

What Employers Need to Know About Guideline Concordant Care

April 4, 2023

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Agenda

- Brief Overview of NCCN
- NCCN Content Utilization
- Impact of Guideline Concordant Care
- NCCN Resources for Employers
- NCCN Foundation: Patient and Caregiver Resources

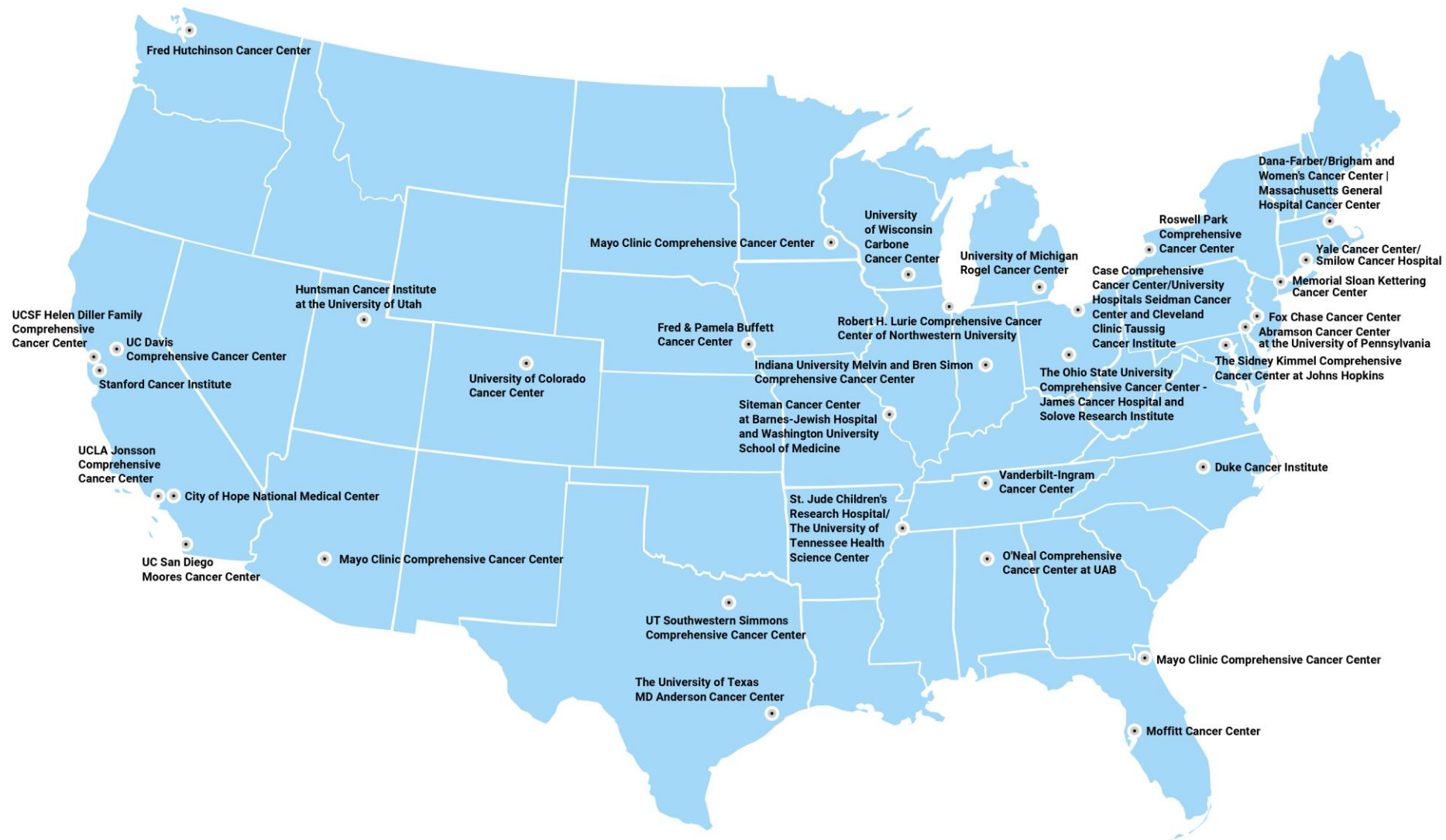
Brief Overview of NCCN

About NCCN

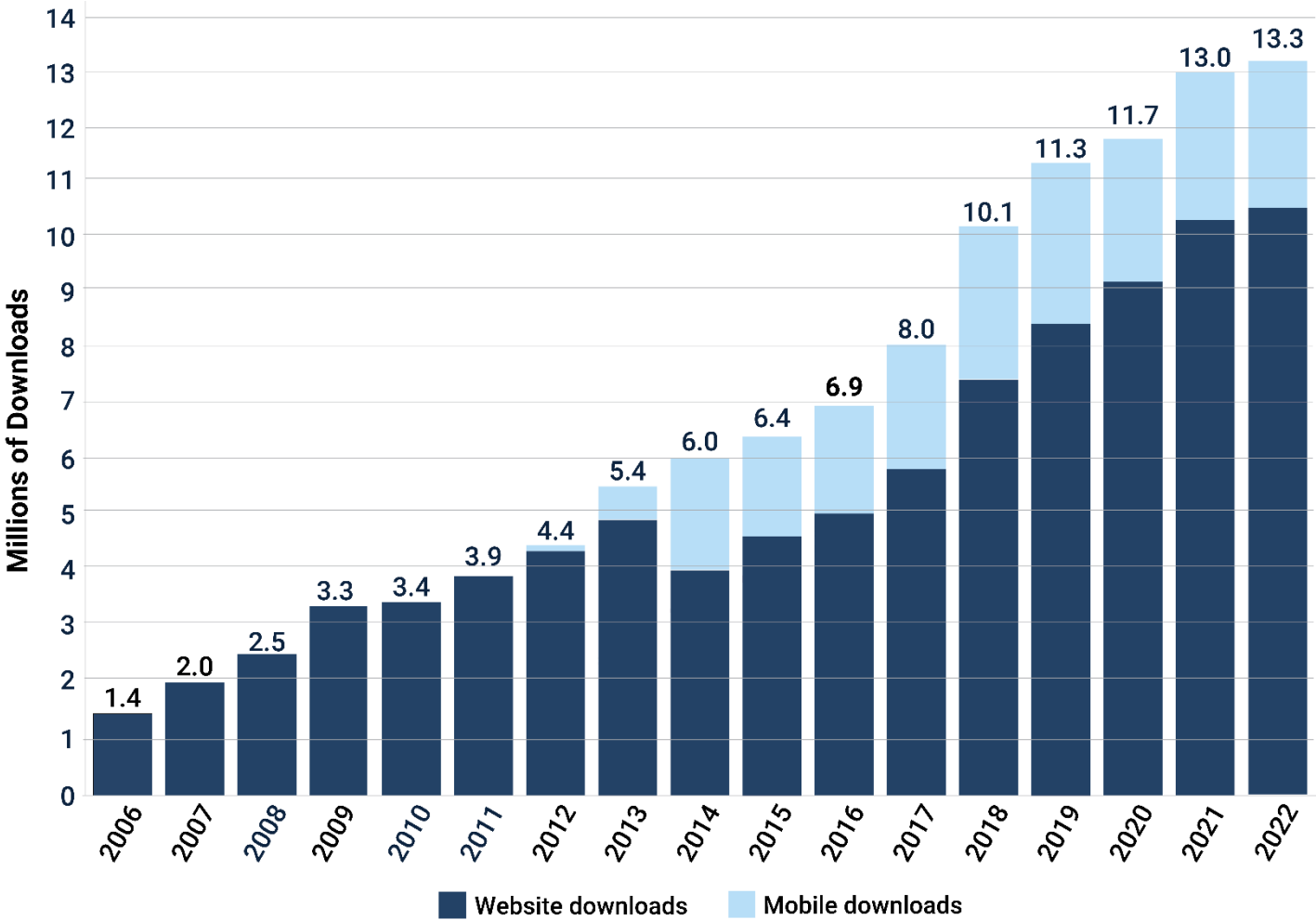
Our Mission: is to improve and facilitate quality, effective, equitable, and accessible cancer care so all patients can live better lives

