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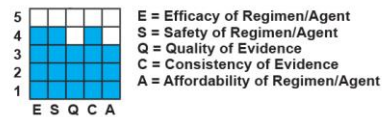
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## New NCCN Guidelines Include Evidence Blocks to Illustrate Value in Breast, Colon, Kidney, and Rectal Cancers

*NCCN Guidelines with NCCN Evidence Blocks™ for Breast, Colon, Kidney, and Rectal Cancers illustrate five dimensions of value for therapeutic regimens: efficacy, safety, quality and quantity of evidence, consistency of evidence, and affordability.*

FORT WASHINGTON, PA —The [National Comprehensive Cancer Network® \(NCCN®\)](#) has published the [NCCN Clinical Practice Guidelines in Oncology \(NCCN Guidelines®\) with NCCN Evidence Blocks™](#) for Breast, Colon, Kidney, and Rectal Cancers. Part of NCCN's new value initiative, NCCN Guidelines® components of value for specific therapeutic regimens, evidence, consistency of evidence, and affordability.

## NCCN EVIDENCE BLOCKS CATEGORIES AND DEFINITIONS



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“Combined, it is estimated that more than 400,000 Americans will be diagnosed with one of these four cancers in 2016, and NCCN is pleased to further educate providers and patients about these components in recommended treatment regimens within the NCCN Guidelines,” said Robert W. Carlson, MD, Chief Executive Officer, NCCN. “At NCCN, we believe the most important value perspective is that of the individual patient, and the Evidence Blocks prioritize the physician-patient relationship by empowering patients, alongside their physicians, to determine treatment that is most in line with their individual value system.”

NCCN Evidence Blocks™ are intended for all users of NCCN Guidelines, including providers and patients, as well as other stakeholders involved in the treatment decision-making process, as a means to initiate a discussion of value between a provider and patient. Together, the five measures encourage shared decision-making based on a patient's individual values.

NCCN Guidelines with NCCN Evidence Blocks™ [were first unveiled in October 2015](#) for Chronic Myelogenous Leukemia (CML) and Multiple Myeloma.

NCCN Guidelines with NCCN Evidence Blocks™ are a derivative of the existing NCCN Guidelines that include visual representation of the existing criteria used by NCCN Guidelines panel members in determining appropriate treatment recommendations, as well as a new measure of affordability.

In publishing the NCCN Guidelines, panel members are able to integrate new findings with existing information to determine what the evolving standard of care should be for a given disease state. Implicit in the evaluation of each treatment are the efficacy and expected toxicities, as well as the quality, quantity, and consistency of the evidence supporting the recommendation. The new affordability measure is rated using panel members' knowledge of overall cost of the regimen, including but not limited to drug acquisition, administration, in-patient vs. out-patient care, supportive care, infusion, toxicity monitoring, and potential for hospitalization; the

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measurement does not represent indirect costs such as transportation or lost time from work. If affordability is of concern to an individual, the affordability score within a given NCCN Evidence Block™ should be intended as a catalyst for further discussion and investigation into direct cost of a regimen for the patient.

NCCN intends to publish NCCN Guidelines with NCCN Evidence Blocks™ for systemic therapies for all major cancer types by the end of 2016, with the entire library publishing by the end of 2017. Following publication of the NCCN Guidelines with NCCN Evidence Blocks™ for systemic therapies, NCCN intends to publish NCCN Evidence Blocks™ for radiation oncology and imaging, followed by surgical interventions.

NCCN Guidelines with NCCN Evidence Blocks™ are separate publications from the complete library of NCCN Guidelines, and they are currently available on [NCCN.org](http://NCCN.org) at no cost to registered non-commercial users.

NCCN Guidelines are the recognized standard for clinical policy in cancer care and are the most thorough and most frequently updated clinical practice guidelines available in any area of medicine. The Guidelines document evidence-based, consensus-driven management to ensure that all patients receive preventive, diagnostic, treatment, and supportive services that are most likely to lead to optimal outcomes.

To learn more about the NCCN Evidence Blocks™ and their use, visit [NCCN.org/evidenceblocks](http://NCCN.org/evidenceblocks).

In addition to the clinical guidelines, NCCN publishes NCCN Guidelines for Patients® for Breast, Colon, and Kidney Cancers. These patient-friendly translations of the NCCN Guidelines are meant to help patients talk to their physicians about the best treatment options for their disease. These Guidelines, along with the entire library of patient education resources, are available at no cost to at [NCCN.org/patients](http://NCCN.org/patients).

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## **About the National Comprehensive Cancer Network**

The National Comprehensive Cancer Network® (NCCN®), a not-for-profit alliance of 26 of the nation'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 & Pamela Buffett Cancer Center, Omaha, NE; Case Comprehensive Cancer Center/University Hospitals Seidman Cancer Center and Cleveland Clinic Taussig Cancer Institute, Cleveland, OH; 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,

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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.

Clinicians, visit [NCCN.org](https://www.nccn.org). Patients and caregivers, visit [NCCN.org/patients](https://www.nccn.org/patients).