

New 'game plan' for oncologists reflects rapid advances and need for immediate information

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The field of oncology is rapidly changing, thanks to new discoveries and treatments, and patients with cancer are living longer, often juggling multiple chronic conditions. An article in the July 5, 2016 *Journal of Clinical Oncology*, lays out a "game plan" for the American Society of Clinical Oncology that helps set the stage for incorporating new therapies and approaches into clinical guidelines as quickly—and as accurately—as possible.

The report also lays the groundwork for ASCO [guidelines](#) to become more of a digital resource for clinicians and introduces plans to fold the organization's new web-based rapid-learning system, CancerLinQ, into practice. These moves are especially important as oncology becomes increasingly focused on providing a personalized, precision medicine approach to treatment, said senior author Dr. Gary Lyman, Fred Hutchinson Cancer Research Center researcher, breast [cancer](#) oncologist and co-director of the Hutchinson Institute for Cancer Outcomes Research (HICOR).

"We're in an era of such rapid changes in cancer care and the understanding of the disease—with new therapies and new diagnostics—that we cannot afford not to have the most up-to-date evidence-based guidance for shared decision-making in cancer treatment," Lyman said. "CancerLinQ, will allow point-of-care clinical decision support utilizing the latest evidence-based recommendations to

provide patients with the best care. Clinicians can access CancerLinQ from wherever they have access to the internet."

ASCO began creating [clinical practice guidelines](#) more than 20 years ago, updating them as new treatments and therapies became available. They are used by oncologists to provide patients with the best, evidence-based care. Lyman, a leader in the field of precision oncology and a member of the ASCO board of directors, has played a key role in establishing and updating the guidelines.

New guideline innovations covered in this report include:

- The integration of multiple chronic conditions (MCCs) into practice guidelines: Many cancer patients suffer from other [chronic conditions](#), such as heart disease, which could impact their cancer treatment, recovery and survival. ASCO is now folding MCC information and resources into its guidelines.
- New ways to keep guidelines current; setting ground rules for guideline updates; establishing a system for the review of new findings.
- Setting standards for the endorsement or adaptation of guidelines from other professional organizations, increasing the number of high-quality guidelines available to oncologists.
- Establishing ground rules for creating new guideline topics (setting a nominations process).
- Enhancing dissemination and use of ASCO guidelines in the oncology practice community through a network of volunteer ambassadors.
- **MOVING FORWARD:** ASCO's precision oncology database, CancerLinQ, is designed to help oncologists make better treatment decisions. As more data become available, more treatments will need to be finessed (and more guidelines updated) to better serve patients. This is an ever-evolving area,

and getting the information to oncologists in an accessible, timely and readable manner at the point of care is crucial. As the authors put it, "It is time to [click] and drag ASCO guidelines into the 21st century." This report and the ground rules laid out in it are an important step in that direction.

"There are new drugs coming out every week, if not every day. There's an overwhelming amount of information for oncologists to keep track of. It's one thing for those of us in academic settings who see one type of cancer, but in a practice where you're treating all kinds of cancer, it's a daunting, overwhelming process. Clinical oncologists must keep up with the latest advances diagnostically and therapeutically in every cancer they might possibly encounter, and every stage of those cancers from early to advanced, and also deal with things like end-of-life care, survivorship and comorbidities or other medical problems," Lyman said.

Provided by Fred Hutchinson Cancer Research Center

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