- A not-for-profit alliance of 32 leading academic cancer centers in the United States
- Arbiter of high-quality cancer care
- Develops and communicates scientific, evaluative information to better inform the decision-making process between patients and physicians
- Develops and promotes national programs to facilitate the fulfillment of Member Institution missions
- Strives to improve and facilitate quality, effective, equitable, and accessible cancer care

NCCN Member Institutions



NCCN Guidelines® Downloads (Millions)



Numbers rounded to the nearest decimal. Totals include downloads from international sites and apps.

NCCN Content Utilization

Payer Utilization of NCCN Content

Payers/Plans

Representing at least 85% of Covered Lives:

all of whom utilize NCCN Guidelines and/or derivatives for coverage policy

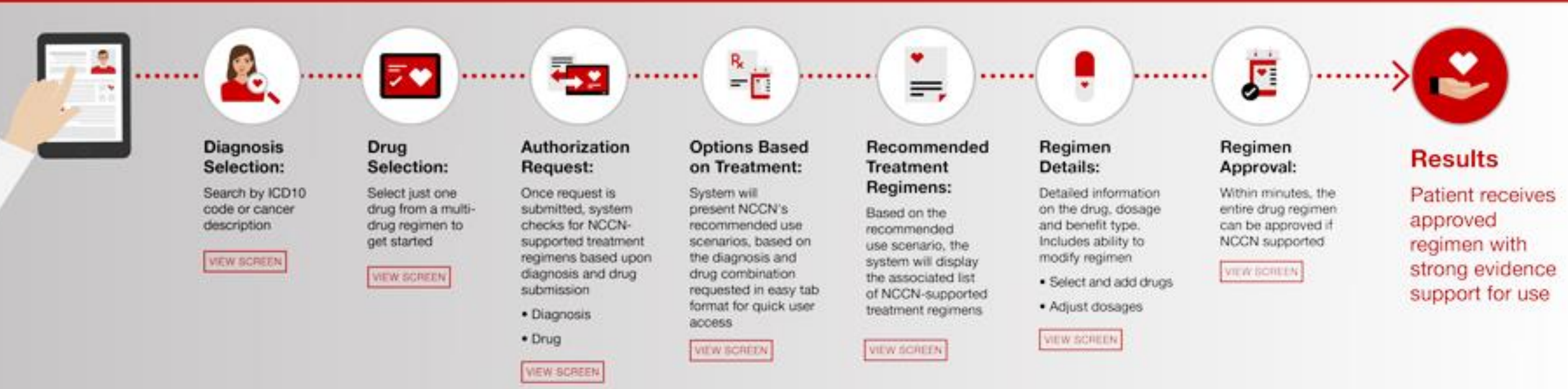
- CMS
- United Health Group (Optum)
- Elevance (Formerly Anthem)
- CVS/Aetna
- Health Care Service Corporation (HCSC)
- Express Scripts
- CIGNA
- Centene
- Kaiser Permanente
- Humana
- Independence Blue Cross
- Highmark BCBS
- Blue Cross Blue Shield Association
- BCBS of MI
- BS of California
- Horizon BCBS of NJ
- BCBS of TN
- Care First BCBS
- BCBS of FL
- BCBS of AL
- Priority Health
- BCBS of Minnesota
- BCBS of Arizona
- Cambia Health Solutions



Streamlining the Path to Patient Care

Novologix: Helping Guide to the Right Oncology Regimen at the Lowest Net Price

- ✓ **Single front-end interface and effortless navigation** through The National Comprehensive Cancer Network (NCCN) compendium makes it easy for providers
- ✓ **Regimen-specific dosing authorizations** drive clinical appropriateness and claim accuracy
- ✓ **Ability to review all NCCN-supported regimens prior to treatment selection** means real-time decision support
- ✓ **Optimized therapy selection is supported** with peer-to-peer oncologist review and panel consensus for treatment regimens



NCCN Health Information Technology: Guideline Concordance

- 87 HIT Licensees
- Additional Licensees accessing NCCN Content for coverage and utilization management include:

All NCCN Content

AIM Specialty Health

Novologix

eviCore

McKesson

New Century Health

Guidelines Drugs & Biologics Templates

Amerisource

Change Healthcare

Elsevier

Guidelines Compendium Templates

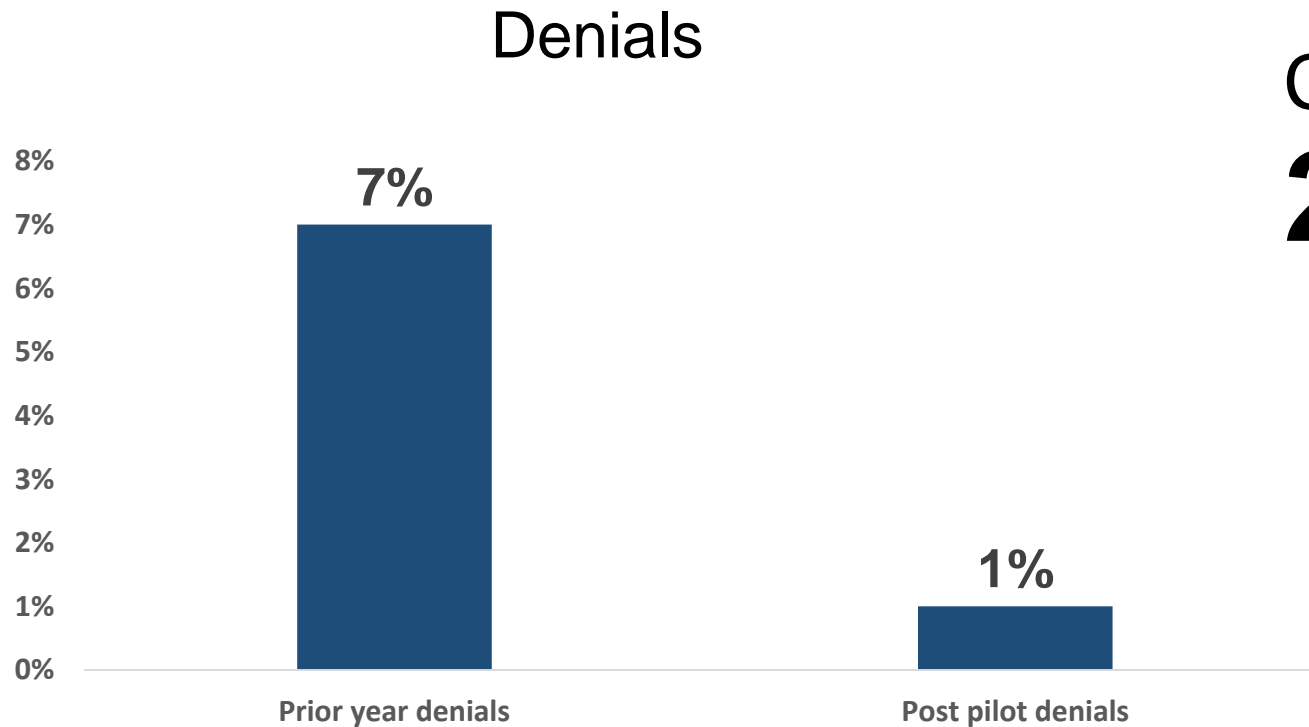
Flatiron Health

Trapelo

Impact of Guideline Concordant Care

Study: Clinical Practice Guidelines as an Alternative to Traditional Prior Authorization Processes

