

The NCCN Written Identity and Usage Guidelines

To help solidify the National Comprehensive Cancer Network's (NCCN's) brand identity and to avoid confusion both internally and for our varied audiences, please use the approved language outlined in these guidelines for written materials relating to NCCN and its programs. Developing the NCCN Written Identity and Usage Guidelines will be an ongoing process; updates and revisions will be available on shared\NCCN Tools\NCCN Written and Graphic Guidelines or online at www.nccn.org/identity.



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Please note: Designed pieces and the website do not need to adhere to these guidelines in all instances. Of course, the names and titles of NCCN programs and resources, NCCN Member Institutions, and personnel should always be consistently used. When in doubt, please consult with NCCN marketing staff.

Section 1: NCCN Boilerplate and Mission

The NCCN boilerplate and mission are the standard descriptions of the organization. If you need to describe NCCN in written materials, use the approved boilerplate or mission below. Depending on the situation (ex: press releases), you may also include the list of NCCN Member Institutions in paragraph form.

NCCN Boilerplate

The National Comprehensive Cancer Network (NCCN), a not-for-profit alliance of 21 of the world's leading cancer centers, is dedicated to improving the quality and effectiveness of care provided to patients with cancer. Through the leadership and expertise of clinical professionals at NCCN Member Institutions, NCCN develops resources that present valuable information to the numerous stakeholders in the health care delivery system. As the arbiter of high-quality cancer care, NCCN promotes the importance of continuous quality improvement and recognizes the significance of creating clinical practice guidelines appropriate for use by patients, clinicians, and other health care decision-makers. The primary goal of all NCCN initiatives is to improve the quality, effectiveness, and efficiency of oncology practice so patients can live better lives.

For more information, visit NCCN.org.

NCCN Mission

The National Comprehensive Cancer Network is dedicated to improving care along the continuum of cancer screening, diagnosis, treatment, and follow-up. An alliance of 21 of the world's leading cancer centers, NCCN communicates sound, evaluative clinical information to enhance the decision-making processes of patients, physicians, and others who influence access to and the choice of cancer care.

NCCN Member Institutions (in paragraph form)

The NCCN Member Institutions are: City of Hope Comprehensive Cancer Center, Los Angeles, CA; Dana-Farber/Brigham and Women's Cancer Center | Massachusetts General Hospital Cancer Center, Boston, MA; Duke Comprehensive Cancer Center, Durham, NC; Fox Chase Cancer Center, Philadelphia, PA; Huntsman Cancer Institute at the University of Utah, Salt Lake City, UT; Fred Hutchinson Cancer Research Center/Seattle Cancer Care Alliance, Seattle, WA; The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, Baltimore, MD; Robert H. Lurie Comprehensive Cancer Center of Northwestern University, Chicago, IL; Memorial Sloan-Kettering Cancer Center, New York, NY; H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL; The Ohio State University Comprehensive Cancer Center - James Cancer Hospital and Solove Research Institute, Columbus, OH; Roswell Park Cancer Institute, Buffalo, NY; Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine, St. Louis, MO; St. Jude Children's Research Hospital/University of Tennessee Cancer Institute, Memphis, TN; Stanford Comprehensive Cancer Center, Stanford, CA; University of Alabama at Birmingham Comprehensive Cancer Center, Birmingham, AL; UCSF Helen Diller Family Comprehensive Cancer Center, San Francisco, CA; University of Michigan Comprehensive Cancer Center, Ann Arbor, MI; UNMC Eppley Cancer Center at The Nebraska Medical Center, Omaha, NE; The University of Texas M. D. Anderson Cancer Center, Houston, TX; and Vanderbilt-Ingram Cancer Center, Nashville, TN.

Section 2: NCCN Member Institutions

The members of NCCN should always be referred to as “NCCN Member Institutions.” Note that “NCCN Member Institution(s)” should be capitalized.

The names of NCCN Member Institutions are to be written as they appear on the NCCN letterhead. For spacing purposes on the map, “University” is often abbreviated “U.” and NCCN Member Institution names are broken onto 3 or 4 lines. Always spell out “University” and use the least amount of lines breaks for each NCCN Member Institution listing. The proper alphabetical listing of NCCN Member Institutions is below.

Please note: Any name change must be approved by the NCCN’s Chief Operating Officer (COO). Please contact the COO if you discover any name discrepancies.

