SUBMISSION REQUEST TO THE NCCN GUIDELINES THORACIC PANEL

Submitted by: Chris Newman (lead author), Janet Freeman Daily (liaison), George Haughton, Michele Taylor, and Robert Young
Organization: ILCPA (Independent Lung Cancer Patient Advocates)
Address: 25275 Taft Street, Los Molinos, CA 96055
Phone: 530-384-2232
E-mail: ilcpacontact@ILCPA.net
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To: NCCN Guidelines Panel: Non-Small Cell Lung Cancer

On behalf of the Independent Lung Cancer Patient Advocates (ILCPA), we respectfully request the NCCN Guidelines Panel Non-Small Cell Lung Cancer to review the enclosed data for revision of the NSCLC treatment guidelines/algorithms for oligometastases, oligorecurrence and oligoprogression to create additional NSCLC stage IV M1a and M1b treatment sub-categories for oligometastases, and corresponding new oligometastases, oligo-recurrence and oligoprogression NSCLC treatment guidelines and algorithms for the proposed new treatment subcategory.

Specific Changes: We recommend that the NSCLC treatment guideline algorithm “NSCL-13 Initial Treatment Guidelines” should be expanded to create additional Stage IV NSCLC M1a and M1b treatment sub-categories for oligometastases with the following corresponding proposed treatment guideline: “For carefully selected patients with ≤ 3 metastatic sites (oligometastases) (including, but not limited to, brain, lung, and adrenal gland), a limited total tumor burden-volume, otherwise limited thoracic disease which is resectable, otherwise treatable by definitive local therapy or controlled, and with good performance status, consideration may be given for aggressive curative or remittive intent treatment for primary and metastatic sites, including, but not limited to, surgical intervention and/or stereotactic radiotherapy, and systemic therapy; for revision of NSCLC treatment guideline algorithm “NSCL-15 Therapy For Recurrence And Metastases” to incorporate an oligorecurrence category with equivalent proposed Stage IV NSCLC treatment guideline/algorithm changes; for revision of NSCLC treatment guideline algorithms “NSCL-17”, “NSCL-18”, and “NSCL-21” to incorporate an oligoprogression category for patients treated with targeted therapies where remaining disease is otherwise controlled, with equivalent proposed Stage IV NSCLC treatment guideline/algorithm changes; and revision of any corresponding NSCLC NSCL-13, NSCL-15, NSCL-17, NSCL-18, and NSCL-21 treatment guideline/algorithm references to reflect these changes.

Rationale: Multiple studies have demonstrated Stage IV NSCLC Oligometastatic patients to be prognostically (w/superior survival) and therapeutically different from other Stage IV NSCLC patients, and have further demonstrated that definitive treatment with life prolonging or curative intent to all primary and metastatic sites can yield prolonged survival benefits in a significant subset of these patients, as well as in oligorecurrence and oligoprogression when remaining disease is otherwise controlled by targeted therapies, justifying creation of new treatment guideline/algorithm categories for oligometastases, oligo-recurrence, and oligoprogression, and corresponding revision/expansion of treatment guidelines and algorithms in order to better provide treating clinicians and Stage IV NSCLC patients with updated treatment pathways and recommendations in keeping with the expanding treatment options for this subgroup of patients.

The following articles are submitted in support of these proposed changes. We would like to acknowledge the contributions of NCCN panel members who are also co-authors or co-contributors of some of these publications:


3. Schreiner W, Semrau S, Fietkau R, Sirbu H. Oligometastatic non-small cell lung cancer - surgical options and therapy. Zentralbl Chir. 2014 May 8 [article in German]. Retrospective case series analysis. ≤ 2 synchronous/metachronous OM, 5 yr disease-free survivals 16.5 - 29.2%. “The therapeutic strategies for OM NSCLC have changed over the last decade from palliative to curative intent”. “Surgery in OM NSCLC is feasible for primary tumor and for metastases. It is an effective option in the multimodal treatment in highly selected patients.”


Five year OS: Metachronous metastases 47.8%; Synchronous metastases NO 36.2%, and synchronous metastases N1/N2 13.8%. Long term survival common in selected patients w/metachronous OM. Synchronous OM N1/N2 disease high risk group.


11. Yu HA, Simas CS, Huang J, et al. Local therapy with continued EGFR tyrosine kinase inhibitor therapy as a treatment strategy in EGFR-mutant advanced lung cancers that have developed acquired resistance to EGFR tyrosine kinase inhibitors. J Thorac Oncol. 2013 Mar;8(3):346-51. Retrospective study, ≤5 sites, found local therapy to treat OM in this context is well tolerated and associated with long PFS and OS.


17. Hanagiri T, Takenaka M, Oka S, et al. Results of a surgical resection for patients with stage IV non-small cell lung cancer. Clin Lung Cancer. 2012 May;13(3):220-4. Retrospective review, mets ≤5 sites. Distant metastasis 5 yr survival rate 30.1%. Conclusion “Selected patients who can undergo surgical resection for the primary tumor and effective local therapy for metastatic lesions still have a chance to obtain long-term survival. Surgical treatment for NSCLC with OM disease can be considered as one arm of multidisciplinary treatment.”

18. Gomez DR, Niihe Y, Chang JY. Oligometastatic disease at presentation or recurrence for non-small cell lung cancer. Pulm Med 2012;2012:396592. Review/analysis of literature. “Oligometastatic NSCLC presents a unique opportunity for potential curative therapy.” “Given the emerging biologic and clinical evidence that oligometastatic NSCLC is a separate disease entity when compared to widespread metastatic disease, ideally patients could receive selective aggressive local therapy based on their specific disease characteristics, similar to other oncologic scenarios in which personalized medicine is the ultimate goal.”

