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cancer medicine

February 23, 2015

Al Benson, M.D.
Chairman, NCCN Committee on Colon Cancer

NCCN Committee at large

RE: Mitomycin C in colorectal cancer

Dear Dr. Benson and Committee Members,

Since you did not reply to my email, I assume you may not have received by recent letter. Hence, I am posting a copy of this letter. Myself and several and several of my colleagues are very interested in your reply.

A pharmacist refused to fill an order for Mitomycin C citing "NCCN guidelines" for a young woman with metastatic colon cancer whose disease marched through every other standard therapy. While no one would argue that MMC is not a terrific drug and that it has substantial potential toxicities, most of us who were practicing in advance of 1997 when irinotecan was developed in colon cancer have had the experience of seeing some patients get a substantial benefit from Mitomycin C. In fact, at present, I'm treating another CRC patient whose pain disappeared by 75% in parallel with objective tumor shrinkage, and a fall in the CEA following every other standard therapy. *Median* progression or overall survival does a poor job in documenting the potential value of the agent in this setting. I don't see the problem of allowing a patient to try one or two doses to see if they are one of the fortunate patients who gets a palliative benefit or survival prolongation.... Particularly in the settings where there are no other options. It's really a consent issue between the doctor and patient.

I don't mind if anyone does not want to use MMC in this setting, but I think the NCCN goes too far in making a proscription in this setting

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whereby you are effectively depriving patients from a treatment that could help.

My request is that the NNC adopt a more moderate position. To quote Dr. A. Dimou:

"Mitomycin C combinations...are acceptable alternatives to best supportive care in colorectal cancer that is refractory to standard regimens, as they show some modest benefit at low cost." - Expert Opin Investing Drugs. 2010 19(6) 723-35.

I hope the issue can be re-discussed at one of your upcoming meetings. None of us want the NCCN to become a regulatory body, but to remember and preserve patient options and physician advocacy in a world dominated by nothing but blunt administrative and reductionistic mentality. In my view, the proscription against Mitomycin C undermines the authority of your committee, and causes physicians like me to look for other guidelines and other committees to defend reasonable medical practices.

Sincerely,

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