City of Hope Comprehensive Cancer Center

Los Angeles, California

2 lines – City of Hope Comprehensive
Cancer Center

Dana-Farber/Brigham and Women’s Cancer Center/ Massachusetts General Hospital Cancer Center

Boston, Massachusetts

2 lines – Dana-Farber/Brigham and Women’s Cancer Center
Massachusetts General Hospital Cancer Center

3 lines – Dana-Farber/Brigham and Women’s
Cancer Center |Massachusetts General
Hospital Cancer Center

4 lines – Dana-Farber/Brigham and
Women’s Cancer Center
Massachusetts General Hospital
Cancer Center

Duke Comprehensive Cancer Center

Durham, North Carolina

2 lines – Duke Comprehensive
Cancer Center

Fox Chase Cancer Center

Philadelphia, Pennsylvania

2 lines – Fox Chase
Cancer Center

Huntsman Cancer Institute at the University of Utah

Salt Lake City, Utah

2 lines – Huntsman Cancer Institute
at the University of Utah

3 lines – Huntsman Cancer
Institute at the
University of Utah

Fred Hutchinson Cancer Research Center/Seattle Cancer Care Alliance

Seattle, Washington

2 lines – Fred Hutchinson Cancer Research Center/
Seattle Cancer Care Alliance

-OR-

3 lines – Fred Hutchinson Cancer Research
Center/Seattle Cancer Care Alliance

Fred Hutchinson Cancer
Research Center/Seattle
Cancer Care Alliance

-OR-

Fred Hutchinson Cancer
Research Center/
Seattle Cancer Care Alliance

The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins

Baltimore, Maryland

2 lines – The Sidney Kimmel Comprehensive
Cancer Center at Johns Hopkins

3 lines – The Sidney Kimmel
Comprehensive Cancer
Center at Johns Hopkins

Robert H. Lurie Comprehensive Cancer Center of Northwestern University

Chicago, Illinois

2 lines – Robert H. Lurie Comprehensive Cancer
Center of Northwestern University

3 lines – Robert H. Lurie Comprehensive
Cancer Center of Northwestern
University

Memorial Sloan-Kettering Cancer Center

New York, New York

2 lines – Memorial Sloan-Kettering
Cancer Center

H. Lee Moffitt Cancer Center & Research Institute

Tampa, Florida

2 lines – H. Lee Moffitt Cancer Center &
Research Institute

The Ohio State University Comprehensive Cancer Center - James Cancer Hospital and Solove Research Institute

Columbus, Ohio

3 lines – The Ohio State University Comprehensive
Cancer Center - James Cancer Hospital
and Solove Research Institute

4 lines – The Ohio State University
Comprehensive Cancer Center -
James Cancer Hospital and
Solove Research Institute

Roswell Park Cancer Institute

Buffalo, New York

2 lines – Roswell Park
Cancer Institute

Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine

St. Louis, Missouri

2 lines – Siteman Cancer Center at Barnes-Jewish Hospital
and Washington University School of Medicine

3 lines – Siteman Cancer Center at Barnes-
Jewish Hospital and Washington
University School of Medicine

4 lines – Siteman Cancer Center
at Barnes-Jewish Hospital
and Washington University
School of Medicine

St. Jude Children’s Research Hospital/University of Tennessee Cancer Institute

Memphis, Tennessee

2 lines – St. Jude Children’s Research Hospital/
University of Tennessee Cancer Institute

4 lines – St. Jude Children’s
Research Hospital/
University of Tennessee
Cancer Institute

Stanford Comprehensive Cancer Center

Stanford, California

2 lines – Stanford Comprehensive
Cancer Center

University of Alabama at Birmingham Comprehensive Cancer Center

Birmingham, Alabama

2 lines – University of Alabama at Birmingham
Comprehensive Cancer Center

3 lines – University of Alabama at
Birmingham Comprehensive
Cancer Center

4 lines – University of Alabama
at Birmingham
Comprehensive
Cancer Center

UCSF Helen Diller Family Comprehensive Cancer Center

San Francisco, California

2 lines – UCSF Helen Diller Family
Comprehensive Cancer Center

University of Michigan Comprehensive Cancer Center

Ann Arbor, Michigan

- 2 lines – University of Michigan
Comprehensive Cancer Center
- 3 lines – University of Michigan
Comprehensive
Cancer Center

UNMC Eppley Cancer Center at The Nebraska Medical Center

Omaha, Nebraska

- 2 lines – UNMC Eppley Cancer Center at
The Nebraska Medical Center
- 3 lines – UNMC Eppley Cancer
Center at The Nebraska
Medical Center

