
These NCCN Guidelines Insights highlight discussions by the panel on major changes for Hodgkin Lymphoma, including that PET scans are not recommended for interim restaging of patients with stage I to II favorable disease.

Cancer- and Chemotherapy-Induced Anemia

The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Cancer- and Chemotherapy-Induced Anemia underwent substantial revisions this year, including updates on the use of erythropoiesis-stimulating agents and parenteral iron products.

Continuing the Conversation: Questions on Cancer Care from the NCCN Annual Conference

Ten Years of Progress in Colon Cancer Therapy

Measuring the Evidence That Informs Clinical Treatment Recommendations

A Case of Diffuse Large B-Cell Lymphoma in Association With Paraesophageal Leiomyoma: Highlighting False-Positivity of PET Scan and Importance of Tissue Diagnosis

PET and PET/CT scans are widely used for staging diffuse large B-cell lymphoma (DLBCL) and Hodgkin lymphoma. However, practicing hematologists must be aware of false-positive tests, which may alter treatment paradigms. This report describes a case of DLBCL upgraded with PET/CT scan and highlights the potential pitfalls of modern imaging and need for histologic diagnosis.
The Management of Patients With Stage IIIA Non–Small Cell Lung Cancer With N2 Mediastinal Node Involvement

Renato G. Martins, MD, MPH; Thomas A. D’Amico, MD; Billy W. Loo Jr, MD, PhD; Mary Pinder-Schenck, MD; Hossein Borghaei, DO, MS; Jamie E. Chaft, MD; Apar Kishor P. Ganti, MD; Feng-Ming (Spring) Kong, MD, PhD, MPH; Mark G. Kris, MD; Inga T. Lennies, MD; and Douglas E. Wood, MD

Patients with stage IIIA non–small cell lung cancer represent the most challenging management problem in this disease. These patients may have different degrees of lymph node involvement, with different prognostic and treatment implications. The best therapeutic plan is achieved through multidisciplinary cooperation.

Oral Chemotherapy Program Improves Adherence and Reduces Medication Wastage and Hospital Admissions

Nikhil Khandelwal, PhD, BPharm; Ian Duncan, FSA, FIA, FCIA, MAAA; Tamim Ahmed, PhD, MBA; Elan Rubinstein, MPH, PharmD; and Cheryl Pegus, MD, MPH

Adherence, medication wastage, and reduction in hospital admissions were investigated in a retrospective test-control study design for patients enrolled in the oral chemotherapy cycle management program. The study showed potential savings on drug costs because of a split-fill medication plan and savings from reduced hospitalization associated with timely identification and management of severe side effects.

Update on Safety of ESAs in Cancer-Induced Anemia

John Glaspy, MD

Randomized trials have shown that therapy with erythropoiesis-stimulating agents (ESAs) is associated with reduced transfusion rates in patients with cancer undergoing chemotherapy, but some suggest that ESA therapy may increase the risk of tumor progression or reduce survival. This update supplements prior reviews with data generated over the past 4 years.

Total Dose Iron Dextran Infusion in Cancer Patients: Is it SaFe2+?

Jeffrey A. Gilreath, PharmD; David D. Stenehjem, PharmD; and George M. Rodgers, MD, PhD

Today, 50 years after the advent of total dose infusion (TDI), more is known about iron metabolism and storage, but the optimal dosing strategy for intravenous iron in patients with cancer is still not well defined. This article reviews the risks and benefits of TDI specifically in cancer.
NCCN Task Force Report: Evaluating the Clinical Utility of Tumor Markers in Oncology

Vol 9; Suppl 5, 2011 www.jnccn.org/content/9/Suppl_5

This NCCN Task Force report describes the ways biomarkers have been developed and used; defines common terminology, including prognostic, predictive, and companion diagnostic markers, and analytic validity, clinical validity, and clinical utility; and proposes the use of a combination level of evidence score to aid in the evaluation of novel biomarker tests as they arise. The current state of regulatory oversight and anticipated changes in the regulation of molecular testing are also addressed.

NCCN Task Force Report: Optimizing Treatment of Advanced Renal Cell Carcinoma With Molecular Targeted Therapy

Vol 9; Suppl 1, 2011 www.jnccn.org/content/9/Suppl_1

The outcome of patients with metastatic renal cell carcinoma has been substantially improved with administration of the currently available molecularly targeted therapies. However, proper selection of therapy and management of toxicities remain challenging. This NCCN Task Force report summarizes the clinical issues associated with these therapies in an attempt to help practicing oncologists optimize patient outcomes.


Vol 9; Suppl 4, 2011 www.jnccn.org/content/9/Suppl_4

As patents for older biologics begin to expire, the United States is developing an abbreviated regulatory process for the approval of similar biologics (biosimilars), which raises important considerations for the safe and appropriate incorporation of biosimilars into clinical practice for patients with cancer. This NCCN White Paper provides guidance regarding the challenges health care providers and other key stakeholders face in incorporating biosimilars in health care practice, including health care provider knowledge, substitution practices, pharmacovigilance, naming and product tracking, coverage and reimbursement, use in off-label settings, and data requirements for approval.

NCCN Molecular Testing White Paper: Effectiveness, Efficiency, and Reimbursement

Vol 9; Suppl 6, 2011 www.jnccn.org/content/9/Suppl_6

Personalized medicine in oncology is maturing and evolving rapidly, and the use of molecular biomarkers in clinical decision-making is growing. This raises important issues regarding the safe, effective, and efficient deployment of molecular tests to guide appropriate care, specifically regarding laboratory-developed tests and companion diagnostics. This NCCN White Paper identifies challenges surrounding molecular testing, including health care provider knowledge, determining clinical utility, coding and billing for molecular tests, maintaining clinical and analytic validity of molecular tests, efficient use of specimens, and building clinical evidence.