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ALSO IN THIS ISSUE

SP724



\$100M FOR INTEGRATIVE ONCOLOGY. Andrew and Peggy Cherng, founders and CEOs of Panda Express restaurants, have donated \$100 million to City of Hope National Medical Center to create an integrative oncology program that will unite Eastern and Western medicine, [SP724](#).

LONG COVID AND CANCER. A May conclave in Charlotte, North Carolina, produced draft recommendations on how to respond to apparent connections between long COVID and cancer. Meeting organizer Kashyap Patel, MD, the associate editor *Evidence-Based Oncology*, discusses the findings and a call to action, [SP654](#).

PROSTATE CANCER SCREENING. Today's consensus is that screening should start, or at least be considered, by age 50 years; however, Black men may want to start screening at younger ages, [SP673](#).

INSTITUTE FOR VALUE-BASED MEDICINE®. Recent sessions found the team in Tampa, Florida, for presentations on bringing clinical research to community oncology practices; at Vanderbilt University Medical Center for updates from multidisciplinary cancer teams; at Columbus, Ohio, for discussions on collaboration with primary care; and in Minneapolis, Minnesota, for sessions about the latest advances in treating melanoma, [SP685-SP701](#).

BUSY TIMES FOR REGULATORS. FDA has taken recent action on therapies including momelotinib, motixafortide, talquetamab, ivosidenib, and elranatamab, [SP728-SP732](#).



CLINICAL PATHWAYS

A Mission to Cure "All the Cancers":
Crystal S. Denlinger, MD, FACP,
Is Named CEO of NCCN

Mary Caffrey

CRYSTAL S. DENLINGER, MD, FACP, who served for 2 years as senior vice president and chief scientific officer of the National Comprehensive Cancer Network (NCCN), on October 9, 2023, became CEO of the 28-year-old alliance, whose Clinical Practice Guidelines in Oncology (NCCN Guidelines) have become the gold standard for payers in making coverage decisions in cancer care and serve as the starting point for many clinical pathways tools.

NCCN announced Denlinger's appointment in a statement August 23, 2023, following a national search for a successor to Robert W. Carlson, MD, who will retire after leading the organization for a decade. Carlson announced his retirement plans in January.¹

As CEO, Denlinger will oversee more than 150 employees at the NCCN global headquarters, located outside Philadelphia, Pennsylvania. The group's chief job is maintaining the library of NCCN Guidelines, which outline clinical standards for managing all types of cancer, as well as policy directives. Panels made up of leaders from NCCN's 33 member institutions meet regularly to review the latest research and update guidelines as needed.²



Crystal S. Denlinger, MD, FACP, has been named the new CEO of the National Comprehensive Cancer Network, effective October 9, 2023.

CONTINUED ON SP745 »

THERAPEUTIC ADVANCES

Navigating Decision-Making
When Treating Lymphoma
With Bispecific Antibodies
vs CAR T-cell Therapy

Ryan Flinn

TODD WISEMAN WAS GETTING anxious. The Olathe, Kansas-based musician and construction worker had been through 18 weeks of chemotherapy to manage his diffuse large B-cell lymphoma (DLBCL) only to have the disease surge back a month later. His physician recommended a chimeric antigen receptor (CAR) T-cell therapy, axicabtagene ciloleucel, or axi-cel (Yescarta; Kite Pharma). Wiseman, who had spent more than 4 decades recording, performing, producing, and teaching guitar while more recently picking up construction projects for house flippers, had understood the therapy to be a potentially one-and-done durable treatment for his aggressive disease.

CONTINUED ON SP752 »

HEALTH EQUITY

The Challenges of Treating
Cancer When the Patient
Lives Far From Care

Peter Page

A CANCER DIAGNOSIS is a depressing shock for every person who receives the bad news. Many factors determine the outcome of the diagnosis but, all else being equal, a rural patient who lives a 2-hour drive from treatment is in a worse situation than an urban or suburban patient whose treatment options are nearby.¹

CONTINUED ON SP677 »



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A Mission to Cure “All the Cancers”: Crystal S. Denlinger, MD, FACP, Is Named CEO of NCCN

MARY CAFFREY

CONTINUED FROM COVER

Use of the NCCN Guidelines has expanded greatly over the past decade: There were 4.4 million downloads in 2012; that increased to 13.3 million in 2022, according to the organization.¹

In an interview with *Evidence-Based Oncology (EBO)*, Denlinger said just keeping up with the ever-quickening pace of innovation is one of NCCN’s biggest challenges—and what makes the guidelines more important than ever.³

“We recognize our role in the oncology field, and we work to ensure that our guidelines remain up-to-date and reflective of the current evidence that defines appropriate care,” she said. NCCN must not only stay on top of the guidelines, Denlinger said, but the staff also oversees the NCCN Drugs and Biologics Compendium, which supports decision-making, and makes sure its other derivative products align with guideline updates.