The University of Texas M. D. Anderson Cancer Center

Houston, Texas

- 2 lines – The University of Texas
M. D. Anderson Cancer Center

Vanderbilt-Ingram Cancer Center

Nashville, Tennessee

- 2 lines – Vanderbilt-Ingram
Cancer Center

Section 3: NCCN Programs and Resources

NCCN programs and resources include:

(branding examples below do not include all programs)

- NCCN Clinical Practice Guidelines in Oncology™
 - The Complete Library of NCCN Clinical Practice Guidelines in Oncology™ March 2009
- NCCN Drugs & Biologics Compendium™
- NCCN Chemotherapy Order Templates™
- National, Regional, and International Educational Conferences and Symposia
 - NCCN (15th) Annual Conference:
Clinical Practice Guidelines & Quality Cancer Care™
 - 2009 NCCN Nursing Program:
Role of the Advanced Practice Nurse in Quality Cancer Care™
 - 2009 NCCN Fellows Program:
New Horizons in Quality Cancer Care™
 - 2009 NCCN Pharmacy Program:
Best Practices in Oncology Pharmacy Management™
 - NCCN (4th) Annual Congress:
Hematologic Malignancies™
 - NCCN (2nd) Annual Forum:
Innovative Diagnostics & Therapeutics in Cancer Care™
 - NCCN Regional Guidelines Symposia™
 - NCCN Clinical Practice Guidelines in Oncology Symposium™ Breast Cancer
 - NCCN Academy for Excellence & Leadership in Oncology™
School of Pharmaceutical & Biotech Business

- *JNCCN – The Journal of the National Comprehensive Cancer Network*
- NCCN Oncology Research Program
- NCCN Oncology Outcomes Database Project
- NCCN Patient Safety Summit
- NCCN Member Institution Profiles™
A reference guide for cancer case managers
- Managed Care Collaborations
- NCCN Oncology Case Management Program™
- **NCCN.org**
- **NCCN.com**
- NCCN Treatment Summaries for People with Cancer™

Approved language describing these programs or resources can be found in the NCCN Annual Report, on-line at NCCN.org, or on shared\NCCN Tools\NCCN Written and Graphic Guidelines

Please note:

- The proper line breaks
- When describing the NCCN Annual Conference and NCCN Annual Congress – be sure to use superscript, trademark, and when applicable, use “&” instead of “and”
- *JNCCN – The Journal of the National Comprehensive Cancer Network* or *JNCCN* is always in italics.
- Underlining NCCN.org and NCCN.com in text may be disregarded at the discretion of the designer.

Use of “The”

In most circumstances, “NCCN” is used as a proper name. Therefore, we are moving away from using “the” before NCCN.

An exception is when NCCN is used as an adjective in a sentence and the noun after it would ordinarily require “the.”

Examples:

See **NCCN’s** official brochure for examples of when not to use “the.”

But,

See **the NCCN** brochure for examples....

Note: The difference is the possessive use of NCCN, again as a proper name. If “the” is used, the “t” should be lowercase when it does not appear at the beginning of a sentence.

Use of Trademarks

Only use trademarks with NCCN programs and resources that are trademarked. The first reference of a trademarked program will use the trademark symbol and proper name. Other occurrences of the program within the same document do not need the trademark symbol. Please reference the list of NCCN Programs and Resources to see the proper use of trademarks.

Examples:

First occurrence: NCCN Clinical Practice Guidelines in Oncology™

Second occurrence: NCCN Guidelines

First occurrence: NCCN Drugs & Biologics Compendium™

Second occurrence: NCCN Compendium

First occurrence: NCCN Chemotherapy Order Templates™

Second occurrence: NCCN Templates

First occurrence: NCCN (15th) Annual Conference:
Clinical Practice Guidelines & Quality Cancer Care™
Second occurrence: The NCCN Conference (“T” at beginning of a sentence)

First occurrence: NCCN (4th) Annual Congress:
Hematologic Malignancies™
Second occurrence: The NCCN Congress (“T” at the beginning of a sentence)

First occurrence: NCCN (2nd) Annual Forum:
Innovative Diagnostics & Therapeutics in Cancer Care™
Second occurrence: The NCCN Forum (“T” at the beginning of a sentence)

First occurrence: NCCN Treatment Summaries for People with Cancer™
Second occurrence: NCCN Treatment Summaries

Correct Usage:

First Occurrence: NCCN Clinical Practice Guidelines in Oncology™ Breast Cancer
Second Occurrence: NCCN Breast Cancer Guidelines or NCCN Guidelines for Breast Cancer

Incorrect Usage:

NCCN Breast Cancer Clinical Practice Guidelines™
NCCN Breast Cancer Clinical Practice Guidelines in Oncology™
Breast Cancer: Clinical Practice Guidelines in Oncology™

Section 4: NCCN LOGO and Stationery Templates

All file requests for the NCCN LOGO must be processed through the marketing department or can be accessed at www.nccn.org/identity/logos.asp.

