Officer, NCCN; Timothy J. Eberlein, MD, Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine; David McFadden, MS, RPh, Gilead Sciences, Inc.; Lee N. Newcomer, MD, MHA, UnitedHealthcare; Samuel M. Silver, MD, PhD, University of Michigan Comprehensive Cancer Center; Mary Lou Smith, JD, MBA, Research Advocacy Network; and Robert C. Young, MD, RCY Medicine.

Thursday’s roundtable opened as Dr. Young, former chair of the NCCN Board of Directors, and former President and Chief Executive Officer of Fox Chase Cancer Center—one of the original 13 NCCN Member Institutions—described the circumstances under which NCCN was created, noting that the political climate concerning health care in the mid-90’s and the creation of HMOs were threats to comprehensive cancer centers. As higher-cost treatment centers, the founding NCCN Member Institutions recognized the need to collaborate to illustrate their value and efficiency.

We needed to organize; we needed to learn more about our patients and generate a rigorous and robust database; and we needed some information about outcomes of these large populations of patients, explained Dr. Young.

From there, an agreed-upon set of evidence-based, transparent treatment standards was born—the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)—against which these centers could measure their concordance and, therefore, illustrate their value, he said. Additionally, these guidelines needed to be broad, concise, and consistently updated.

Truly unique to NCCN was the spirit of collaboration in which the organization was founded, said Dr. Carlson, Chief Executive Officer, and founding NCCN Guidelines Panel Chair for Breast Cancer. These 13 institutions that were once competitors were now working together.

Although other clinical practice guidelines have entered the oncology space in the past two decades, the continued success and influence of the NCCN Guidelines is due to the spirit of collaboration in which they were created and the academic structures of the panels themselves, allowing for consistent review of evidence and timely content updates, agreed the panel.

Because of the collegial atmosphere in which they were created, it quickly became apparent that participation on an NCCN Guidelines panel was a challenging, yet rewarding and enjoyable activity, said Dr. Benson, Founding Chair of the NCCN Guidelines Panel for Colorectal and Anal Cancers, former Chair of the NCCN Board of Directors, and self-proclaimed NCCN “lifer”. What makes the panels exceptional, he said, is the multidisciplinary representation from stakeholders in medical oncology, radiation oncology, surgical oncology, pathology, etc., as well as patient advocates.

Dr. Silver added that the founding leaders of NCCN with their dedication and tenaciousness indeed fostered the ongoing commitment to the development of the NCCN Guidelines; in particular, Dr. Silver noted the late Rodger J. Winn, MD, who was instrumental to the early success of NCCN.

As a “younger” comprehensive cancer center when it joined NCCN in 2005, Siteman Cancer Center at Barnes-Jewish Hospital and Washington University of Medicine has a unique perspective on the network, explained Dr. Eberlein. It was important to embrace multidisciplinary care, to embrace and practice the Guidelines, and to have the opportunity to participate in the publication of the panels, as it helped their cancer center formulate the multidisciplinary approach to cancer care that is so important looking forward to the next 20 years, he added.

Dr. Goodman asked Ms. Smith to describe her experience as the first patient advocate to participate on an NCCN Guidelines Panel. The patients are the end users of the NCCN Guidelines, she said. What excited me was the notion that NCCN was creating treatment guidelines based not only on evidence, but also clinical judgment that could, in a very timely fashion, enhance treatment of people with cancer, explained Ms. Smith.

The 2008 recognition of the NCCN Drugs & Biologics Compendium (NCCN Compendium®) by Centers for Medicare & Medicaid Services (CMS) and UnitedHealthcare as the basis for coverage policy indeed played a pivotal role in the evolution of NCCN. Dr. Newcomer, who was instrumental in the decision, described the need that NCCN Guidelines recommendations fulfilled for the payer community by providing a transparent standard on which to base appropriate care. And, because the library of NCCN Guidelines was made publicly available, patients, physicians, and employers were able to view the decisions and evidence upon which their coverage was based, added Dr. Newcomer.

Likewise, industry was deeply impacted as the NCCN Guidelines gained traction very quickly, said Mr. McFadden. The levels of evidence within the NCCN Guidelines took the ambiguity out of treating patients, illustrated where evidence was needed, and dictated marketability, he explained.