“We recognize that oncologists, in academia and in the community, look at our guidelines to remain current with what the current standards of care are. And we want to rise to that challenge—we do rise to that challenge every day.”

Today’s other challenge, she said, “is ensuring that our guideline recommendations are accessible to the entire oncology community, including providers, payers, policymakers, and patients around the world.”

Learning Something New Every Day

Denlinger earned a combined BS/MD degree from The College of New Jersey and Rutgers New Jersey Medical School; she then completed a residency in internal medicine at Mount Sinai Medical Center and a hematology/oncology fellowship at Fox Chase Cancer Center/Temple University Hospital in Philadelphia, Pennsylvania. She stayed at Fox Chase, a founding member of NCCN, for 15 years before taking the position of chief scientific officer in 2021. Denlinger was associate professor and chief of gastrointestinal medical oncology when she came to NCCN full time; she still practices at Fox Chase 1 morning a week.^{1,4}

She has authored hundreds of clinical research articles and abstracts and received awards from organizations that include the American Society of Clinical Oncology Foundation and the American College of Physicians.

During her time at Fox Chase, Denlinger was named an NCCN Young Investigator Awardee, and in 2018, she received the NCCN Rodger Winn Award for exemplifying leadership, drive, and commitment in service to developing the NCCN Guidelines. She chaired the guidelines panel for survivorship and served on the bone, esophageal/gastric, and occult primary cancers panel, the panel for older adult oncology, the editorial board

IN HER OWN WORDS

“

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The NCCN’s biggest challenge is the same as the challenge for every oncologist, which is keeping up with the evidence in an ever-evolving landscape that really characterizes today’s oncology care landscape.

“

We have a very large global effort, and our adaptation and harmonization efforts with in-country experts allow for our guideline recommendations to be disseminated to other regions of the world to ensure that the entire world is able to have the same appropriate recommendations delineated.

“

.....

We know from a number of studies that the evidence shows that guideline concordant care improves cancer related outcomes, lowers costs, and decreases disparities in care and care delivery.



DENLINGER

for *Journal of the National Comprehensive Cancer Network*, and numerous abstract and scientific review committees. Denlinger also took part in the development of the NCCN Harmonized Guidelines for Sub-Saharan Africa.¹

Given her familiarity with NCCN when she became chief scientific officer, was there anything that surprised her?

“I learn something new about NCCN every day that I’m here,” she said during the interview with *EBO*. “I continuously learn new things that surprise me about the breadth and the depth of the efforts that the NCCN staff [make] here at headquarters, as well as what our member institutions are doing in their own efforts across the country.”

For all her committee work during her Fox Chase years, Denlinger said, “I realized that was just the tip of the iceberg.” She’s come to fully appreciate the

global impact of NCCN and the guidelines on cancer care, as well as cancer policy. “And I look forward to continuing to learn as CEO.”

An Active Chief Scientific Officer

In the past 2 years, Denlinger has overseen multiple initiatives related to diversity, equity, and inclusion, including the development of the Health Equity Report Card.⁵ The first-wave data are still being gathered, and Denlinger said she looks forward to reporting on them. She has overseen the NCCN Compendium, the Biomarkers Compendium, and the library of Chemotherapy Order Templates, as well as research grants through the NCCN Oncology Research Program.

“Dr Denlinger is the perfect person to build on Dr Carlson’s impressive and enduring work leading this premier oncology organization,” John W. »

Sweetenham, MD, FRCP, FACP, FASCO, professor of medicine and associate director for Cancer Network Clinical Affairs at the Harold C. Simmons Comprehensive Cancer Center at UT Southwestern and chair of the NCCN Board of Directors, said in a statement.¹

“She has shown a career-long commitment to improving outcomes and experiences for all people with cancer. Dr Denlinger is beloved throughout NCCN and the larger oncology community. Her

tireless efforts and excellence treating patients, advancing new research, forging partnerships, and advocating on Capitol Hill will help NCCN continue to define and advance high-quality, high-value, patient-centered cancer care globally for years to come.”