Approved stationery templates can be found under shared\NCCN Tools\Forms 2009. Do not alter placement of logo, text or listing of the NCCN Member Institutions in any way.

Section 5: Lists of NCCN Guidelines, NCCN Guidelines Panels, and NCCN Task Forces

Correct NCCN Guidelines and NCCN Guidelines Panels names are listed below.

NCCN Guidelines (and Panels):

Cancer Treatment Guidelines

Acute Myeloid Leukemia
Bladder Cancer
Bone Cancer
Breast Cancer
Central Nervous System Cancers
Cervical Cancer (Panel: Cervical/Uterine Cancer)
Chronic Myelogenous Leukemia
Colon/Rectal/Anal Cancers
Esophageal Cancer (Panel: Esophageal/Gastric Cancer)
Gastric Cancer (Panel: Esophageal/Gastric Cancer)
Head and Neck Cancers
Hepatobiliary Cancers
Hodgkin Disease/Lymphoma
Kidney Cancer (Panel: Kidney/Testicular Cancer)

Melanoma
Multiple Myeloma
Myelodysplastic Syndromes
Neuroendocrine Tumors
Non-Hodgkin's Lymphomas
Non-Melanoma Skin Cancers
Non-Small Cell Lung Cancer
Occult Primary
Ovarian Cancer
Pancreatic Adenocarcinoma
Prostate Cancer
Small Cell Lung Cancer
Soft Tissue Sarcoma
Testicular Cancer (Panel: Kidney/Testicular Cancer)
Thyroid Carcinoma
Uterine Neoplasms (Panel: Cervical/Uterine Cancer)

Guidelines for Detection, Prevention, & Risk Reduction

Breast Cancer Risk Reduction
Breast Cancer Screening and Diagnosis
Cervical Cancer Screening
Colorectal Cancer Screening
Genetic/Familial High-Risk Assessment: Breast and Ovarian
Prostate Cancer Early Detection

Guidelines for Supportive Care

Adult Cancer Pain
Antiemesis
Cancer-Related Fatigue
Cancer- and Treatment-Related Anemia
Distress Management
Prevention and Treatment of Cancer-Related Infections
Myeloid Growth Factors
Palliative Care
Senior Adult Oncology
Venous Thromboembolic Disease

Inactive Panel:

Nutritional Support Survivorship
Pediatric Cancer Pain

NCCN Task Forces:

2004:

- NCCN Task Force: Gastrointestinal Stromal Tumors (GIST)

2006:

- NCCN Task Force: Bone Health in Cancer Care
- NCCN Task Force: Adjuvant Therapy in Breast Cancer
- NCCN Task Force: HER2 Testing in Breast Cancer

2007:

- NCCN Task Force: Gastrointestinal Stromal Tumors (GIST)
- NCCN Task Force: PET/CT Scanning in Cancer

2008:

- NCCN Task Force: Prevention and Management of Mucositis in Cancer Care

- NCCN Task Force: Oral Chemotherapy
- NCCN Task Force: Breast Cancer in the Older Woman
- NCCN Task Force: mTOR

2009:

- NCCN Task Force: Bone Health in Cancer Care
- NCCN Task Force: Integration of ER/PR Tumor Markers into Treatment Planning for Breast Cancer
- NCCN Task Force: Management of Dermatologic Toxicity Associated with EGFR Inhibition in Patients with Cancer
- NCCN Task Force: Molecular Markers in Leukemia and Lymphoma

Section 6: NCCN Staff

Occasionally you may need to refer to a staff member in written materials. The list below includes staff name preferences and correct titles.

Note: Only capitalize the title when it precedes the person's name (e.g., "Communications Specialist Megan Martin reported..." but "Megan Martin, communications specialist at...").

