About the Cover

Roswell Park Cancer Institute
Since 1898, Roswell Park Cancer Institute (RPCI) has forged an exemplary reputation based on the combined strength of its basic and translational research, multidisciplinary teams, educational programs, and compassionate staff. RPCI, America’s first cancer center, is among the first to hold the NCI designation of “comprehensive cancer center” and to serve as a member of the NCCN.

Over the past decade, RPCI has undergone major growth and has set itself apart as a leader in surgical robotics, vitamin D research, immunotherapy and vaccine therapy, studies targeting tumor microenvironment and cancer prevention, and the development and testing of new agents and technology. RPCI has established numerous biotech spin-off companies and formed strategic partnerships with investigators and centers throughout the world.

RPCI is frequently recognized for high-quality care and overall excellence. It was recognized in U.S. News & World Report’s 2013-2014 Best Hospitals; is a Leapfrog Group “Top Hospital”; holds Magnet Recognition Program designation; and was named 1 of the 8 best hospitals in the nation for complex or “extremely difficult” cancer cases by AARP Magazine.

Donald L. Trump, MD, FACP (second photo on cover), President and CEO at RPCI, is a practicing oncologist and an innovative researcher, whose vitamin D and prostate cancer studies are landmark.
Case Reports (cont.)

16 Brentuximab Vedotin in Patients With Relapsed HIV-Related Lymphoma

Mitul Gandhi, MD, and Adam Petrich, MD

Lymphoma is a well-recognized complication in patients infected with HIV. In patients who experience relapse, however, few data are available on the role of immunotherapy and its impact on outcomes. This case report presents 2 patients with relapsed HIV-associated lymphoma who experienced a second complete remission after treatment with the immunotherapy agent brentuximab vedotin.

Featured Articles

ORIGINAL ARTICLES

50 Baseline Hemoglobin-A1c Impacts Clinical Outcomes in Patients With Pancreatic Cancer

Katherine Y. Fan, BS; Avani S. Dholakia, BS; Aaron T. Wild, BA; Zheng Su; Amy Hacker-Prietz, MS, PA-C; Rachit Kumar, MD; et al

An association between diabetes mellitus and pancreatic ductal adenocarcinoma (PDA) has long been recognized. This article assesses the effect of the baseline hemoglobin-A1c value on the clinical outcomes of patients with PDA.

60 The Prostate Cancer Risk Stratification Project: Database Construction and Risk Stratification Outcome Analysis

George Rodrigues, MD, PhD, FRCPC; Himu Lukka, MD, MRCP, FRCR, FRCPC; Padraig Warde, MB, FRCP; Michael Brundage, MSc, MD, FRCPC; Luis Souhami, MD, FRCPC; Juanita Crook, FRCPC, MD; et al

This investigation reports on the biochemical and clinical outcomes of a newly created pan-Canadian Prostate Cancer Risk Stratification database developed by the Genitourinary Radiation Oncologists of Canada (GUROC). The construction of this pan-Canadian database has informed important prostate cancer radiotherapy outcomes and risk stratification.

71 Use and Duration of Chemotherapy in Patients With Metastatic Breast Cancer According to Tumor Subtype and Line of Therapy

Davinia S.E. Seah, MD, MPH; Ines Vaz Luis, MD; Erin Macrae, MD; Jessica Sohl; Georgia Litsas, MSN, RN, NP; Eric P. Winer, MD; et al

Benefits of chemotherapy vary in patients with metastatic breast cancer. This article describes the impact of tumor subtype and the line of therapy on the duration of chemotherapy.

FOCUSED REVIEWS

128 Hematopoietic Stem Cell Transplantation for Hematologic Malignancies in Older Adults: Geriatric Principles in the Transplant Clinic

Tanya M. Wildes, MD, MSC; Derek L. Stirewalt, MD; Bruno Medeiros, MD; and Arti Hurria, MD

Hematopoietic cell transplantation (HCT) provides a life-prolonging or potentially curative treatment option for patients with hematologic malignancies. This article discusses the available data regarding the feasibility, tolerability, toxicity, and effectiveness of autologous and allogeneic HCT in older adults.

138 Assessing Cognitive Function and Capacity in Older Adults With Cancer

June M. McKay, MD, MPH, JD, MBA; Peggy S. Burnhenn, MS; Ilene S. Browner, MD; Kari L. Loeber, JD; Katrina M. Tulas, BS; Megan R. Oden, BA; and Randall W. Rupper, MD, MPH

The number of older individuals with cancer is increasing exponentially, mandating that oncologists contemplate more comprehensive and multidisciplinary approaches to treatment of this cohort. This article outlines the evidence providing guidance on how to assess cognitive function and decisional capacity in older individuals with cancer.
Metastatic Colorectal Cancer
Vol 11; Suppl 4, 2013 www.jnccn.org/content/11/suppl_4

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.

NCCN Task Force Report: Bone Health in Cancer Care
Vol 11; Suppl 3, 2013 www.jnccn.org/content/11/suppl_3

This report is the result of a multidisciplinary task force on bone health in cancer care convened by NCCN to discuss the progress made in assessing bone health; cancer therapy and bone loss; therapeutic strategies for maintaining bone health in patients with cancer; role of antiresorptive agents in preventing recurrences; pathophysiology of bone metastases and its complications; imaging and treatment of bone metastases; and safety and toxicity considerations while using antiresorptive agents. This NCCN Task Force report focuses on bone health and bone metastases in patients with breast and prostate cancer.

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.