Although NCCN Guidelines profoundly impact industry marketability, the established firewall between the NCCN Guidelines panels and industry was and remains absolutely critical and maintains the credibility of the panel members, the Guidelines, and their derivatives, explained Dr. Young.
Highlighting forthcoming advancements for the NCCN Guidelines, Dr. Carlson noted the creation of NCCN Guidelines for Global Resource Stratification™, which identify appropriate treatment at four resource levels and deliver a tool for health care providers to select optimal care for their resource setting.

Further, Dr. Carlson and Dr. Silver introduced the concept of “evidence blocks”, visual tools that will indicate levels of evidence within the NCCN Guidelines, based on five elements: efficacy, safety, quality of evidence, consistency of evidence, and affordability. These evidence blocks, noted Dr. Carlson, allow physicians to effectively collaborate with their patients to truly identify optimal treatment based on what is most important to the patient.

NCCN was born out of necessity of the 13 founding Member Institutions, yet, today, it has grown to encompass all oncology stakeholders, said Dr. Goodman. Looking forward, he asked, what will be the biggest advance promulgated by NCCN 20 years from now?

The panel agreed that the digitization of the NCCN Guidelines will indeed be essential to their continued success, allowing for implementation into electronic health records in a truly real-time atmosphere and on a global level. Moreover, the NCCN Guidelines recommendations will not only be useful for physicians at the point of service, but understandable for the patients themselves, with full patient transparency and comprehension.

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About the National Comprehensive Cancer Network

The National Comprehensive Cancer Network® (NCCN®), a not-for-profit alliance of 25 of the world’s leading cancer centers devoted to patient care, research, and education, is dedicated to improving the quality, effectiveness, and efficiency of cancer care so that patients can live better lives. Through the leadership and expertise of clinical professionals at NCCN Member Institutions, NCCN develops resources that present valuable information to the numerous stakeholders in the health care delivery system. As the arbiter of high-quality cancer care, NCCN promotes the importance of continuous quality improvement and recognizes the significance of creating clinical practice guidelines appropriate for use by patients, clinicians, and other health care decision-makers.

The NCCN Member Institutions are: Fred and Pamela Buffett Cancer, Omaha, NE; City of Hope Comprehensive Cancer Center, Los Angeles, CA; Dana-Farber/Brigham and Women's Cancer Center | Massachusetts General Hospital Cancer Center, Boston, MA; Duke Cancer Institute, Durham, NC; Fox Chase Cancer Center, Philadelphia, PA; Huntsman Cancer Institute at the University of Utah, Salt Lake City, UT; Fred Hutchinson Cancer Research Center/Seattle Cancer Care Alliance, Seattle, WA; The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, Baltimore, MD; Robert H. Lurie Comprehensive Cancer Center of Northwestern University, Chicago, IL; Mayo Clinic Cancer Center, Phoenix/Scottsdale, AZ, Jacksonville, FL, and Rochester, MN; Memorial Sloan Kettering Cancer Center, New York, NY; Moffitt Cancer Center, Tampa, FL; The Ohio State University Comprehensive Cancer Center - James Cancer Hospital and Solove Research Institute, Columbus, OH; Roswell Park Cancer Institute, Buffalo, NY; Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine, St. Louis, MO; St. Jude Children’s Research Hospital/The University of Tennessee Health Science Center, Memphis, TN; Stanford Cancer Institute, Stanford, CA; University of Alabama at Birmingham Comprehensive Cancer Center, Birmingham, AL; UC San Diego Moores Cancer Center, La Jolla, CA; UCSF Helen Diller Family Comprehensive Cancer Center, San Francisco, CA; University of Colorado Cancer Center, Aurora, CO; University of Michigan Comprehensive Cancer Center, Ann Arbor, MI; The University of Texas MD Anderson Cancer Center, Houston, TX; Vanderbilt-Ingram Cancer Center, Nashville, TN; and Yale Cancer Center/Smilow Cancer Hospital, New Haven, CT.

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Katie Kiley Brown, NCCN

610.573.3893

brown@nccn.org