2015 Pilot using NCCN guidelines in place of traditional PA
(NCCN, United Healthcare, and eviCore)



Chemotherapy costs were
20% lower

Newcomer et al. J Oncol Practice 13(1):e57-e61, 2017

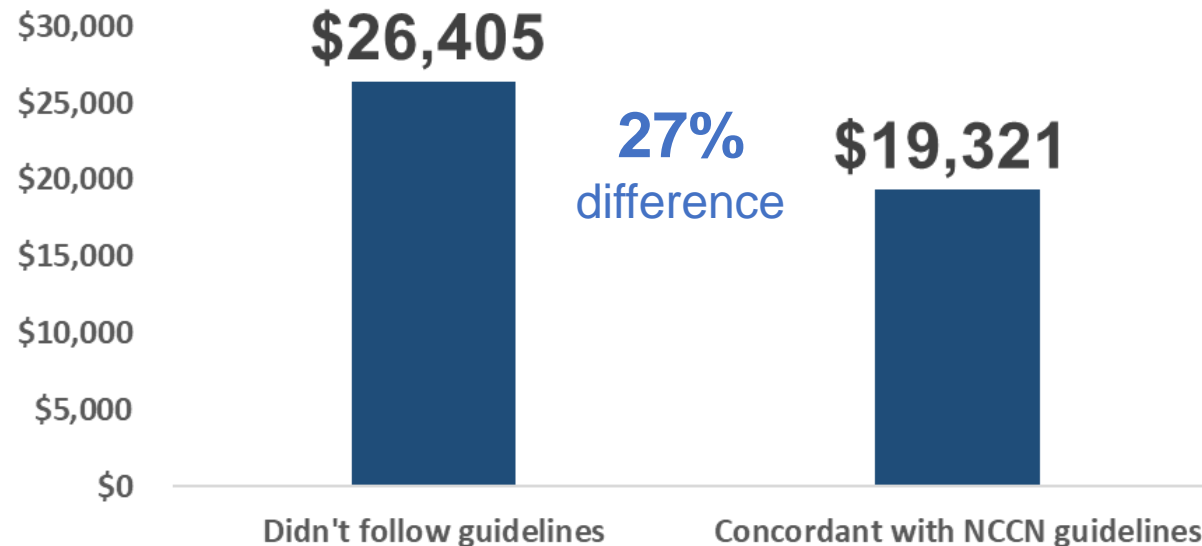
Study: Guideline Adherence Reduces Costs in NSCLC

Study evaluated 2,690 members of a Medicare Advantage plan who were NSCLC patients during the first half of 2020. (CVS Health)

Novologix decision support technology (CVS Health) improved treatment concordance with NCCN guidelines from **60% to 81%**

Brito, Managed Healthcare Executive, May 21, 2021

Total cost of care for NSCLC



81% of Medicare Advantage plan members were “NCCN concordant”

Yeon et al. J Clin Oncol 39(15):s1522, 2021 <https://meetings.asco.org/abstracts-presentations/200123>

Study: Guideline Adherence Reduces Costs in Breast Cancer

- Study evaluated 315 patients with breast cancer and for up to 180 days after treatment the total cost of care per member per month results were:

\$5,872 savings for commercial fully insured patients	\$6,946 savings for commercial self-insured patients	\$3,542 savings for Medicare patients
25% lower cost	28% lower cost	43% lower cost

Sapkota et al. J Clin Oncol 40(16):e18833, 2022 <https://meetings.asco.org/abstracts-presentations/206427>

Guideline	Disease	Outcome	Series
NCCN	Melanoma	Decreased locoregional recurrence	Foster, 2008
German S3	Breast cancer	Improved RFS and survival	Wöckel, 2009
Level I Pathways	NSCLC	Decreased cost	Neubauer, 2010
Level I Pathways	Colon cancer	Decreased cost	Hoverman, 2011
NCCN	Pancreatic cancer	Improved survival	Visser, 2012
MASCC	CINV	Decreased CINV	Aapro, 2012
Italian Natl Res Council	Sarcoma	Improved DFS	Rossi, 2013
NCCN	Colon cancer	Improved survival	Bristow, 2013
NCCN	Ovarian cancer	Improved survival	Bristow, 2014
NCCN	Colon cancer	Improved survival	Boland, 2013
NCCN	Cancer pain	Improved pain control	Mearis, 2013
NCCN/MASCC/ASCO	CINV	Decreased CINV	Affronti, 2014
NCCN	Gastric cancer	Improved survival	Worhunsky, 2015
NCCN	Ovarian cancer	Improved survival	Lee, 2015
ACCP	Lung cancer	Improved survival	Nadpara, 2015
NCCN	Esophageal	Improved survival	Molena, 2015
ESMO/ESSO/ESTRO	Anal cancer	Improved survival	Delhorme, 2016
NCCN	Nasopharyngeal CA	Improved survival	Schwam, 2016
NCCN	Ovarian Cancer	Decreased cost	Urban RR, 2016
NCCN		Decreased cost	Newcomer, 2017

Guideline	Disease	Outcome	Series
WCRF/ AICR	Breast Cancer	Better global health status/quality of life	Lei, 2018
BCLC	Hepatocellular Carcinoma	Improved OS	Piñero, 2018
NCCN	Bladder Cancer	Improved survival	Waingankar, 2018
NCCN	Breast Cancer	Improved outcomes	Vaddepally, 2018
NCCN	Prostate Cancer	Excellent NPV and low failure to detect locoregional lymph node metastases and bone metastases	Preisser, 2018
NCCN	Biliary Tract	Improved survival	Bagante, 2019
NCCN	Esophageal Cancer	Improved equity – better outcomes for patients in lower socioeconomic class	Nobel, 2019
NCCN	Lung Cancer	Improved survival	Farrow, 2019
NCCN	Breast Cancer	Decreased costs (patient out-of-pocket)	Williams, 2019
German S3	Breast Cancer	Improved overall and recurrence-free survival	Wimmer, 2019
NCCN	Colon Cancer	Improved survival	Chow, 2020
NCCN	Non-Endometrioid Endometrial	Improved outcomes (reduced disparities)	Dholakia, 2020
NCCN	Multiple Sites	Improved survival	Clair, 2020
Multiple	Small Cell Lung cancer	Improved OS	Elegbede, 2020

NCCN Resources for Employers

NCCN Employer Toolkit

- Interactive tool for Employers
- Promotes access to high quality cancer care by accomplishing the six guiding principles
 - Carrier Strategies and Tactics
 - Employer Strategies and Tactics
- Continuously updated
- [Toolkit housed free of charge on NCCN.org](https://www.nccn.org/clinical_guidelines_guidance/employer_toolkit)
- NCCN as an organizational resource for Employers

Six Guiding Principles

1. Strive to deliver the highest quality, highest value care to plan members and their families.
2. Emphasize patient centered care, designed to exceed the expectations of plan members.
3. Promote the most appropriate, value-based use of healthcare resources.
4. Encourage the selection of care providers with proven, high-quality care.
5. Endeavor to minimize the complexities and barriers to accessing high quality care.
6. Empower plan members to become more engaged in improving their health.



