NCCN Guidelines® Insights

261 Myelodysplastic Syndromes, Version 2.2015
These NCCN Guidelines Insights focus on the recent updates to the NCCN Guidelines for Myelodysplastic Syndromes (MDS), which include the incorporation of a revised prognostic scoring system, addition of molecular abnormalities associated with MDS, and refinement of treatment options involving a discussion of cost of care.

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

326 Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma, Version 1.2015
This section of the NCCN Guidelines for Non-Hodgkin’s Lymphomas describes the recent updates specific to the incorporation of recently approved targeted therapies for the management of patients with newly diagnosed and relapsed or refractory chronic lymphocytic leukemia and small lymphocytic lymphoma.

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281 Leukemic Diffuse Large B-Cell Lymphoma in a Patient With Myeloproliferative Disorder
Vijaya Raj Bhatt, MBBS; R. Gregory Bociek, MD; Ji Yuan, PhD; Kai Fu, MD, PhD; Timothy C. Greiner, MD; Bhavana J. Dave, PhD; et al
This case report discusses a 76-year-old man with a history of prefibrotic post-essential thrombocytopenia myelofibrosis on ruxolitinib. This case highlights the rare possibility of lymphomatous transformation of myeloproliferative disorders, an unusual presentation of lymphoma masquerading as leukemia, and the possibility of ruxolitinib withdrawal syndrome.

288 Abiraterone in Metastatic Salivary Duct Carcinoma
Damien Urban, MBBS, BMedSc; Danny Rischin, MD, FRACP; Christopher Angel, FRCPA; Ieta D’Costa, FRANZCR; and Benjamin Solomon, PhD, FRACP
This report presents a case of salivary duct carcinoma (SDC) responding to multiple lines of androgen blockade, including a rapid response to abiraterone. This case represents the first published report of SDC responding to abiraterone and illustrates that androgen receptor expressing SDC may be treated with multiple lines of androgen blockade, including newer agents such as abiraterone.

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Health Behaviors and Quality of Life Among Colorectal Cancer Survivors

Elizabeth A. Rohan, PhD, MSW; Julie S. Townsend, MS; Temeika L. Fairley, PhD; and Sherri L. Stewart, PhD

This article describes, at the population level, the demographics, comorbid health conditions, health behaviors, health care access, use of preventive health services, and health-related quality of life of colorectal cancer (CRC) survivors to help clinicians prioritize CRC survivorship interventions. Additionally, this study compared CRC survivors with other cancer survivors and persons without cancer to ascertain whether CRC survivors had unique needs that could be addressed in interventions.

Association Between Urologist Characteristics and Radiation Oncologist Consultation for Patients With Locoregional Prostate Cancer

Ruben G.W. Quek, PhD; Kevin C. Ward, PhD, MPH; Viraj A. Master, MD, PhD; Chun Chieh Lin, PhD, MBA; Kenneth M. Portier, PhD; Katherine S. Virgo, PhD, MBA; and Joseph Lipscomb, PhD

Physicians managing patients with prostate cancer play a critical role in subsequent specialist consultations and initial treatment choice, especially in cases for which no consensus exists regarding optimal treatment strategy. This study examined the association of urologist characteristics with the likelihood that patients would consult radiation oncologists.

Challenges of Coverage Policy Development for Next-Generation Tumor Sequencing Panels: Experts and Payers Weigh In

Julia R. Trosman, PhD; Christine B. Weldon, MBA; R. Kate Kelley, MD; and Kathryn A. Phillips, PhD

Next-generation tumor sequencing (NGTS) panels are emerging in oncology practice, but lack formal positive coverage by US payers, which may impact access and adoption. This study identified challenges of NGTS coverage by private payers.

Compliance With Gastric Cancer Guidelines is Associated With Improved Outcomes

David J. Worhunsky, MD; Yifei Ma, MS; Yulia Zak, MD; George A. Poultsides, MD, MS; Jeffrey A. Norton, MD; Kim F. Rhoads, MD, MS, MPH; and Brendan C. Visser, MD

This study assessed rates of compliance with NCCN Guidelines for Gastric Cancer, specifically stage-specific therapy during the initial episode of care, and evaluated its impact on outcomes. It further compared the relationship between the type of staging and compliance, specifically the TNM stage based on the AJCC and the UICC classification, versus the summary stage based on AJCC or SEER stage.

Is Observation Dead in Follicular Lymphoma? No, But the Apoptosis Pathway Has Been Activated

Richard I. Fisher, MD, and Nadia Khan, MD

Follicular lymphoma (FL), the most common indolent non-Hodgkin’s lymphoma, presents with a highly variable clinical course and impacts the overall survival of patients. Although observation has been widely adopted by clinicians in the management of patients with FL, the benefits of early treatment must be reviewed in light of the significant progress made in the treatment of symptomatic or higher-tumor-burden FL.

Is Observation Dead in Follicular Lymphoma? Still Appropriate

Caron A. Jacobson, MD, and Arnold S. Freedman, MD

Watchful waiting has been the predominant strategy for treating asymptomatic patients with newly diagnosed follicular lymphoma for more than 2 decades. However, the success and tolerability of rituximab for the treatment of this disease has challenged this treatment paradigm. This article reviews the indications for therapy, results of randomized trials of observation versus treatment with chemotherapy, and more recent studies of observation versus treatment with rituximab, and discusses why observation is still a viable option for selected patients.
Metastatic melanoma is a devastating disease that has been increasing in incidence and until relatively recently had few effective treatment options. With the approval in 2011 of ipilimumab, a monoclonal antibody against cytotoxic T-lymphocyte associated protein 4 (CTLA-4), however, that has begun to change. Use of this and similar agents can lead to characteristic and varied immune-related adverse events (irAEs); however, experience has shown that these can be managed with patient education, early recognition, and judicious use of systemic steroids. This case report highlights the full spectrum of clinical responses that are possible with the new generation of immunotherapies in metastatic melanoma—from rapidly developing and unpredictable irAEs to impressive and durable disease regressions.