NCCN Guidelines® Updates

The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Non–Small Cell Lung Cancer and Palliative Care published in this issue (pages 1236 and 1284, respectively) include the latest updates. To assist readers interested in noting how the guidelines were updated, highlights of major changes in the most recent versions are printed below. To view the complete list of updates and full versions of these guidelines, visit the NCCN Web site at NCCN.org.

Non–Small Cell Lung Cancer

A summary of the changes in the 3.2012 version of the NCCN Guidelines for Non–Small Cell Lung Cancer from the 3.2011 version includes:

NSCL-11
- Brain: “category 1 for one metastasis” was added to SRS + WBRT.
- Footnotes “w” and “x” are new.

NSCL-12
- Surveillance
  - NED defined as “no evidence of clinical or radiographic disease.”
  - Chest CT interval changed from every 4-6 months to every 6-12 months and the use of contrast is now optional.
- Resectable recurrence: “preferred” was added to the treatment option “resection.”

NSCL-13
- Adenocarcinoma/Large Cell/NSCLC NOS: ALK testing was added as a category 2A recommendation.
  - ALK-positive: crizotinib was added as the recommended treatment option.
  - EGFR mutation–positive discovered prior to first-line therapy: Erlotinib recommendation changed from a category 2A to a category 1.
  - EGFR mutation–positive discovered during chemotherapy: The qualifier “may” added and the erlotinib recommendation changed from a category 2A to a category 2B.
- Squamous cell carcinoma: recommendation revised to read that EGFR mutation testing and ALK testing are not routinely recommended.
- Footnote “bb” references were updated and footnote “ee” reference was added.

NSCL-14
- First-line therapy, PS 0-1: chemotherapy was clarified as “doublet chemotherapy.”
- First-line therapy, PS 2: the recommendation “cetuximab/vinorelbine/cisplatin (category 2B)” was deleted.
- Maintenance therapy, continuation: pemetrexed was changed from a category 2b to a category 2A recommendation. Gemcitabine was added as a category 2A recommendation.
- Maintenance therapy, switch: erlotinib was changed from a category 2B to a category 2A recommendation. “Docetaxel (category 3)” was deleted.
- Footnote stating “Full-dose cisplatin for PS 2 patients should be given selectively” was deleted.
- Footnote “kk” reference was added.

NSCL-15
- First-line therapy, PS 2: the recommendation “cetuximab/vinorelbine/
cisplatin (category 2B)” was deleted.

- Maintenance therapy, continuation: gemcitabine was added as a category 2A recommendation.
- Maintenance therapy, switch: erlotinib was changed from a category 2B to a category 2A recommendation. Docetaxel was changed from a category 3 to a category 2B recommendation.

**NSCL-16**

- Second-line therapy, platinum doublet ± bevacizumab: adenocarcinoma was changed to “nonsquamous.” The category recommendation changed from 2B to 2A.
- Third-line therapy, progression: erlotinib was deleted for PS 3-4.
- Second-line therapy: the treatment recommendation “platinum doublet ± bevacizumab (if erlotinib or crizotinib given as first-line and nonsquamous histologic type)” was modified.
- Third-line therapy: docetaxel or pemetrexed were added as treatment options if not given in previous lines of therapy.

**NSCL-A**

- The Principles of Pathologic Review section was revised extensively.

**NSCL-F**

- Advanced disease
  - First bullet was added.
  - Bullet stating “No specific platinum-based cytotoxic combination is clearly superior” was deleted.
  - First-line therapy
    - Bullets 2, 3, 7, and 11 were modified. Bullet 10 was modified by deleting irinotecan.
    - Bullets 4 and 6 were added.
    - Bullet stating “Systemic chemotherapy is not indicated in PS 3 or 4 patient” was deleted.
    - Bullet stating “Cisplatin-based combinations have been proven superior to best supportive care in advanced, incurable disease, with improvement in median survival of 6-12 wks, and a doubling of one-year survival rates (absolute 10-15% improvement)” was deleted.
    - Bullet stating “If patient has a known KRAS mutation, therapy other than erlotinib should be considered first” was deleted.
  - Maintenance Therapy
    - Continuation Maintenance was modified: Biologic agents given in combination with conventional chemotherapy. *Bevacizumab and cetuximab given in combination with chemotherapy* should be continued until evidence of disease progression or unacceptable toxicity, as per the design of the clinical trials that led to their approval supporting their use. There are no randomized data supporting the continuation maintenance of conventional cytotoxic agents beyond 4-6 cycles of therapy.
      - Third sub-bullet was modified: “Continuation of pemetrexed (category 2B 2A) after 4-6 cycles of cisplatin and pemetrexed chemotherapy, for patients with histologies other than squamous cell carcinoma.
      - Fourth sub-bullet was added.
    - Switch Maintenance
      - Second sub-bullet was modified: “Initiation of erlotinib (category 2B 2A) after 4-6 cycles of first-line platinum-doublet chemotherapy.”
Third sub-bullet was modified: “Initiation of docetaxel (category 3B) after 4-6 cycles of first-line platinum-doublet chemotherapy in patients with squamous cell carcinoma.

