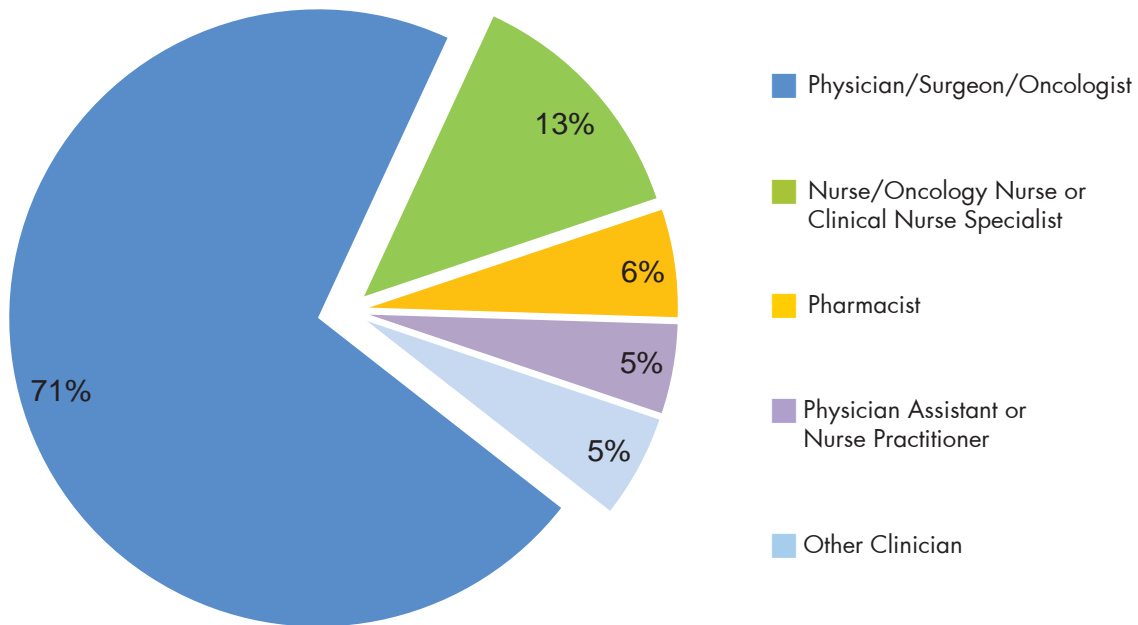


NCCN Trends™ is an analytics tool from the National Comprehensive Cancer Network® (NCCN®) that surveys how clinicians across the U.S. and around the globe are delivering cancer care. This summary includes the results of the September 2013 NCCN Trends™ Survey, which focused on Cancer Anorexia-Cachexia. This survey was sent to U.S. and International users of NCCN.org.

DEMOGRAPHICS

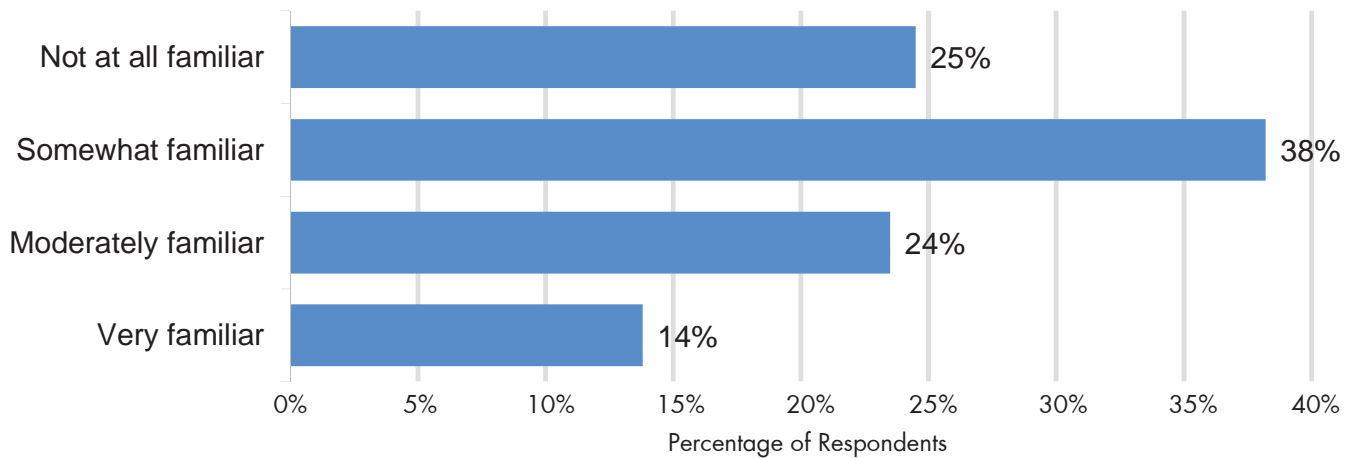
Distribution of Respondent Types (n = 726)



Note: Percentages may not total 100 because of rounding.