Margaret Abdalian	Executive Assistant
Christopher Adams, MS	Program Manager
Christina L. Angello, MBA	Senior Manager, Marketing
Mary Anne Bergman	Project Coordinator, Drugs & Biologics Programs
Michael Blake	Assistant Director, Information Technology
Kimberly A. Callan, MS, ELS	Senior Director, Professional and Patient Publications
Lynn Cherrin, MS	Continuing Education Program Manager
Eileen Connolly, CPA, MBA	Controller
Elizabeth Danielson, MHA	Director, Payor Relations
Patricia A. Daulerio	Associate Director, Conferences
Jessica DeMartino, PhD	Policy Fellow
Shannon DeVader, MPH	Outcomes Analyst
Jean Marie Dougherty	Executive Assistant
Nicole Fair	CME Specialist
C. Lyn Fitzgerald, MJ	Director, Pharma/Biotech
Lauren Gallagher, PhD	Manager, Drugs & Biologics Programs
Elisabeth Ganiszewski	Office Project Assistant
Mark Geisler	Senior Manager, Conferences
Marisa Getzewich	Business Development Coordinator
Patricia Goldsmith	Executive Vice President/Chief Operating Officer
Kristina M. Gregory, RN, MSN	Vice President, Clinical Information Operations
Debra Hampton	Manager, Oncology Research Program
Genevieve M. Hartzman, MA	Editorial Associate
Kristin Kline Hasson	Senior Manager, Media Programs
Jennifer M. Hinkel, MSc	Manager, Business Insights
Maria Ho, PhD	Oncology Scientist/Senior Medical Writer
Miranda Hughes, PhD	Oncology Scientist/Senior Medical Writer
Jean M. Iannarelli	Administrative Coordinator
Joseph M. Junod, MBA	Assistant Director, Information Technology
Miriam Kane	Accounts Payable Clerk
Lisa G. Kimbro, CPA, MBA	Senior Vice President, Finance / Chief Financial Officer
Jessica Klink	Grants Financial Analyst
Rashmi Kumar, PhD	Oncology Scientist/Senior Medical Writer
Jody LaVerdure	Grant Specialist
Linda L. Leach	Director, Administration & Human Resources

Eva Lepisto, MSc	Vice President, Technology Research & Development
Edward Li, PharmD, BCOP	Oncology Scientist - Compendium
Joseph MacAfee	Technical Support Specialist
Megan Martin	Communications Specialist
Jennifer McCann	Senior Meeting Planner
Joan S. McClure, MS	Senior Vice President, Clinical Information & Publications
Kelly McClurg	Accounts Payable Coordinator
Erin McGivney	Office Clerk
William T. McGivney, PhD	Chief Executive Officer
Dierdre McKee, MPH	Senior Manager, Continuing Medical Education and Grants
Nicole McMillian, MS	Guidelines Coordinator
Diane McPherson	Administrative Coordinator
Kristie Minogue	Project Coordinator
Susan Moench, PhD	Oncology Scientist/Senior Medical Writer
Susan Most, RN, BSN, MBA	Clinical Research Manager, Oncology Research Program
Jill A. Mullen, MPA	Manager, Health Policy & Payor Programs
Janet Nikowitz	Quality Assurance Manager
Janice O'Connor	Senior Manager, Creative Services
Diane Paul, MS, RN	Vice President, Oncology Research Program
Liz Rieder	Senior Registration Manager
Kerrin Robinson, MA	Assistant Managing Editor
Kelly Rogers	Grants Manager
Mary Dwyer Rosario, MS	Guidelines Coordinator
Shannon Ryan	Meeting Planner
Sam Saltzman	Web Programmer/IT Specialist
Donna Scharff	Administrative Assistant, Oncology Research Program
Dorothy A. Shead, MS	Associate Director, Clinical Information Operations
Stephen Sherman	Program Manager, Best Practices
Kelly Simpson	Project Manager, Global Initiatives
Susan Sommerville	Executive Coordinator
Hema Sundar, PhD	Oncology Scientist/Senior Medical Writer
Elizabeth Sweeney	Project Manager
Kathleen Townsend	Assistant Director, Information Technology
Jennifer P. Tredwell, MBA	Senior Manager, Marketing & Communications
Janice D. Tucker	Financial Analyst
Jonathan Vandergrift, MS	Project Analyst
Carrie Zornosa, MSPH	Project Manager, Oncology Outcomes Database

Section 7: Supporters, Exhibitors and Corporate Council

Below is a list of pharmaceutical, biotech, health care and medical device companies that have either provided support for an NCCN program or exhibited at an NCCN event. Never abbreviate company names in written materials.

Supporters and Exhibitors

Pharmaceutical and Biotech Companies

Abraxis BioScience, Inc. (Abraxis Oncology)
 Abbott Laboratories
 Abraxis Oncology
 Alexion Pharmaceuticals, Inc.
 Allos Therapeutics, Inc.
 Amgen Inc. (Amgen Oncology)
 Antigenics Inc.
 ARIAD Pharmaceuticals, Inc.

