NCCN Guidelines® Insights

333 Cervical Cancer Screening
When the NCCN Cervical Cancer Screening Panel convened, they decided to adopt and endorse guidelines from other organizations and discontinue the NCCN Guidelines. These NCCN Guidelines Insights discuss that decision.

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

Various anticancer treatments can damage blood vessels and reduce blood circulation to the penis and/or damage the autonomic nervous system, resulting in higher rates of erectile dysfunction in cancer survivors. This section of the NCCN Guidelines for Survivorship provides screening, evaluation, and treatment recommendations for male sexual problems.

410 Merkel Cell Carcinoma, Version 1.2014
Merkel cell carcinoma is a rare, aggressive cutaneous tumor that combines the local recurrence rates of infiltrative nonmelanoma skin cancer with the regional and distant metastatic rates of thick melanoma. This version of the NCCN Guidelines includes revisions on the use of PET/CT imaging and the addition of a new section on the principles of pathology.

Regular Features

EDITORIAL
301 JNCCN Going Forward
Margaret Tempero, MD

THE LAST WORD
442 Cancer Immunology, Success Without Sequencing
William Blum, MD

Special Feature

305 Abstracts From the NCCN 19th Annual Conference

Case Reports

315 Management of a Patient With Advanced BRAF-Mutant Melanoma
Michelle T. Ashworth, MD, and Adil Daud, MD
This case report illustrates the long-term management of a patient with metastatic melanoma and discusses evolution in treatment guidelines, next directions in research, and the critical role of clinical trials.

323 Crizotinib as Salvage and Maintenance With Allogeneic Stem Cell Transplantation for Refractory Anaplastic Large Cell Lymphoma
James M. Cleary, MD, PhD; Scott Rodig, MD, PhD; Paul M. Barr, MD; Atul B. Shinagare, MD; Jeffrey W. Clark, MD; Geoffrey I. Shapiro, MD, PhD; and Philippe Armand, MD
This case report describes a patient with refractory ALK+ anaplastic large cell lymphoma who experienced a response to the ALK inhibitor crizotinib and underwent an allogeneic stem cell transplant.
### Featured Articles

#### ORIGINAL ARTICLES

**365 Outpatient Management of Pulmonary Embolism in Cancer: Data on a Prospective Cohort of 138 Consecutive Patients**

Carme Font, MD, PhD; Alberto Carmona-Bayonas, MD, PhD; Aranzazu Fernández-Martínez, MD; Carmen Beato, MD; Andrés Vargas, MD; Pere Gascon, MD, PhD; and Remedios Otero, MD, PhD

The purpose of this prospective cohort study was to assess the feasibility of outpatient treatment in patients with cancer and objectively confirmed pulmonary embolism, and to compare the performance of the different prognostic scales available in this setting.

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**375 Screening Process Failures for Hepatocellular Carcinoma**

Amit G. Singal, MD, MS; Jorge A. Marrero, MD, MS; and Adam Yopp, MD

More than 60% of patients with hepatocellular carcinoma (HCC) are diagnosed at a late stage, suggesting potential breakdowns in the HCC screening process. This article reports on a retrospective cohort study of patients with cirrhosis diagnosed with HCC at a large urban safety-net hospital conducted between 2005 and 2012 to characterize HCC screening process failures.

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**389 Chemotherapy Hypersensitivity Reactions in Ovarian Cancer**

Matthieu Picard, MD; Ursula A. Matulonis, MD; and Mariana Castells, MD, PhD

Chemotherapy using a taxane and platinum combination is key in improving survival in patients with ovarian cancer. However, hypersensitivity reactions to chemotherapeutic agents are increasingly common and can greatly limit their use. Efforts are needed to increase awareness about desensitization procedures so that more patients may benefit.

#### FOCUSED REVIEWS

**349 Developing Guidelines for Cervical Cancer Prevention in the Face of Diagnostic Complexity**

L. Stewart Massad, MD

Adoption of new cervical cancer screening guidelines by the American Cancer Society and others in 2012 required new guidelines for the management of abnormal screening and follow-up tests. Because of the increasing number of available tests and the increasingly nuanced understanding of risk, clinicians need to offset the complexity of diagnostic and treatment algorithms with technology and specialization.

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**425 Unanswered Questions in the Management of Stage I–III Merkel Cell Carcinoma**

Jonathan S. Zager, MD; Jane L. Messina, MD; L. Frank Glass, MD; and Vernon K. Sondak, MD

Many unanswered questions remain about what constitutes appropriate guidelines for the treatment of Merkel cell carcinoma. This review addresses current uncertainty surrounding optimal management, including early recognition features, clinical and histopathologic prognostic factors, optimum margins of excision of the primary tumor, indications for and value of surgical staging of the clinically negative regional nodes, optimum management of the patient with pathologically positive regional nodes, and indications for and value of radiation to the primary and regional nodes.

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**434 NCCN Guidelines Implementation in the Multidisciplinary Merkel Cell Carcinoma Program at the University of Michigan**

Jennifer L. Schwartz, MD; Sandra L. Wong, MD; Scott A. McLean, MD, PhD; James A. Hayman, MD; Christopher D. Lao, MD, MPH; Jeffrey H. Kozlow, MD; et al

NCCN Guidelines for Merkel Cell Carcinoma (MCC) provide up-to-date, best evidence–based, and consensus-driven management pathways with the purpose of providing best care and outcomes. This article discusses 4 patient presentations to highlight the implementation of the NCCN Guidelines for MCC at the University of Michigan.
The past decade has enriched our understanding of colorectal cancer biology and added complexity to the therapeutic armamentarium for patients 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.

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.

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.

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.

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.