Q1. An international consensus defined cancer anorexia-cachexia as a multifactorial syndrome with weight loss greater than 5% over the past 6 months, or weight loss greater than 2% in individuals already showing depletion according to current body weight and height (body-mass index [BMI] <20 kg/m²) or skeletal muscle mass (Fearon, et al Lancet Oncol 2011).

Please rate your level of familiarity with this definition. (n = 719)

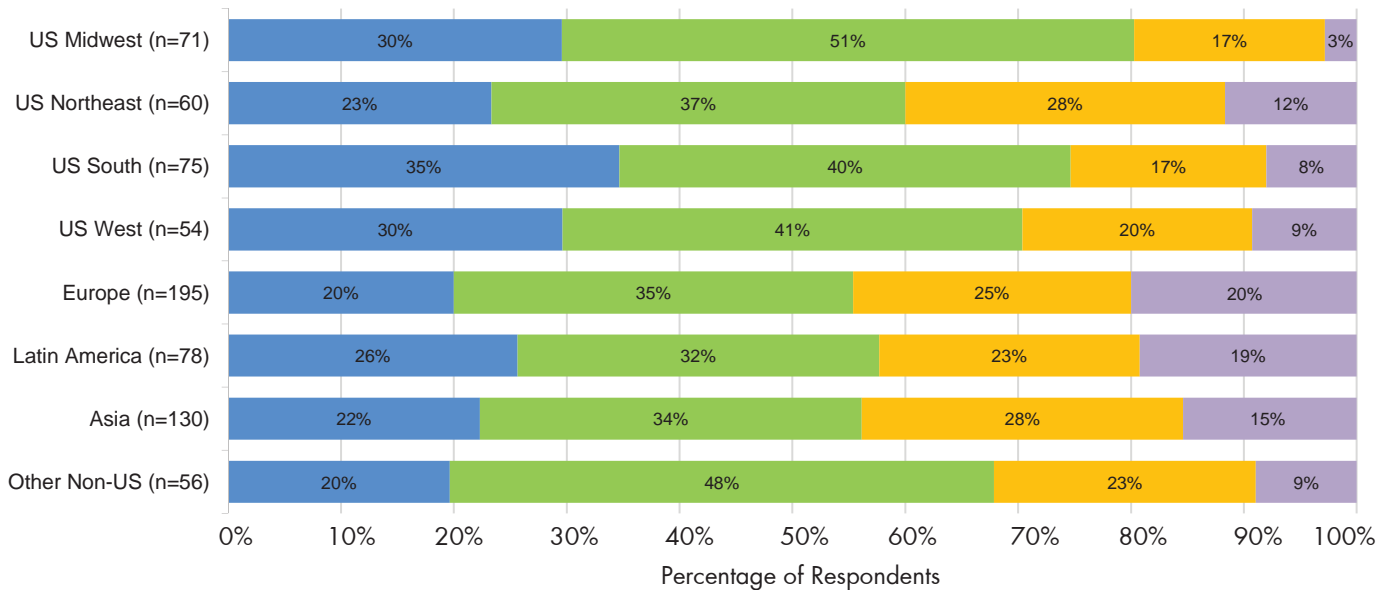


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Please rate your level of familiarity with this definition.