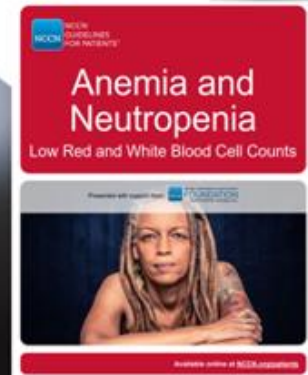
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Guiding Treatment. Changing Lives.

Patrick Delaney

Executive Director



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> [NCCN.org/apps](https://www.nccn.org/apps)

Order print copies
For a small fee > [Amazon.com](https://www.amazon.com)

Guidelines for Treatment of Cancer by Type



NCCN patient resources are based on the same treatment information your doctors use and help you talk to your doctor about the best treatment options for your disease.

Guidelines for Detection, Prevention, and Risk Reduction

NCCN GUIDELINES FOR PATIENTS[®] 2020

Please complete our online survey at www.nccn.org/patientsurvey

Lung Cancer Screening

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NCCN GUIDELINES FOR PATIENTS[®] 2021

Colorectal Cancer Screening

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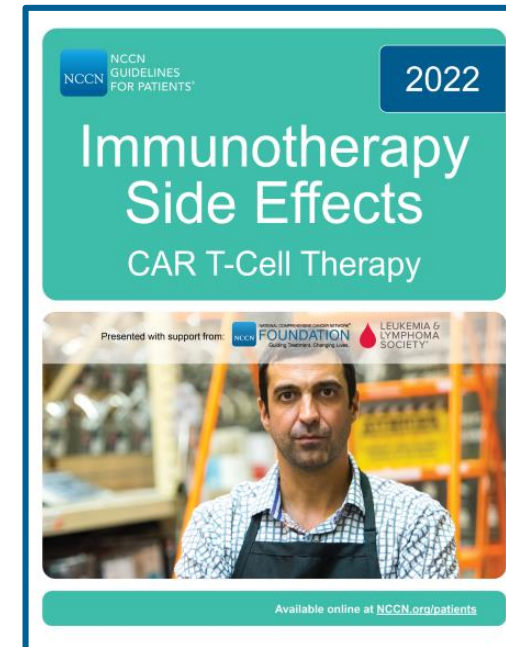
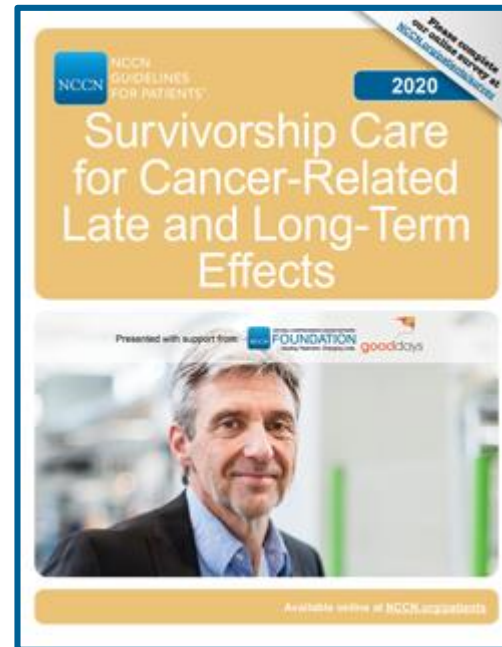
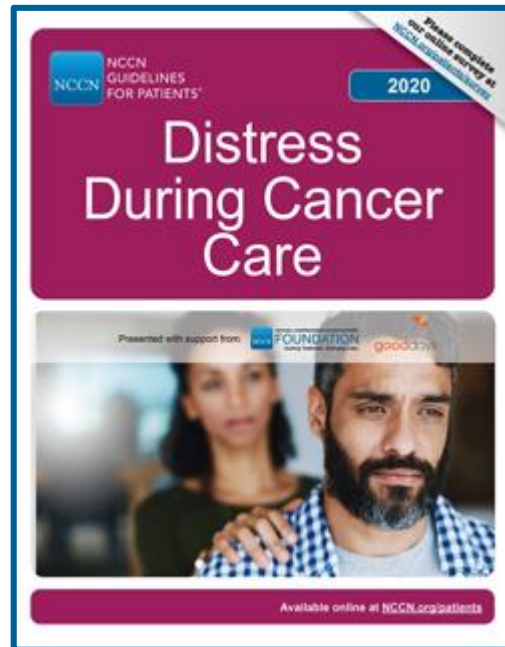
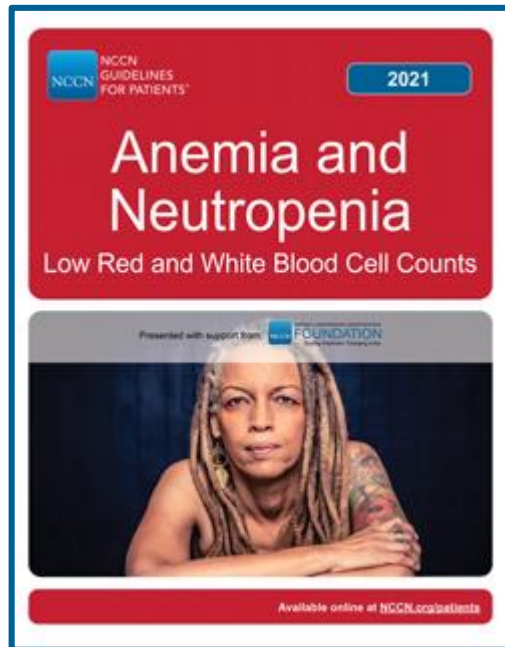
NCCN GUIDELINES FOR PATIENTS[®] 2022

Breast Cancer Screening and Diagnosis

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Guidelines for Supportive Care