Array BioPharma Inc
AstraZeneca Pharmaceuticals LP (AstraZeneca)
Avax Technologies, Inc.
Bayer HealthCare (Bayer HealthCare Asia Pacific; Bayer Pharmaceuticals Corporation; Bayer HealthCare Pharmaceuticals)
Baxter International Inc.
BioCryst Pharmaceuticals
Biogen Idec
Boehringer Ingelheim Pharmaceuticals, Inc.
BrainLAB
Bristol-Myers Squibb Company
Celgene Corporation
Cell Genesys, Inc
Centocor, Inc.
Cephalon, Inc. (Cephalon Oncology)
Cubist Pharmaceuticals
Cytogen Corporation
Cytoc Health Corporation
Dendreon Corporation
DOR BioPharma, Inc.
Eisai Inc.
Eli Lilly and Company
Enzon Pharmaceuticals
Exelixis Inc.
Genentech, Inc. (Genentech BioOncology)
Genomic Health, Inc.
GenPath Pharmaceuticals, Inc.
Genzyme Corporation
GlaxoSmithKline
GPC Inc.
Hana Biosciences, Inc.
Hospira
ImClone Systems Incorporated
Inotek Pharmaceuticals Corporation
Janssen Pharmaceutica Products, LP
Kosan Biosciences
Merck & Co., Inc. (Merck Oncology)
MGI PHARMA, INC.
Millennium: The Takeda Oncology Company
Multiple Myeloma Research Foundation (MMRF)
Myriad Genetic Laboratories, Inc.
Northwest Biotherapeutics, Inc.
Novacea, Inc.
Novartis Pharmaceuticals Corporation (Novartis Oncology)
Onyx Pharmaceuticals, Inc.
Ortho Biotech Products, L.P.
OSI Pharmaceuticals, Inc.
Panacea Pharmaceuticals, Inc.
Pfizer Inc.
Pharmion Corporation (Pharmion International Ltd)
Poniard Pharmaceuticals, Inc.
Precision Therapeutics
ProStraken, Inc.
Purdue Pharma LP
RIT Oncology LLC
Roche Laboratories, Inc.
sanofi-aventis U.S.

Schering-Plough Corporation
Sigma-Tau Pharmaceuticals, Inc.
Spectrum Pharmaceuticals
Synta Pharmaceuticals Corp.
The Binding Site
Tibotec Therapeutics
TopoTarget USA, Inc.
Valeant Pharmaceuticals International
Vion Pharmaceuticals, Inc.
Wyeth Pharmaceuticals
YM BioScience Inc.

Health Care and Medical Device Companies

Accuray Incorporated
Adherex Technologies Inc.
Agendia BV
Aptium Oncology
Associates of Cape Cod, Inc.
Bio-Reference Laboratories, Inc.
BSD Medical Corporation
CARIS DX
Cell Therapeutics, Inc. (CTI)
GE Healthcare
Genomic Health, Inc.
Genoptix Medical Laboratory
Immunicon
IMS Health
Impac Software
ImpediMed, Inc.
InfuSystem
Intuitive Surgical, Inc.
Inverness Medical Innovations Inc.
Johnson & Johnson
Medtronic, Inc.
Molecular MD
Neomatrix
RedPath Integrated Pathology
Reed Medical
Response Genetics
Ross Products (a division of Abbott Laboratories)
Siemens Medical Solutions USA, Inc.
Thomson Medical
Varian Medical Systems, Inc.
Veridex, LLC
Within3
Xanthus Pharmaceuticals, Inc.
Zynx Health

NCCN Corporate Council

The NCCN Corporate Council is an important resource for the development and expansion of NCCN programs. NCCN gratefully acknowledges the support and commitment of the following companies to the improvement of the treatments available to the patients we serve. We also appreciate the recognition of NCCN's necessary autonomy in all decision-making regarding the conclusions, recommendations, and outcomes of NCCN programs.

Abbott Oncology
Abraxis Oncology
Alexion Pharmaceuticals
Allos Therapeutics
Amgen Inc.
ARIAD Pharmaceuticals, Inc.
AstraZeneca Pharmaceuticals LP
Bayer HealthCare Pharmaceuticals Inc.
Boehringer Ingelheim Pharmaceuticals, Inc.
Celgene Corporation
Centocor Ortho Biotech
Cephalon Oncology
Dendreon Corporation
Eisai Inc.
Eli Lilly & Company
GE Healthcare
Genentech BioOncology
Genzyme Corporation
IMS Health
Merck & Co., Inc.
Millennium: The Takeda Oncology Company
Myriad Genetics, Inc
Novartis Pharmaceuticals Corporation
Onyx
Pfizer, Inc.
Poinard Pharmaceuticals
Precision Therapeutics
RedPath Integrated Pathology
sanofi-aventis U.S.
Spectrum Pharmaceuticals
Wyeth