By Geography

- Not at all familiar
- Somewhat familiar
- Moderately familiar
- Very familiar

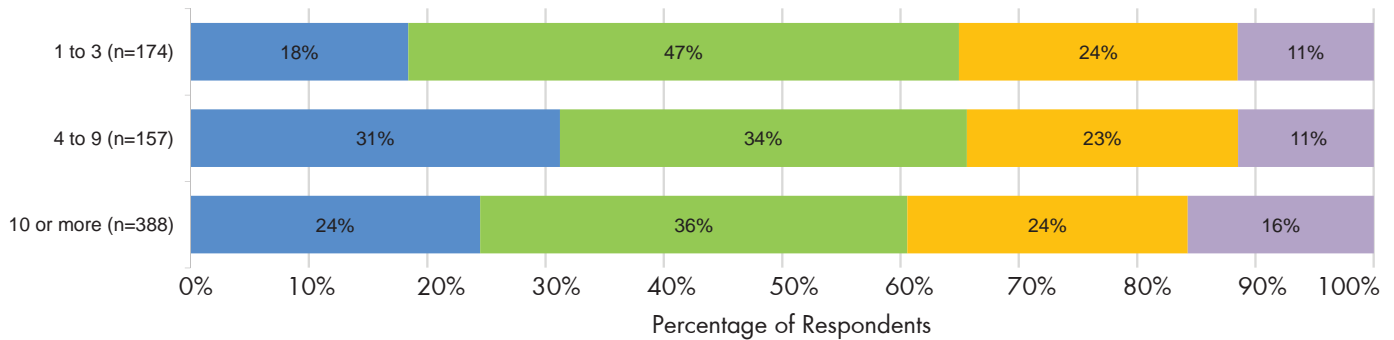


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Please rate your level of familiarity with this definition.

By Practice Size

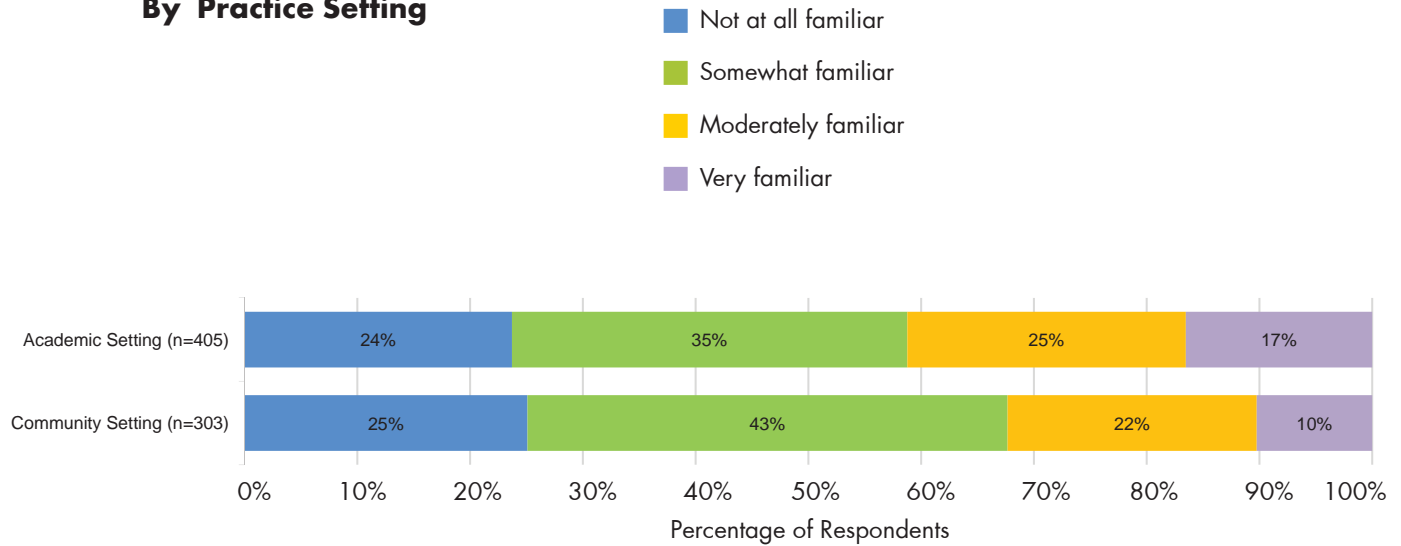
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Please rate your level of familiarity with this definition.