NCCN Guidelines for Patients

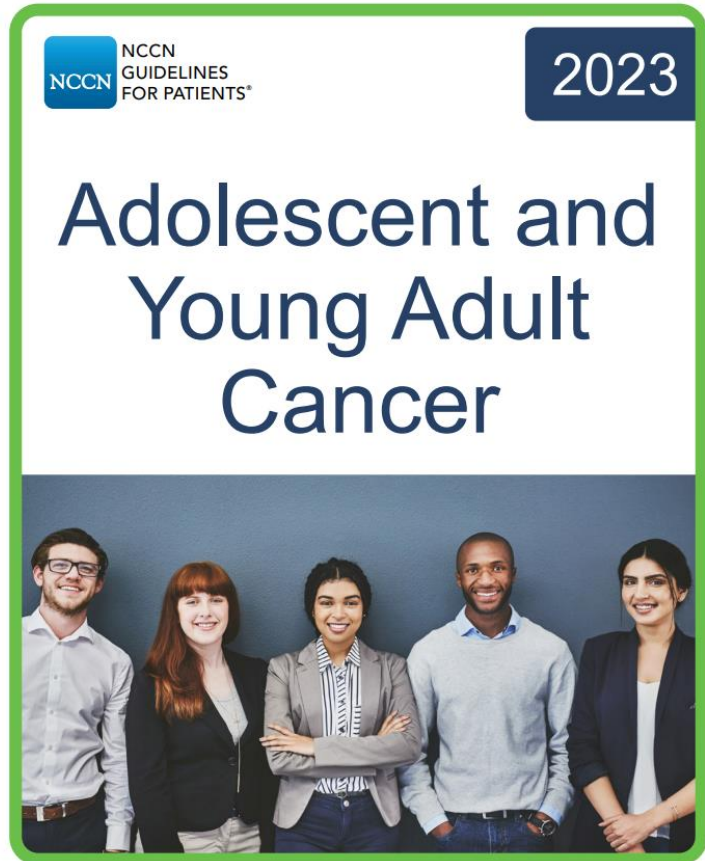
- Over 65 patient guidelines currently available
- Available free at [NCCN.org/patients](https://www.nccn.org/patients) and through the NCCN Patient Guides for Cancer mobile app
- Over 65 translations in 18 languages
- Users' survey for improvement



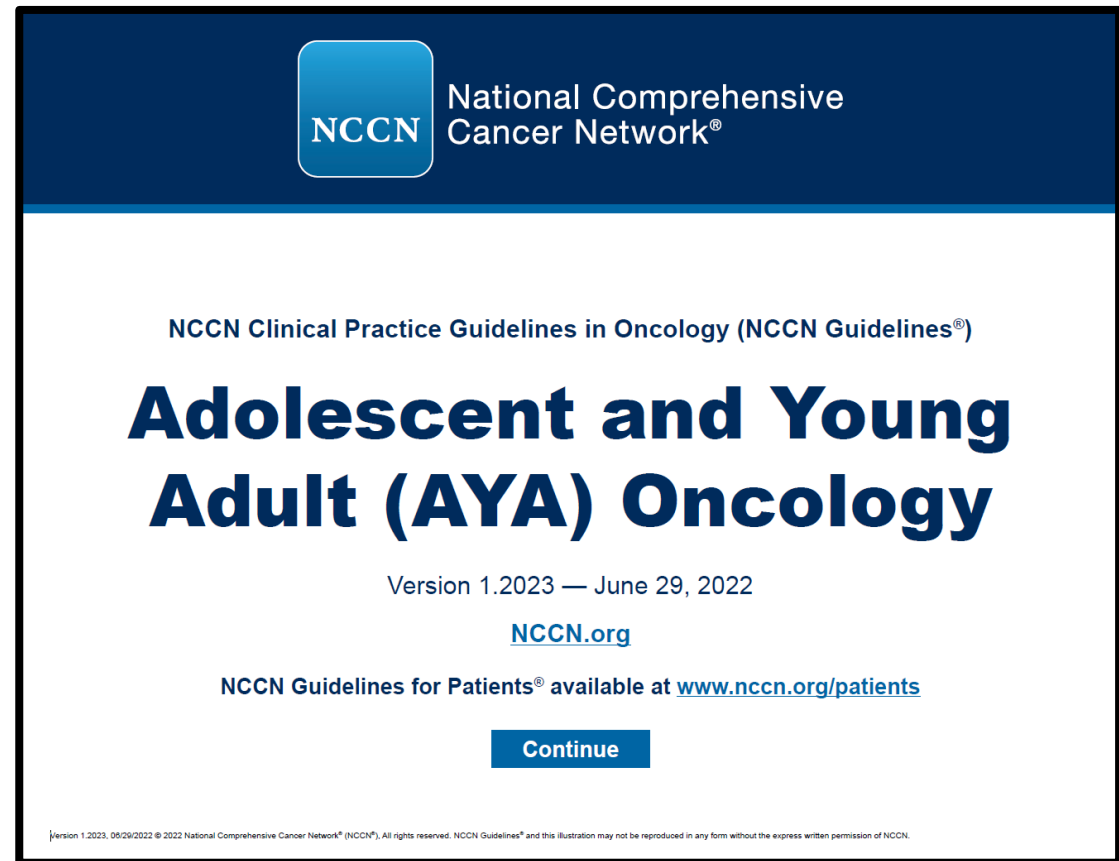
Take our [survey](#)
and help make the
NCCN Guidelines for Patients
better for everyone!

[NCCN.org/patients/comments](https://www.nccn.org/patients/comments)

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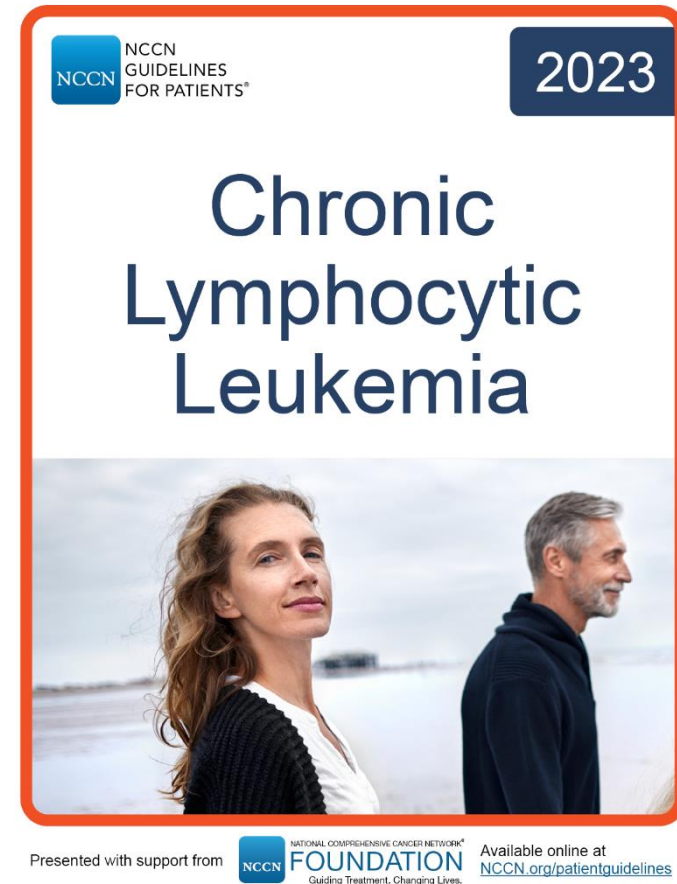


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Patient Guidelines Answer 3 Main Questions

- What is it?
- How is it diagnosed?
- How is it treated?



1

Leukemia basics

- 5 What is leukemia?
- 7 What is CLL?
- 7 How is CLL found?
- 8 Can CLL be cured?
- 8 Key points

Leukemia basics » What is leukemia?

Chronic lymphocytic leukemia (CLL) is a type of blood cancer. It is unlike many other cancers because it often worsens slowly. People with CLL usually live a long time. Read this chapter to learn more about CLL. You'll find the answers to some common questions.

What is leukemia?

