

Cancer Experts Share Updates to Improve Care and Navigate Drug Shortages

Over 1,7000 oncology professionals attended the 2024 National Comprehensive Cancer Network (NCCN) annual conference.

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The National Comprehensive Cancer Network (NCCN)—an alliance of leading cancer centers—hosted more than 1,700 oncology professionals during the [NCCN 2024 Annual Conference](#) on April 5-7. The yearly meeting includes opportunities for care providers to interact with world-renowned specialists on the latest evidence-based expert consensus recommendations for delivering high quality, patient-centered cancer care. Sessions focused on practical applications for improving care at every level, including clinical and administrative tracks, patient perspectives, and pressing policy issues.

“The NCCN Annual Conference has always been one of my favorite events, because it is an opportunity to learn about both the clinical and administrative aspects of cancer care delivery with practical things I can take home and immediately apply,” said Crystal S. Denlinger, MD, chief executive officer, NCCN, who has been attending since her time as an oncology fellow, long before joining the organization. “Clinical practice guidelines and continuing education events such as NCCN’s Annual Conference democratize care and disseminate knowledge. They enable providers to know what appropriate care should be and how to deliver it so every patient can have access to care that aligns with their goals. I hope that everyone who attended our meeting learned something new, met someone new, and can implement something new when they go home so we can all work together to improve and facilitate quality, effective, equitable and accessible cancer care for everyone.”

The conference included a plenary session on the topic of drug shortages in oncology, with a discussion about both short-term mitigation strategies and long-term fixes. Speakers shared their personal experiences as patients and caregivers in addition to physicians and pharmacists navigating recent and longstanding experiences with concerning shortages of life-saving generic medications.

According to Laura Bray, MBA, founder and chief change maker, Angels for Change: “Our supply

chain is lacking in reliability; it breaks too often. It also lacks resiliency; when it breaks, it can't recover quickly. Every link on the chain will have to make changes to end the ongoing crisis of dangerous and heartbreaking drug shortages. But if we do this right, everyone will only need to change a little bit in order to prevent drug shortages and save lives."

"Congress needs to pass laws mandating more transparency around the supply chain of oncology drugs," explained Erin R. Fox, PharmD, MHA, BCPS, University of Utah Health Care. "If we're going to solve this, lawmakers need to act."

Another plenary session provided patient and provider perspectives on managing hereditary cancer risk, such as Lynch syndrome.

"Genetic testing helps people understand their risk for cancer, so they can take steps to reduce that risk and also make personalized medical decisions for their treatment," said Wenora Johnson, three-time cancer survivor and patient advocate at FORCE. "For instance, lifelong surveillance is a must for me. Regular maintenance is my new norm, but I'm not mad about it, because it keeps me alive."

Other sessions delved into the latest updates to the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for numerous cancer types, including:

- Acute Myeloid Leukemia
- HR-Positive, HER2-Negative Breast Cancer
- Localized Prostate Cancer
- MSI-H/dMMR Upper and Lower Gastrointestinal Cancers
- Metastatic Non-Small Cell Lung Cancer
- Small Cell Lung Cancer
- Locally Advanced Rectal Cancer
- Renal Cell Carcinoma

- Metastatic Urothelial Cancer
- Multiple Myeloma
- Endometrial Cancer
- Cutaneous Melanoma
- Basal Cell and Squamous Cell Skin Cancers
- Neuroblastoma
- Pancreatic Cancer
- Recurrent/Metastatic Head and Neck Cancers

Additional session topics included vaccination recommendations for cancer survivors, screening and supportive care approaches, and best practices for maximizing staffing and healthcare resources. A panel on Artificial Intelligence (AI) in Oncology looked into both the promise and the dangers of this emerging tool for harnessing big data with limited time. It was described as allowing physicians more time for interacting with patients, while letting computer algorithms sort the needles from the haystacks.

“Using a piloted AI tool as a ‘Virtual Scribe’ gave me an hour of life back for every day I spend in clinic,” said Randa M. Perkins, MD, MBA, Moffitt Cancer Center. “But we do need transparency and a regulatory framework to ensure equity, fairness and safety. Regulations may slow down production, but they will increase adoption; there will be more trust once we know there are sufficient guardrails in place.”

The conference also featured nearly 200 poster presentations with original research on cancer care. In-person attendees had opportunities to join expert-led tours of the posters and hear oral presentations for the top-rated abstracts. There were additional opportunities for networking, including an interactive exhibit hall, a “Mingle for a Mission” event assembling garden kits for breast cancer survivors, and frequent “Continue the Conversation” opportunities to chat with speakers and attendees in a less formal setting.

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