About the Cover

The NCCN 21st Annual Conference: Advancing the Standard of Cancer Care™


“This year’s conference was record-breaking, with the most attendees in its 21-year history,” said Robert W. Carlson, MD, Chief Executive Officer, NCCN (cover photo). “The breadth of topics presented at the conference certainly is a reflection of the impact that NCCN and the NCCN Guidelines have had on people with cancer and their families.”

Important presentations included an expert panel on breast cancer screening controversies facilitated by Mary Lou Smith, JD, MBA, Research Advocacy Network (second photo on the cover). A palliative care roundtable, moderated by Toby C. Campbell, MD, MSci, University of Wisconsin Carbone Cancer Center (third photo on cover), addressed aspects of palliative care, hospice care, and best supportive care practices for patients with cancer, as well as the challenges of symptom management and end-of-life issues.

Conference attendees also had the opportunity to attend track sessions on more than 15 cancer types and supportive care topics, as well as the newest NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Vulvar Cancer.

This special issue of JNCCN provides highlights and a synopsis of some of the proceedings.

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Tyrosine kinase inhibitor (TKI) therapy with small molecule inhibitors of BCR-ABL tyrosine kinase has significantly reduced the annual mortality rate among patients with chronic myelogenous leukemia (CML). Although most of these patients respond to first-line TKI therapy, the use of TKIs is complicated by the development of resistance or intolerance in some patients, resulting in a loss of response or discontinuation of treatment. Inadequate response to TKI therapy is associated with poor long-term outcome, and the cases of patients with resistance or intolerance should be carefully evaluated for alternative treatment options. This report discusses the challenges associated with the management of newly diagnosed chronic phase CML in a patient with intolerance to multiple TKI therapies.

Full Spectrum: Efficacy and Toxicity of Immunotherapy in Metastatic Melanoma

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.