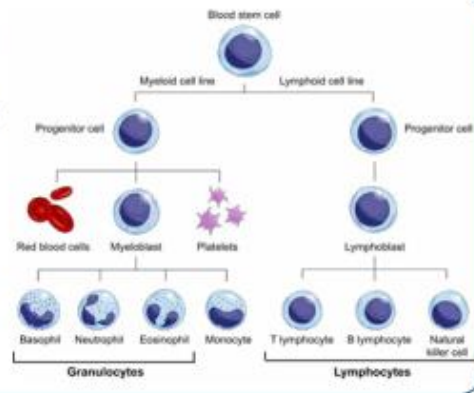
Leukemia is the most common type of blood cancer. It is a cancer of white blood cells or cells that become white blood cells. Also called leukocytes, white blood cells help fight germs in the body.

Leukemia cells form in bone marrow

Most bones have a soft center called marrow. Inside marrow, blood cells form from changes in a series of cells. First, blood stem cells change into either lymphoid or myeloid progenitor cells. Next, progenitor cells change into young blood cells called blasts. Healthy blasts become mature blood cells.

Types of white blood cells

White blood cells are part of myeloid and lymphoid cell lines. Basophils, neutrophils, and eosinophils are myeloid cells called granulocytes. Monocytes are another type of myeloid cell. B lymphocytes, T lymphocytes, and natural killer cells are lymphoid cells called lymphocytes.



Leukemia basics » What is CLL? » How is CLL found?

As it travels, it passes through lymph nodes (also called "glands"). Lymph nodes filter out germs and waste.

Leukemia cells may also travel into the lymph system. The leukemia cells can build up in lymph tissue causing the tissue to swell. Big lymph nodes are a common symptom of leukemia.

What is CLL?

CLL is the most common leukemia in adults. It is a cancer of B cells. The B cells look almost normal but don't function correctly. They can't fight infections well. CLL most often worsens slowly, but for some people it may worsen quickly.

How is CLL different from other leukemias?

Leukemias are divided into two groups called acute and chronic leukemias. CLL is a chronic leukemia. Chronic leukemia often worsens slowly over time. People with chronic leukemia may not have symptoms or need treatment right away. Chronic leukemia affects mature blood cells.

CLL affects lymphoid cells that make many abnormal B cells. In contrast, chronic myeloid leukemia (CML) affects the myeloid cell line. It causes many abnormal granulocytes to form.

Acute leukemia often worsens quickly and causes symptoms. Treatment is usually needed right away. Acute lymphoblastic leukemia (ALL) affects lymphoid cells that make many abnormal lymphoblasts. Acute myeloid leukemia (AML) affects myeloid cells that make many abnormal myeloblasts.

How do CLL and SLL differ?

CLL and small lymphocytic lymphoma (SLL) are the same cancer. They differ only by the location of the cancer cells.

With CLL, many leukemia cells are found in the blood and bone marrow. Leukemia cells may also be in the lymph nodes and spleen.

With SLL, there are few, if any, leukemia cells in the blood. Instead, the leukemia cells are mainly in lymph nodes and the spleen.

Treatment of CLL and SLL is very similar because the cancer cells are the same.

How is CLL found?

Most often, CLL is found because of routine blood work. A complete blood count (CBC) is a common blood test that measures the number of blood cells. A high number of lymphocytes is often the first sign of CLL.

Less often, CLL is found because of painless, swollen lymph nodes. Swollen lymph nodes often are found in multiple parts of the body. They may get smaller then get big again.

Most people don't have symptoms of CLL at diagnosis. When people do have symptoms, health care providers might not suspect cancer at first. Symptoms of CLL are caused by other health problems, too. Take fatigue, for example. It is a common symptom of CLL, but it is also caused by anemia, stress, inactivity, and some medications.

When leukemia is suspected, you'll be referred to a cancer doctor called a hematologist/ oncologist. More testing is needed. Getting a diagnosis of CLL can be a shock especially if you feel healthy.

2

Testing for bone cancer

- 10 Test results
- 10 General health tests
- 12 Fertility (all genders)
- 12 Preventing pregnancy
- 13 Performance status
- 13 Blood tests
- 15 Imaging tests
- 17 Biopsy
- 17 Genetic testing
- 18 Biomarker tests
- 20 Key points

Treatment planning starts with testing. Accurate testing is needed to diagnose and treat primary bone cancer. A biopsy is recommended before starting treatment. This chapter presents an overview of the tests you might receive and what to expect.

Test results

Results from imaging studies and biopsies will be used to determine your treatment plan. It is important you understand what these tests mean. Ask questions and keep copies of your test results. Online patient portals are a great way to access your test results.

Keep these things in mind:

- Choose a friend, family member, or peer who can drive you to appointments, provide meals, or offer emotional support during diagnosis and treatment.
- Bring someone with you to doctor visits, if possible.
- Write down questions and take notes during appointments. Don't be afraid to ask your care team questions. Get to know your care team and help them get to know you.
- Get copies of blood tests, imaging results, and reports about the specific type of cancer you have.

- Bring all images on a compact disc (CD). You can request a disc from the hospital or center where you had your imaging. X-rays, MRIs, and CT scans cannot be faxed. If you are meeting a new doctor, please bring all your images on a CD.
- Organize your papers. Create files for insurance forms, medical records, and test results. You can do the same on your computer.
- Keep a list of contact information for everyone on your care team. Add it to your phone. Hang the list on your refrigerator or keep it in a place where someone can access it in an emergency. Keep your primary care physician (PCP) informed of changes to this list. You are encouraged to keep your PCP. They are great partners in your care.
- Include in your contact list information on the exact type of cancer, as well as any treatment and the date it started.

General health tests

Medical history

A medical history is a record of all health issues and treatments you have had in your life. Be prepared to list any illness or injury and when it happened. Bring a list of old and new medicines and any over-the-counter medicines, herbals, or supplements you take. Some supplements interact and affect prescriptions that your doctor may give you. Tell your doctor about any symptoms you have. A medical history, sometimes called a health history, will help determine which treatment is best for you.

Family history

Some cancers and other diseases can run in families. Your doctor will ask about the health history of family members who are blood relatives. This information is called a family history. Ask family members on both sides of your family about their health issues like heart disease, cancer, and diabetes, and at what age they were diagnosed. It's important to know the specific type of cancer, or where the cancer started, and if it is in multiple locations.

Physical exam

During a physical exam, your health care provider may:

- Check your temperature, blood pressure, pulse, and breathing rate
- Check your height and weight
- Listen to your lungs and heart
- Look in your eyes, ears, nose, and throat
- Feel and apply pressure to parts of your body to see if organs are of normal size, are soft or hard, or cause pain when touched.
- Feel for enlarged lymph nodes in your neck, underarm, and groin.

For possible tests, **see Guide 1.**

Bring a list of any medications, vitamins, over-the-counter drugs, herbals, or supplements you are taking.

Guide 1

Possible tests: Those 40 years of age and over

Medical history and physical exam

Bone scan

Chest x-ray

Blood tests such as complete blood count (CBC), comprehensive metabolic panel (CMP) with calcium to assess for hypercalcemia

Chest/abdominal/pelvic CT with contrast

Biopsy, as needed, performed by orthopedic oncologist at center where you will be treated

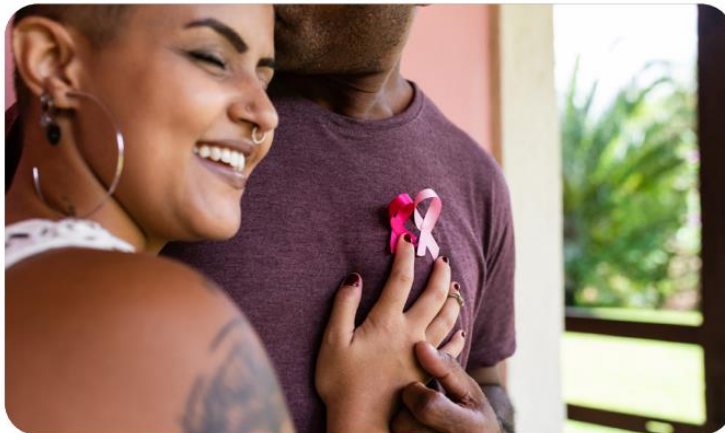
* Those under 40 years of age will be referred to an orthopedic oncologist

How is it treated?