Section 8: Citing NCCN Information

Citing the NCCN Guidelines

To cite an NCCN Guideline accessed from the website, follow this example:

Greenberg PL, Bennet J, Bloomfield C. et al. NCCN Clinical Practice Guidelines in Oncology™ Myelodysplastic Syndromes, Version 1.2009. Available at: http://www.nccn.org/physician_gls/index.html. Accessed [Month and Day, Year]

To cite NCCN Guidelines obtained from the CD-ROM, follow this example:

NCCN Clinical Practice Guidelines in Oncology™ March 2009 CD-ROM. Myelodysplastic Syndromes, Version 1.2009. Fort Washington, PA: National Comprehensive Cancer Network, 2009. To view the most recent version of the NCCN Guidelines, go to www.nccn.org.

Citing the NCCN Compendium

To cite the NCCN Compendium accessed from the website, follow this example:

The NCCN Drugs & Biologics Compendium™ © 2009 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed [Month and Day, Year]. To view the most recent and complete version of the NCCN Compendium, go online to www.nccn.org.

Section 9: Punctuation

Capitalization

Only capitalize the formal title of the program. Therefore, do not capitalize words such as journal, database, network, organization, program, or symposium unless they are part of the official NCCN title.

Exceptions:

NCCN Member Institutions
NCCN Guidelines
NCCN Guideline Panels
NCCN Guideline Panel Members

Do not capitalize “disease,” “syndrome,” or “lymphomas”:

Example: only “Hodgkin’s” should be capitalized in non-Hodgkin’s lymphomas unless as part of a title. (e.g., Non-Hodgkin’s Lymphomas)

The 15th Annual Conference should be capitalized because it can be considered a title of the conference. When written without ‘NCCN’ and ‘the preceding number’, “annual conference” should be lowercase.

Capitalization questions are typically encountered when referencing an NCCN program for the second time in text. Examples of how to handle second references are listed below:

First Reference

JNCCN
NCCN Clinical Practice Guidelines in Oncology™
NCCN Oncology Outcomes Database Project
NCCN
NCCN Drugs & Biologics Compendium™

Second Reference

this journal
NCCN Guidelines
the database, the project
the organization
NCCN Compendium

Commas

NCCN uses a serial comma (e.g., when a conjunction is used in a series, a comma should appear before it).

Example: Doctors, researchers, and patients review the guidelines.

Designations

Insert commas after final designation when used in a sentence.

Examples: Al B. Benson III, MD
Paul F. Engstrom, MD, FACP
Kristina Gregory, RN, OCN, is the nurse planner

Do not use periods in abbreviations for licenses, degrees, certifications, associations, and organizations.

Examples: MD, RN
MS, PhD
NCCN, ASCO, ACS

Hyphens, En dashes, and Em dashes

Hyphens are used to connect words, prefixes, and suffixes permanently or temporarily.

Example: merry-go-round (permanent),
decision-making methods (permanent)

methods of decision-making (temporary)
long-term therapy (temporary)
easy-to-use (permanent)
allows for easy-use (temporary)

(The following guidelines are from the AMA Style Guide. See the AMA Guide for more information on this and other grammar points.)

Em dashes are used to indicate a sudden interruption or break in the thought of a sentence. These should be used sparingly, if at all.

Please note: because of problems with translation, please DO NOT use em dashes or en dashes in ANY Corel documents or documents that will be converted for use on the Web.

Example: All of these factors – age, severity of symptoms, psychic preparation, and choice of anesthetic agent – determine the patient’s reaction.

En-dashes are longer than hyphens but half the length of the em dash. The en dash shows relational distinction in a hyphenated or compound modifier or when the word being modified is compound. It is also sometimes used in number ranges.

Please note: because of problems with translation, please DO NOT use em dashes or en dashes in ANY Corel documents or documents that will be converted for use on the Web.

Example: physician-lawyer–directed section, multiple sclerosis–like symptoms.

Section 10: Style and Usage

Address and telephone information

NCCN (or National Comprehensive Cancer Network)
275 Commerce Drive • Suite 300
Fort Washington, PA 19034
215.690.0300
Fax: 215.690.0280

Do not use parentheses or 1- when including the area code of a phone number.

The marketing department has implemented the use of periods to separate a phone number.

