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NCCN Guidelines® Insights

293 Chronic Lymphocytic Leukemia/Small Lymphocytic Leukemia, Version 1.2017

These NCCN Guideline Insights highlight important updates to the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Non-Hodgkin’s Lymphoma for the treatment of patients with newly diagnosed or relapsed/refractory chronic lymphocytic leukemia/small lymphocytic lymphoma.

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

370 Colon Cancer, Version 1.2017

This portion of the NCCN Guidelines for Colon Cancer focuses on the use of systemic therapy in metastatic disease. Considerations for treatment selection have included treatment history, extent of disease, goals of treatment, the efficacy and toxicity profiles of the regimens, KRAS/NRAS mutational status, and patient comorbidities and preferences. Location of the primary tumor, the BRAF mutation status, and tumor microsatellite stability should also be considered in treatment decisions.

Regular Features

ONCOLOGY WATCH

277 Saying Yes

Margaret Tempero, MD

THE LAST WORD

421 Equity in Precision Medicine: Is It Within Our Reach?

Katrina Armstrong, MD, MSCE

Molecular Insights in Patient Care

284 Selective Androgen Receptor Modulator in a Patient With Hormone-Positive Metastatic Breast Cancer

Namratha Vontela, MD; Vamsi Koduri, MD; Lee S. Schwartzberg, MD; and Gregory A. Vidal, MD, PhD

Androgen receptors (ARs) are highly coexpressed in estrogen receptor (ER)–positive breast cancers. Their role in breast tumorigenesis has been postulated, but the mechanism is not yet well-characterized. Steroidal androgens were previously used as an anticancer strategy but fell out of favor because of toxicity and the discovery of alternative therapies. Recent attempts to modulate androgen pathway signaling have focused on AR inhibitors. This report discusses a case using a well-tolerated selective AR modulator to treat a highly pretreated patient with ER-positive breast cancer, which resulted in a durable partial response.

Featured Articles

ORIGINAL RESEARCH

316 Patterns of Utilization of Imaging Studies and Serum Tumor Markers Among Patients With De Novo Metastatic Breast Cancer

Antonio Di Meiglo, MD; Nancy U. Lin, MD; Rachel A. Freedman, MD, MPH; et al

When monitoring patients with metastatic breast cancer (mBC), the optimal strategies for imaging and utilization of tumor markers (TM) are uncertain. This study used a retrospective cohort of 302 patients with de novo mBC treated from 2000 to 2012 at Dana-Farber Cancer Institute to describe the type and timing of imaging and TM testing during the first line of treatment (baseline, first, and subsequent testing).
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**ORIGINAL RESEARCH (cont.)**

327 **Short-Form Charlson Comorbidity Index for Assessment of Perioperative Mortality After Radical Cystectomy**

Paolo Dell'Oglio, MD; Zhe Tian; Sami-Ramzi Leyh-Bannurah, MD; et al

The Deyo adaptation of the Charlson comorbidity index (DaCCI), which relies on 17 comorbidity condition groupings, represents one of the most frequently used baseline comorbidity assessment tools in retrospective database studies. However, this index is not specific for patients with bladder cancer treated with radical cystectomy (RC). The goal of this study was to develop a short-form of the original DaCCI that may specifically predict 90-day mortality after RC, with equal or better accuracy.

336 **Critical Evaluation of the Quality and Recommendations of Clinical Practice Guidelines for Nasopharyngeal Carcinoma**

Yu-Pei Chen, MD; Ya-Qin Wang, MD; Wen-Fei Li, MD; et al

Given the distinct biological characteristics and regional distribution of nasopharyngeal carcinoma (NPC) compared with other head and neck cancers, and uncertainties regarding therapeutic strategies, physicians require high-quality clinical practice guidelines (CPGs) to provide transparent recommendations for NPC treatment. This study aimed to critically appraise the quality of NPC CPGs and assess the consistency of their recommendations.

346 **Racial and Ethnic Disparities in Oncotype DX Test Receipt in a Statewide Population-Based Study**

Brigette A. Davis, MPH; Jenerius A. Aminawung, MD, MPH; Maysa M. Abu-Khalaf, MD, MBBS; et al

Racial disparities have been reported in breast cancer care, yet little is known about disparities in access to gene expression profiling (GEP) tests. Given the impact of GEP test results, such as those of Oncotype DX, on treatment decision-making for hormone receptor–positive breast cancer, it is particularly important to assess disparities in its use.

355 **Predictors of Nonadherence to NCCN Guideline Recommendations for the Management of Stage I Anal Canal Cancer**

Adam J. Kole, MD, PhD; John M. Stahl, MD; Henry S. Park, MD, MPH; et al

Definitive chemoradiotherapy (CRT) is recommended by the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Anal Carcinoma for all patients with stage I anal canal cancer. Because these patients were not well represented in clinical trials establishing CRT as standard therapy, it is unclear whether NCCN recommendations are being closely followed for stage I disease. This study identified factors that predict for NCCN Guideline–concordant versus NCCN Guideline–discordant care.

**REVIEWS**

401 **An Expanding Role for Immunotherapy in Colorectal Cancer**

Katherine M. Bever, MD, and Dung T. Le, MD

This review provides a focused update on the most compelling clinical results of immunotherapy in colorectal cancer (CRC) to date, as well as a summary of current strategies being tested in clinical trials in increase responses to immunotherapy in CRC.

411 **Right Versus Left Colon Cancer Biology: Integrating the Consensus Molecular Subtypes**

Michael S. Lee, MD; David G. Menter, PhD; and Scott Kopetz, MD, PhD

This review summarizes important biologic distinctions between right- and left-sided colorectal cancers that likely impact prognosis and may predict for differential responses to biologic therapy and provide opportunities to personalize therapy.
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.