- Second-line therapy
  - Second sub-bullet was modified: Pemetrexed has been shown to be equivalent to docetaxel with less toxicity in patients with adenocarcinoma and large cell carcinoma.
  - Third sub-bullet was modified: Erlotinib has proven superior to best supportive care, with significantly improved survival and delayed time to symptom deterioration.

- Third-line therapy
  - First bullet was modified: Erlotinib has proven statistically superior to best supportive care (BSC) with respect to survival.

- The section Continuation after Disease Progression was added.
- Crizotinib was added as a systemic therapy option for advanced or metastatic disease with supporting references.

**Palliative Care**

A summary of the changes in the 2.2012 version of the NCCN Guidelines for Palliative Care from the 1.2011 version includes:

**PAL-1**
- Footnotes “a” and “b” are new.
- Standards of Palliative Care: the first bullet is new and the fifth bullet was modified.

**PAL-2**
- Not Present
  - First sub-bullet under “Inform patients and families” was modified by adding “and advance care planning.” (Also for PAL-3)
  - Footnote “c” was modified by including “nurse practitioners, physician assistants, and dietitians.” (Also for PAL-3).
  - Footnote “d” was modified by adding “should be considered to improve quality of life and survival.” (Also for PAL-3 and PAL-7).
- Reassessment: “Satisfactory Outcome” was changed to “Acceptable,” and “Unsatisfactory Outcome” was changed to “Unacceptable” (Throughout the guideline).

**PAL-3**
- Screening
  - “Psychiatric” was added to third bullet.
  - Life expectancy was modified to “≤6 mo” in fourth bullet.
  - “Many stage IV cancers” was added as an indicator of “life expectancy ≤6 mo.”
- The title “Assessment” was modified by adding “By Oncology Team.”

**PAL-4**
- Assessment by Oncology Team: third bullet is new.
- Psychosocial distress
  - “Consider Consultation with Palliative Care Specialist” is new.
  - “Home” was added to “Social support problems.”

**PAL-6**
- Criteria for Consultation With Palliative Care Specialists
  - “High symptom burden” was added to third bullet.
  - Last bullet is new.
### PAL-8
- Interventions, Years to months: fifth bullet is new.
- Interventions, Months to weeks: fifth bullet is new.
- Interventions, Weeks to days: first bullet was modified ("Encourage discontinuation of anticancer therapy").

### PAL-10
- Interventions
  - Second sub-bullet under “Treat underlying causes/comorbid conditions” is new.
  - Relieve symptoms
    - Second sub-bullet was modified to include, “for the patient and family.”
    - Fourth sub-bullet was modified to read, “If opioid naive, morphine, 2.5-10 mg PO q4h prn, 1-3 mg IV q1h prn.”
    - Footnote “f” is new.

### PAL-11
- Relieve symptoms
  - First and second sub-bullets and footnote “g” are new.
  - In sixth sub-bullet, “glycopyrrolate 0.2-0.4 mg IV or SQ q 4 hr prn” was added as another option to control secretions.

### PAL-26
- Interventions: bullets 4–6 are new.
- Reassessment, Unacceptable: bullets 1–4 bullets are new. (Also for PAL-27.)

### PAL-27
- Interventions, Months to weeks: bullets 1 and 3–7 are new.
- Interventions, Weeks to days (dying patient): all bullets are new.

### PAL-31
- Assessment: a “good death” was modified to read, a “peaceful death.”
- After-Death Interventions, For family and caregiver(s), Immediate after-death care
  - Second sub-bullet was modified to read, “Remove tubes, drains, lines, and the Foley catheter unless an autopsy is planned.”
  - Third sub-bullet is new.
  - Seventh sub-bullet was modified to include “Offer condolences.”
  - Fourth bullet was modified to read, “Identify family members at risk for complicated bereavement or prolonged grief disorder.”
  - Eleventh bullet was modified to read, “Identify health care professionals at risk of complicated bereavement, or moral distress, compassion fatigue.”