Example: 215.690.0300

Alphabetical List of Preferred Usage

- AM (small caps, no periods) / PM (small caps, no periods)
- CD-ROM, CD-ROMs
- e-mail
- health care (two words, no hyphen) – except in supporter names listed above
- Internet
- log on (two words, no hyphen)
- nonprofit
- non-Hodgkin’s lymphomas
- online (one word, no hyphen)
- patients with cancer
- preoperative / postoperative
- stage is usually lower case (stage 1 carcinoma)

- The term “quality-of-life” takes hyphens when used as an adjective (quality-of-life measurements) but not when used as a noun (we investigated quality of life); QOL can be included in parentheses after first mention and can be used thereafter.
- Supported by (an) educational grant(s) from SUPPORTER LOGO(S)
- The Westin Diplomat (not Resort & Spa)
- time ranges: 4:00 – 5:00 PM (en dash; see above)
- webcast
- website
- the web

Dates

Month and year

When a period of time is identified by the month and year, no internal punctuation is needed.

Example: The committee met in June 2000 to discuss the upcoming events.

Geographical Designations

United States should be spelled out if it appears as a noun. If used as an adjective, abbreviate United States as U.S. (with periods).

Use the 2-letter postal designations for states when noting the location of NCCN Member Institutions, organizations, or companies. Spell out the state name when referring to a statewide law, program, or initiative OR when referring to a city, state where a regional is being held.

Examples: City of Hope Comprehensive Cancer Center in Los Angeles, CA
 A California state law prohibits...
 Advertising: Faces Ad: Los Angeles, California
 Regional Registration forms: Los Angeles, California

Lists

Numbered lists in text should include a numeral with an end parenthesis

Example: The NCCN Central Nervous System Cancer Guidelines focus on seven general histologic categories: 1) high-grade invasive astrocytomas, 2) low-grade invasive astrocytomas, 3) oligodendrogliomas, 4) ependymomas, 5) brain metastases, 6) carcinomatous meningitis, and 7) CNS lymphoma.

Number Usage

Numbers from 1-9 should be written out (e.g., nine), except as units of measure, including time. Numbers 10 and above are always used as numerals, except at the start of a sentence.

Examples: The study included nine patients with ...; but a 9-year-old boy...or patients received 9 mL ...
 We evaluated 314 cases of ...

Other Instances

over vs. more than: Use “more than” when a number is involved. Use “over” to indicate motion or situation in a position higher than or above another.

Examples: More than 700 people attended the conference.
 The bird flew over the lake.

units of measure: Follow the AMA style guide for abbreviations of units of measure

Press Releases

Refer to AP Style Guide

Referring to Age, Gender, and Ethnicity

For your convenience, the style and usage information for age, sex, and gender from the *AMA Manual of Style: A Guide for Authors and Editors*, 9th ed. is provided below:

Age

Use the specific terminology below to refer to age.

- Children are persons aged 1 to 12 years. Sometimes children may be used more broadly to encompass persons from birth to 12 years of age. They may also be referred to as boys or girls.
- Adolescents are persons aged 13 through 17 years. They may also be referred to as teenagers or as adolescent boys or adolescent girls, depending on the context.
- Adults are persons 18 years and older and should be referred to as men or women.

Sex/Gender

Sex refers to the biological characteristics of males and females. Gender includes more than sex and serves as a cultural indicator of a person's personal and social status. An important consideration when referring to sex is the level of specificity required: specify sex when it is relevant. Choose sex-neutral terms that avoid bias, suit the material under discussion, and do not intrude on the reader's attention.

Please note: male and female are adjectives, not nouns. Please use man/woman if ages are known or male subjects or patients/female subjects or patients if man/woman is not appropriate.

Avoid

man, mankind

chairwoman, chairman

spokesman, spokeswoman

maiden name

Preferred

people, human beings, humans, humanity, humankind, human species

chair, chairperson

spokesperson

birth name

Note: Use man or men when referring to a man or a group of men, woman or women when referring to a woman or a group of women. Similarly, chairman or spokesman might be used if the person under discussion is a man, and chairwoman or spokeswoman if she is a woman. Any of these might be used if it is an official title.

Avoid sex-specific pronouns in cases in which sex specificity is irrelevant.

Avoid

The physician and his office staff can do much to alleviate a patient's nervousness.

Everyone must allocate their time effectively.

Preferred

Physicians and their office staff can do much to alleviate a patient's nervousness.

One must allocate one's time effectively. Time must be allocated effectively.

Race/Ethnicity

Please refer to the *AMA Manual of Style: A Guide for authors and editors*, 9th ed. for specific information regarding race and ethnicity.