What’s Ahead for NCCN

The organization’s growth can be measured by the numbers seen over Carlson’s tenure: When

he arrived NCCN oversaw 58 guidelines, along with 11 NCCN Guidelines for Patients, which are consumer-friendly versions designed to aid in shared decision-making. Today, there are 84 NCCN Guidelines and 67 Guidelines for Patients.¹

“We’re constantly working to improve and facilitate quality, effective, equitable, and accessible cancer care,” Denlinger said in the *EBO* interview. Recent efforts include expanding clinical practice guidelines in pediatric cancers and digitizing guidelines to make them easier to use, she said.

She also sees NCCN expanding its global efforts, with current expansion efforts in Vietnam and Poland, and ongoing efforts in Latin America, the Caribbean, North Africa, the Middle East, and sub-Saharan Africa. NCCN will continue its work to give patients the ability to engage in shared decision-making, as well as its focus on diversity and inclusion.

“As new issues and initiatives in oncology arise, we will be evaluating whether we would like to continue to add to our initiatives to ensure that equitable and accessible cancer care is delivered to everyone.”

Motivated by Her Family’s Story

“I have wanted to be a doctor since I was in first grade,” Denlinger said. Thoughts of private practice gave way to oncology when she was 17 years old. “My dad was diagnosed with kidney cancer. And at the time, there were not a lot of therapies for kidney cancer. In fact, he had surgery, and the oncologist at the time said, ‘I don’t know what to do. We’re just going to watch and see what happens.’ I was in medical school when he when he had his first recurrence, and over the course of the next 15 years, he had 10 surgeries; he went through clinical trials.

“Ultimately, toward the end of his life, standard therapies were developed for kidney cancer. But that moment [of diagnosis] was a defining moment for me, because I recognized that cancer was where I wanted to put my time and effort, and I set my sights on curing cancer at that point.”

Most academic oncologists, however, work on a single type of cancer. “It was hard to cure all the cancers. But I saw NCCN as a resource and a tool that can actually be utilized to affect a cure for cancer, and really affect outcomes,” she said. “And so, working here has been an absolute dream.” ♦

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DRUG SHORTAGES

Updated Survey: NCCN Centers Say Chemo Shortage Has Ebbed Only Slightly

Mary Caffrey

TREATMENT CENTERS THAT MAKE UP

the National Comprehensive Cancer Network (NCCN) report that the ongoing chemotherapy shortage has barely budged since early summer, with 86% experiencing a shortfall of at least 1 in a new survey.¹

NCCN’s latest survey, released October 5, 2023, was conducted September 6 through 20. It followed a similar one conducted in June, which found that 93% of the network’s centers were experiencing shortages of carboplatin and 70% did not have a steady supply of cisplatin.²

This time, 72% of centers reported they still see shortages of carboplatin and 59% have shortages of cisplatin.

“Everyone with cancer should have access to the best possible treatment according to the latest evidence and expert consensus guidelines,” Robert W. Carlson, MD, said in a statement during his final week as CEO of NCCN. “Drug shortages aren’t new, but the widespread impact makes this one particularly alarming. It is extremely concerning that this situation continues despite significant attention and effort over the past few months. We need enduring solutions in order to safeguard people with cancer and address any disparities in care.”¹

For the September 2023 survey, 29 out of NCCN’s 33 member institutions responded. As leading academic research centers from across the United States, these centers may actually be better positioned to secure chemotherapy supplies, so the results may not reflect additional challenges experienced by smaller community practices serving rural and marginalized patients.

Nearly all NCCN members reported being able to continue treating every patient who needs carboplatin or cisplatin, despite lowered supply, primarily by implementing strict waste management strategies.

Carboplatin and cisplatin are backbone therapies in scores of cancer regimens affecting up to 20% of patients, according to the National Cancer Institute.³ Over the summer, physicians have told *The American Journal of Managed Care* they have resorted to solutions that include less frequent infusions or substituting newer, more expensive novel therapies as first-line treatments, even if they are currently listed in NCCN guidelines for second- or third-line treatment.⁴

In some cases, care may be delayed as physicians and cancer centers must get new payer approvals for the revised treatment plans.

The chemotherapy shortage arose following the shuttering of a plant in India that manufactured generic cancer drugs. The shortage of cisplatin emerged first and quickly spilled over into carboplatin, which can be substituted for cisplatin.⁵ ♦

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