4

Treatment overview

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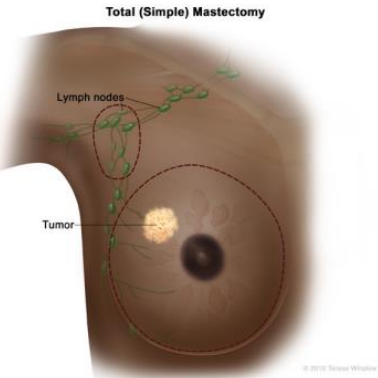


4 Treatment overview

Surgery

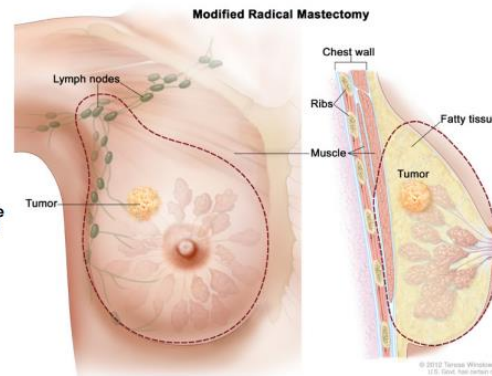
Total (simple) mastectomy

The dotted line shows where the entire breast is removed. Some lymph nodes under the arm may also be removed



Modified radical mastectomy

The dotted line shows where the entire breast and some lymph nodes are removed. Part of the chest wall muscle may also be removed.



6 Stages 1, 2, and 3A

HR- with HER2+

HR- with HER2+

In hormone receptor-negative (HR-) cancer, there are no receptors for estrogen (ER-) and progesterone (PR-). When HER2 receptors are found, it is HER2-positive (HER2+). Since this cancer is HR- and HER2+, treatment will focus on targeting HER2. HER2-targeted therapy usually includes chemotherapy.

HER2-targeted therapy options can be found in [Guide 5](#).

Did you know?

The terms “chemotherapy” and “systemic therapy” are often used interchangeably, but they are not the same. Chemotherapy, targeted therapy, and immunotherapy are all types of systemic therapy.

Guide 5

Adjuvant HER2-targeted therapy (HER2+) options

Preferred options	<ul style="list-style-type: none"> • Paclitaxel and trastuzumab • Docetaxel, carboplatin, and trastuzumab (TCH) • Docetaxel, carboplatin, trastuzumab, and pertuzumab (TCHP) • Complete up to 1 year of HER2-targeted therapy with trastuzumab. Pertuzumab might be added.
Other recommended	<ul style="list-style-type: none"> • Doxorubicin with cyclophosphamide followed by docetaxel with trastuzumab • Doxorubicin with cyclophosphamide followed by docetaxel with trastuzumab and pertuzumab
Used in some cases	<ul style="list-style-type: none"> • Docetaxel, cyclophosphamide, and trastuzumab • Doxorubicin and cyclophosphamide followed by paclitaxel with trastuzumab • Doxorubicin and cyclophosphamide followed by docetaxel with paclitaxel, trastuzumab, and pertuzumab • Neratinib • Paclitaxel with trastuzumab and pertuzumab • Ado-trastuzumab emtansine (TDM-1)

Note: An FDA-approved biosimilar might be used for trastuzumab.

Other Important Features

3 Determining the diagnosis Tumor stage | Key points

Tumor stage → **Key points**

The tumor, node, metastasis (TNM) system is used to “stage” prostate cancer. Staging is a way to describe how much cancer is in your body and how far it has spread. Knowing your stage is important for predicting the course of your disease and for making a treatment plan.

In this system, the letters T, N, and M stand for different areas of cancer growth:

- **T (tumor)** – Describes the size of the main (primary) tumor and if it has grown outside the prostate
- **N (node)** – Identifies whether cancer has spread to nearby lymph nodes
- **M (metastasis)** – Indicates if cancer has spread to distant parts of the body (metastasized)

Based on test results, your doctor will assign a number to each letter. The higher the number, the larger the tumor or the more the cancer has spread. These scores are combined to assign a stage to the cancer.

Summary

If you’ve read this chapter from the beginning, you’ll recall that it all started with a discussion of risk—the risk that your cancer might grow. All the elements described in this chapter (digital rectal exam, prostate-specific antigen level, biopsy results, Gleason score, Grade Group, and tumor stage) are put together to come up with your initial level of risk.

In the next chapter, we’ll talk about risk assessment and what that means for you.

Key Points

Words to know

← **Words to know**

<p>abdomen The belly area between the chest and pelvis.</p> <p>acute nausea and vomiting Side effects that happen within a few minutes to a few hours after cancer therapy.</p> <p>anticipatory nausea and vomiting Side effects that occur in advance of the next treatment.</p> <p>antiemesis The prevention of nausea and vomiting.</p> <p>antiemetic A drug used to treat nausea and vomiting.</p> <p>behavioral therapy A psychological treatment that helps change thinking patterns or behaviors.</p> <p>breakthrough nausea and vomiting Side effects that happen despite trying to prevent them.</p> <p>central nervous system The brain and spinal cord.</p> <p>chemoreceptor trigger zone An area in the brain that receives emetic signals from the body and transmits them to the vomiting center.</p> <p>chemotherapy Drugs that stop the life cycle of cancer cells so the cells don’t increase in number.</p> <p>chemotherapy-induced nausea and vomiting Nausea and vomiting brought on by chemotherapy.</p>	<p>complementary therapy Treatment that’s given alongside standard therapy.</p> <p>dehydration A condition where the body lacks enough water and other fluids to work normally.</p> <p>delayed nausea and vomiting Nausea and vomiting that occur more than 24 hours after treatment is given.</p> <p>digestive system A series of organs (including the stomach, intestines, and others) that breaks down food for the body to use as energy. Also called the gastrointestinal system.</p> <p>electrolyte An essential mineral in the body’s fluids that helps control vital functions.</p> <p>emesis The physical action of expelling what’s in the stomach out of the mouth. Also called vomiting.</p> <p>esophagus A tube-shaped organ that carries food between the throat and stomach.</p> <p>guided imagery A relaxation technique in which a person visualizes positive mental images to reduce stress and increase well-being.</p> <p>hypnotherapy A therapy that uses hypnosis and the power of suggestion to relieve symptoms or affect behavior.</p>
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Nausea and Vomiting, 2022 44

5 Making treatment decisions Questions to ask

← **Questions about nausea and vomiting**

1. Will my cancer treatment cause nausea and vomiting?
2. If so, when will it start? How long can it last?
3. Can I switch to a different cancer treatment if nausea and vomiting become really bad?
4. Could another medication that’s not part of my cancer treatment be causing nausea and vomiting?
5. What medication can I take to reduce nausea and vomiting?
6. Can I take more than one antiemetic medication?
7. Does antiemetic medication cause any side effects?
8. Will my insurance cover the cost of antiemetic treatment?
9. What should I do if antiemetic medication doesn’t work?
10. Is a clinical trial an option for me?

