About the Cover

UC San Diego Moores Cancer Center

UC San Diego Moores Cancer Center, the only NCI-designated Comprehensive Cancer Center in the San Diego region, was established in 1978. It has 13 disease teams and subspecialty cancer care programs that include surgical oncology, medical oncology, gynecologic oncology, radiation oncology, minimally invasive surgery, interventional radiology, molecular cancer imaging, palliative care, integrative medicine, psychiatry, psychology, and nutrition, as well as 15 National Academy of Sciences members, a Nobel laureate and a Breakthrough Prize recipient.

The hallmark of Moores Cancer Center is leveraging its world-class research, in collaboration with prominent basic science institutions in the region, to rapidly translate scientific advances into new, leading-edge personalized treatments for patients.

Scott M. Lippman, MD (second photo on cover), is director of Moores Cancer Center, senior associate dean, and associate vice chancellor for cancer research and care at UC San Diego. He has more than 25 years of experience as principal investigator of clinical and translational research involving genetic drivers of head and neck and lung carcinogenesis as well as molecular-targeted trials in cancer prevention and therapy.
### ORIGINAL ARTICLES

**1494 Determining Chemotherapy Tolerance in Older Patients With Cancer**
Jerome Kim, MD, and Arti Hurria, MD

One major concern in treating older adults with cancer is how to identify patients who are at higher risk for chemotherapy intolerance. The Comprehensive Geriatric Assessment complements the standard oncology workup by providing a global assessment, thereby guiding therapeutic interventions that may improve a patient's quality of life and clinical outcomes.

**1504 Oncofertility Resources at NCI-Designated Comprehensive Cancer Centers**
Marla L. Clayman, PhD, MPH; Maya M. Harper, MA; Gwendolyn P. Quinn, PhD; Joyce Reinecke, JD; and Shivani Shah, MD

This study sought to determine what fertility preservation (FP) resources are available in NCI-designated comprehensive cancer centers (CCCs) and how well those are integrated into patient care. The authors conclude that CCCs are positioned to provide exemplary oncofertility care, but most need to better integrate FP information and referral into practice.

**1512 Postconsolidation Maintenance and Monitoring in Patients With Acute Promyelocytic Leukemia**
Chezi Ganzel, MD; Dan Douer, MD; and Martin S. Tallman, MD

This article discusses 2 aspects of the unique management of patients with acute promyelocytic leukemia (APL): the role of maintenance therapy and polymerase chain reaction monitoring. This article addresses the questions practicing clinicians face with regard to monitoring in APL.

**1523 Sleep Disruption in Breast Cancer Patients and Survivors**
Oxana Palesh, PhD, MPH; Arianna Aldridge-Gerry, PhD, MPH; Ayhan Ulusakarya, MD; Elisabet Ortiz-Tudela, MSc; Lucile Capuron, PhD; and Pasquale F. Innominato, MD, PhD

This article discusses the relationship between stress and posttraumatic stress disorder, and depression and fatigue, and how sleep disturbance might be the cause or consequence of these disorders in patients with breast cancer.

### FOCUSED REVIEWS

**1577 When and How to Perform Genetic Testing for Inherited Colorectal Cancer Syndromes**
Patrick M. Lynch, JD, MD

This article provides a personal but evidence-based approach to the questions of when to test individuals for inherited susceptibility in colorectal cancer and how to do so.

**1585 Sessile Serrated Polyps: An Important Route to Colorectal Cancer**
Matthew F. Kalady, MD

Recent advances in the understanding of sessile serrated polyps have led to new histologic classifications, increased endoscopic recognition, and changes in clinical management recommendations. This article focuses on sessile serrated polyps as a unique and important route to colorectal cancer.
Metastatic Colorectal Cancer

Vol 11; Suppl 4, 2013 www.jnccn.org/content/11/Suppl_3

The past decade has enriched our understanding of colorectal cancer biology and added complexity to the therapeutic armamentarium for patient with advanced disease. In this special supplement to JNCCN, multiple articles integrate a spectrum of treatment approaches, strategies, and challenges, reflecting comprehensive care for patients with metastatic colorectal cancer. Articles include a case report on management of the patient with synchronous metastatic rectal cancer; a discussion of KRAS and multigene assays, including their current and potential uses in colorectal cancer; a summary of the array of treatment opportunities for metastatic colorectal cancer patients, and a discussion of treatment sequencing in advanced unresectable disease. Finally, the early introduction of palliative care for patients with advanced disease is discussed. Most of the articles offer individual CE.

Data Needs in Oncology: “Making Sense of The Big Data Soup”

Vol 11; Suppl 2, 2013 www.jnccn.org/content/11/Suppl_2

Rising health care costs and continued concerns about safety, efficacy, and quality have resulted in the demand for more data and evidence by payors, regulators, providers, and patients alike. In June 2012, NCCN assembled a work group composed of thought leaders from NCCN Member Institutions and other organizations to identify and examine the challenges of data generation, collection, and application for clinical, regulatory, and coverage decision-making. The NCCN Data Needs Work Group identified 4 main areas for consideration: data sources, patient-derived data, payor-collected data, and regulatory policy toward data generation and use.

Early Initiation of Palliative Care Interventions in Patients With Cancer, With an Emphasis on Management of Breakthrough Pain

Vol 11; Suppl 1, 2013 www.jnccn.org/content/11/Suppl_1

Optimal cancer care requires the integration of palliative care into practice. A group of international experts met to review the current status of concurrent palliative and oncology care in different countries and to address questions related to why this integration does not occur on a more regular and effective basis. This supplement is a product of these discussions, which focused on key issues: development of a standard definition of palliative care and its component parts; models for care delivery; standardization of tools for patient assessment; educational programs designed to meet the needs of health care professionals; and the importance of developing best practices in symptom management using breakthrough pain management as an example.

White Paper: Equity in Cancer Care: Pathways, Protocols, and Guidelines

Vol 10; Suppl 1, 2012 www.jnccn.org/content/10/Suppl_1

To meet a current need to discuss the use of clinical pathways and clinical treatment guidelines in oncology and address how patient care is impacted by their use, NCCN convened the NCCN Oncology Policy Summit: Equity in Cancer Care: Pathways, Protocols, and Guidelines. The summit featured discussions and presentations among diverse stakeholders, such as patient advocacy groups, policy-makers, payers, and pathway company representatives. This White Paper explores the use of guidelines and pathways in oncology and incorporates the discussions and ideas raised at the summit.

Current Issues in Chronic Myeloid Leukemia: Monitoring, Resistance, and Functional Cure

Vol 10; Suppl 3, 2012 www.jnccn.org/content/10/Suppl_3

Despite success with tyrosine kinase inhibitors (TKIs) in most patients with chronic myeloid leukemia (CML), some patients still need alternative therapies. Monitoring response to TKI therapy is a critical component of managing CML, and molecular response seems to be the most important milestone for predicting long-term outcomes. How best to assess response, including how to define treatment failure, and how monitoring should be conducted remain controversial. This supplement discusses strategies for overcoming imatinib resistance, including investigational therapies.