About the Cover

Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins

Over the past 4 decades, bench-to-bedside collaborations have allowed physicians and scientists at the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins to unravel the complex and intricate mysteries of cancer.

“I understand progress cannot come fast enough for patients and families affected by cancer,” says Kimmel Cancer Center Director William Nelson, MD, PhD (second photo on cover). “That’s why we continue to apply what we have learned to improve cancer treatment and are making strides in even the toughest cancers.”

These advances include harnessing the immune system with the PD-1 checkpoint inhibitor to treat lung cancer, kidney cancer, and melanoma, and building on the resources of an historic gift from Ludwig Cancer Research to support pioneering genetics research by Bert Vogelstein, MD, and Kenneth Kinzler, PhD. This team of physician-scientists is developing tests to find cancer DNA in small samples of blood or bodily fluids and can be used to detect cancer, personalize therapies, and monitor a cancer’s response to treatment.

For more on cancer research and treatment at Johns Hopkins, visit www.hopkinscancer.org and read the Cancer Matters blog. A video on immunotherapy PD-1 can be seen at http://bit.ly/JohnsHopkinsImmunology.

NCCN Guidelines® Insights


These NCCN Guidelines Insights highlight treatment recommendations and updates specific to the management of patients with advanced non-clear cell carcinoma included in the 2014 version of the NCCN Guidelines for Kidney Cancer.

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

184 Survivorship: Sexual Dysfunction (Female), Version 1.2013

Cancer treatment can contribute to sexual problems in cancer survivors; thus, sexual dysfunction is common in survivors and can cause increased distress and have a significant negative impact on quality of life. This section of the NCCN Guidelines for Survivorship provides screening, evaluation, and treatment recommendations for female sexual problems.


Adenocarcinoma of the endometrium is the most common malignancy of the female genital tract in the United States. The NCCN Guidelines for Uterine Neoplasms describe malignant epithelial carcinomas and uterine sarcomas; each of these major categories contains specific histologic groups that require different management. This excerpt of these guidelines focuses on early-stage disease.

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Gregory P Kalemkerian, MD

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Tanios Bekaii-Saab, MD

Case Reports

155 Safety and Efficacy of FOLFOX Followed by Cetuximab for Metastatic Colorectal Cancer With Severe Liver Dysfunction

Raymond Elsoueidi, MD; Jessica Craig, PharmD; Hesham Mourad, PharmD; and Elie M. Richa, MD, MBA

Infusional 5-FU monotherapy has been used in patients with severe liver dysfunction, but the clinical outcomes have been disappointing. FOLFOX and FOLFIRI have resulted in superior responses and survival rates, but their safety in patients with severe liver dysfunction has not been established. This report presents a case of metastatic colorectal cancer with severe liver dysfunction successfully treated with FOLFOX, and subsequently with cetuximab.

167 Evolving Treatment Options for Locally Advanced Unresectable Pancreatic Ductal Adenocarcinoma

Pelin Cinar, MD, MS, and Andrew H. Ko, MD

The best treatment for locally advanced unresectable pancreatic ductal adenocarcinoma (PDAC) remains the subject of considerable debate. This report discusses a 58-year-old woman with locally advanced unresectable PDAC who was treated with sequential FOLFIRINOX followed by chemoradiation, and continues to show durable disease control.

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194 Phase I Clinical Trial of Bendamustine and Bevacizumab for Patients With Advanced Cancer
Apostolia M. Tsimberidou, MD, PhD; Alexandra M. Adamopoulos; Yang Ye, MD; Sarina Piha-Paul, MD; Filip Janku, MD; Siqing Fu, MD, PhD; et al
The primary objectives of this first-ever clinical trial combining bevacizumab and bendamustine were to assess the maximum tolerated dose, dose-limiting toxicity, and tolerability of bendamustine and bevacizumab in patients with advanced cancers. The secondary objective was to assess the antitumor efficacy of this regimen.

204 Attitudes Toward and Use of Cancer Management Guidelines in a National Sample of Medical Oncologists and Surgeons
Reshma Jagsi, MD, DPhil; Grace Huang; Kent Griffith, MS; Brian J. Zikmund-Fisher, PhD; Nancy K. Janz, PhD; Jennifer J. Griggs, MD, MPH; et al
Little is known about physician attitudes toward and use of cancer management guidelines. This report describes and compares the attitudes of medical oncologists and surgeons who treat breast cancer regarding guidelines in general and the NCCN Guidelines in particular, and their familiarity, use, and compliance with these guidelines.

214 Molecular Characterization of Bone Tumors and Implications for Treatment and Prognosis
Michael J. Monument, MD, and Kevin B. Jones, MD
Despite the relatively infrequent nature of skeletal neoplasms, current understanding of the pathobiology underlying these conditions is becoming increasingly characterized. This article highlights some of the established molecular abnormalities identified in various benign and malignant skeletal neoplasms and how they pertain to tumor biology, diagnosis, and prognosis.

221 The International Endorsement of US Distress Screening and Psychosocial Guidelines in Oncology: A Model for Dissemination
Mark Lazenby; PhD, RN
The case for using the concept of distress as the sixth vital sign was made by leading psycho-oncologists in 2007, and cancer care organizations in Canada and the International Psycho-Oncology Society have since named distress screening as the sixth vital sign. This article explores the dissemination of the notion of distress as the sixth vital sign in an international context.

235 Neoadjuvant Radiotherapy Use in Locally Advanced Rectal Cancer at NCCN Member Institutions
Marsha Reyngold, MD, PhD; Joyce Niland, PhD; Anna ter Veer, MS; Dana Milne, MA; Tanios Bekaii-Saab, MD; Steven J. Cohen, MD; et al
Based on randomized data, neoadjuvant chemoradiotherapy has been incorporated into the NCCN Clinical Practice Guidelines in Oncology for stage II–III rectal cancer. This study examined factors associated with nonadherence to evidence-based guidelines for neoadjuvant radiotherapy at dedicated cancer centers.

288 Sentinel Lymph Node Mapping for Endometrial Cancer: A Modern Approach to Surgical Staging
Nadeem R. Abu-Rustum, MD
Recent studies show that a complete lymphadenectomy may have no therapeutic benefit to patients with early-stage endometrial cancer. The use of sentinel lymph node mapping in patients with endometrial cancer may be an acceptable solution.
Supplements Available Online at JNCCN.org

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.