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Questions to Ask

7 Making treatment decisions Online resources

← **Online resources**

<p>American Cancer Society (ACS) cancer.org/cancer/prostate-cancer.html</p> <p>California Prostate Cancer Coalition (CPCC) prostatecalif.org</p> <p>CancerCare cancercares.org/diagnosis/prostate_cancer</p> <p>Cancer.Net cancer.net/cancer-types/prostate-cancer</p> <p>Cancer Support Community cancersupportcommunity.org</p> <p>Malecare Cancer Support malecare.org</p> <p>National Cancer Institute cancer.gov/types/prostate</p> <p>National Alliance of State Prostate Cancer Coalitions (NASPCC) nasppc.org</p> <p>National Coalition for Cancer Survivorship canceradvocacy.org</p> <p>PAN Foundation panfoundation.org</p>	<p>National Prostate Cancer Awareness Foundation (PCaAware) pcaaware.org</p> <p>Prostate Cancer Foundation pcf.org</p> <p>Prostate Cancer Nomograms mskcc.org/nomograms/prostate</p> <p>Prostate Conditions Education Council (PCEC) prostateconditions.org</p> <p>Prostate Health Education Network (PHEN) prostatehealthed.org</p> <p>U.S. National Library of Medicine Clinical Trials Database clinicaltrials.gov</p> <p>Urology Care Foundation urologyhealth.org</p> <p>Veterans Prostate Cancer Awareness (VPCa) veteransprostatecancer.org</p> <p>ZERO - The End of Prostate Cancer zerocancer.org</p>
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NCCN Guidelines for Patients®
Early-Stage Prostate Cancer, 2022 75

Online Resources

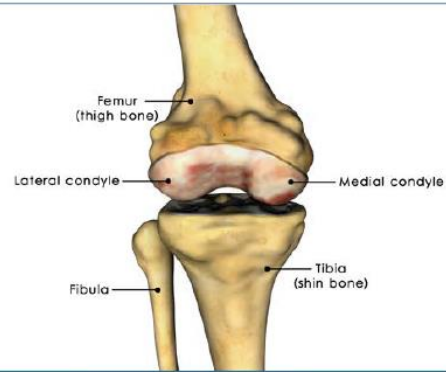
Strengthen muscles

Resistance training increases muscle strength. It may include using weights, elastic bands, or your own body weight to work your muscles. Do resistance training 2 to 3 times a week.



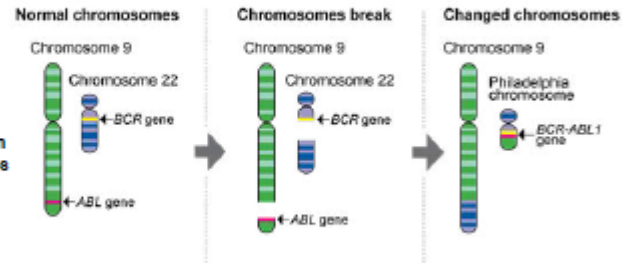
Giant cell tumor of the bone

Giant cell tumors are often found at the end of the thigh bone (femur).



Philadelphia chromosome

The Philadelphia chromosome is formed by a translocation between parts of chromosomes 9 and 22. It contains the abnormal BCR-ABL1 fusion gene.



Get to know your care team and help them get to know you.

CT scan

A CT scan is a more detailed kind of x-ray. It takes a lot of pictures, or images, from different angles. A computer then combines the images to make 3-D pictures.



Guide 4

Treatment options: Clinical stage T2 tumor

Chemotherapy before surgery

- Fluorouracil, leucovorin, oxaliplatin, and docetaxel (FLOT) (preferred)
- Fluoropyrimidine and oxaliplatin (preferred)
- Fluorouracil and cisplatin

Chemoradiation before surgery

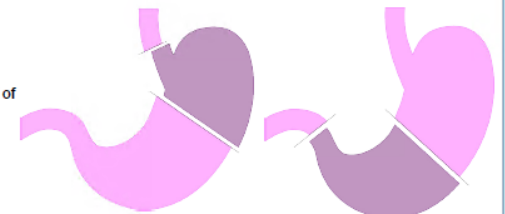
- Paclitaxel and carboplatin
- Fluorouracil and oxaliplatin
- Fluorouracil and cisplatin
- Fluoropyrimidine (fluorouracil or capecitabine)

Partial gastrectomy

In a proximal gastrectomy, the top half of the stomach is removed. In a distal gastrectomy, the bottom half of the stomach is removed.

https://commons.wikimedia.org/wiki/Category:Gastrectomy#/media/File:Proximal_gastrectomy.png

https://commons.wikimedia.org/wiki/Category:Gastrectomy#/media/File:Distal_gastrectomy.png




Proximal gastrectomy

Distal gastrectomy

Free Webinars

NCCN provides FREE Know What Your Doctors Know webinars for people affected by cancer and caregivers. These live informational programs are created in conjunction with [NCCN Guidelines for Patients®](#) and supported by the NCCN Foundation and generous donors. The webinars are also recorded and posted for anyone to view afterward.



NCCN National Comprehensive Cancer Network® 2022

Patient Webinar
Metastatic Breast Cancer

Know What Your Doctors Know

Thursday, July 28, 2022
3:00 – 4:15 PM EDT

Tuesday, August 2, 2022
12:00 – 1:15 PM EDT



NCCN National Comprehensive Cancer Network® 2022

Patient Webinar
Cáncer de mama

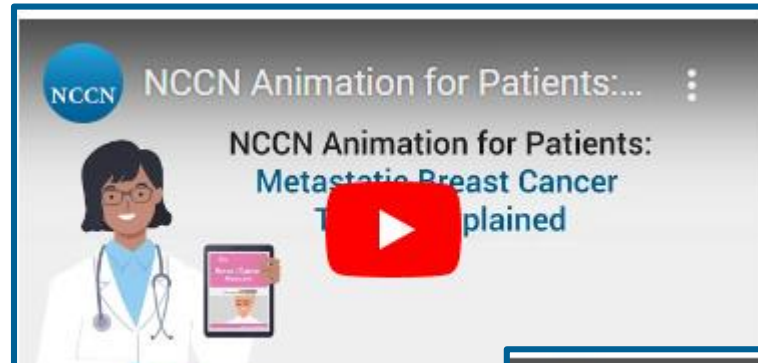
Know What Your Doctors Know

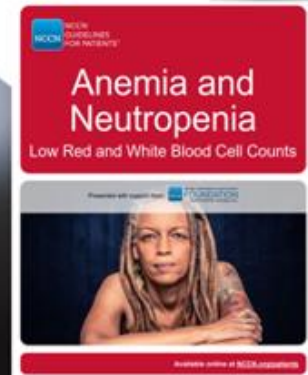
October 24, 2022



NCCN Animations

The NCCN Animations for Patients take a closer look at selected topics presented in the NCCN Guidelines for Patients®. Each animation highlights a specific aspect of testing or treatment from the patient guideline for a particular cancer type. Together with the NCCN Guidelines for Patients, these brief animations help patients understand their cancer and treatment options





National Comprehensive Cancer Network®

FREE NCCN Guidelines for Patients

Supported by funding from NCCN Foundation®

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Thank you!

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