By Practice Setting

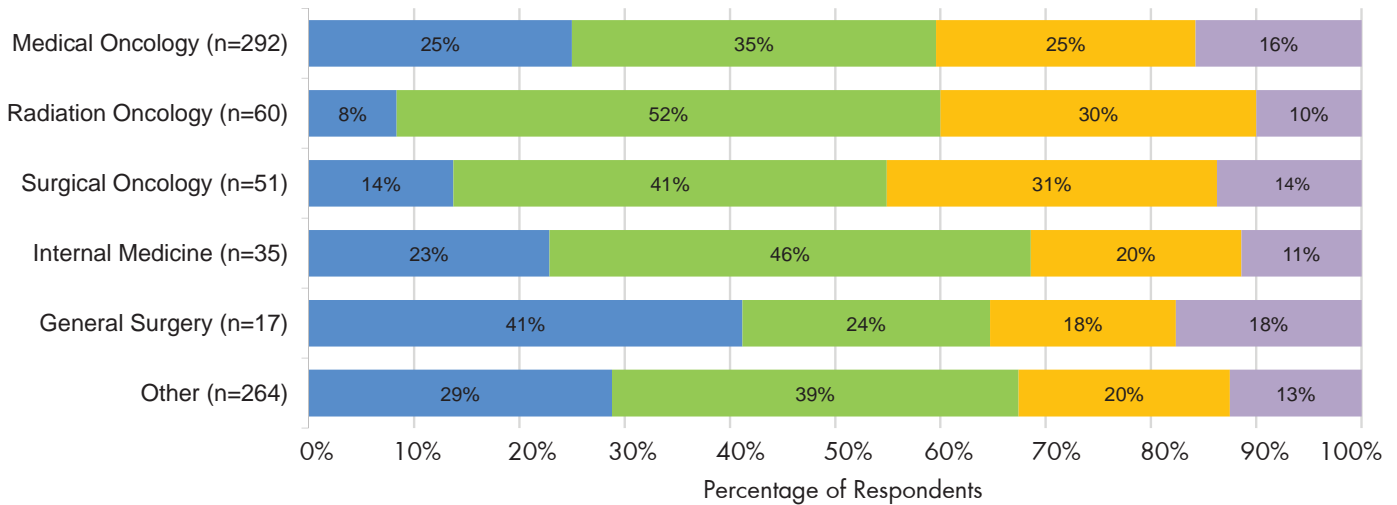


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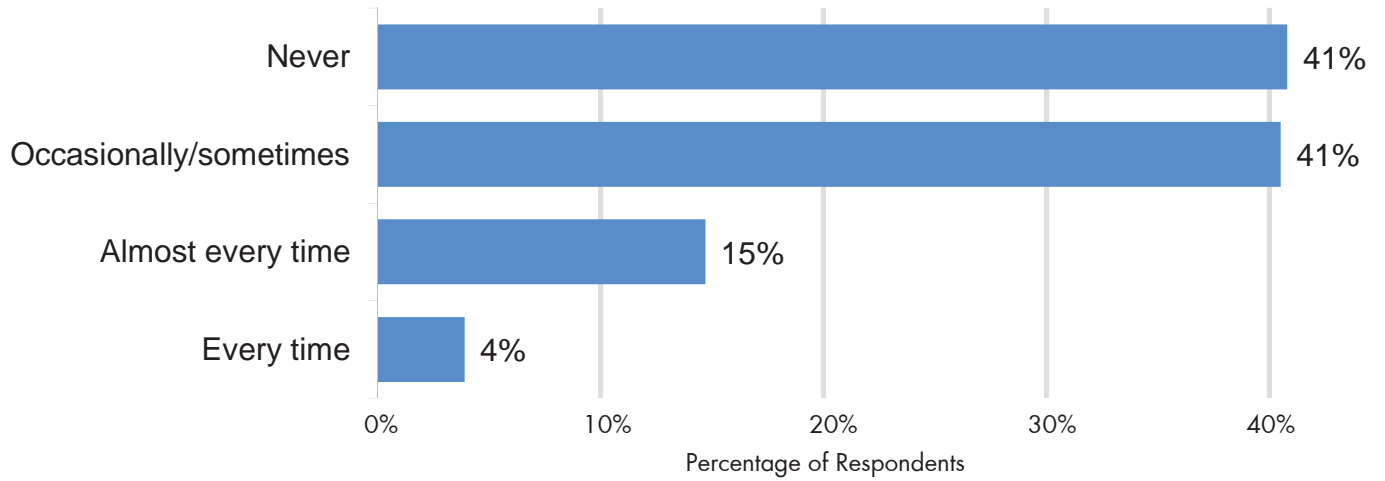
Please rate your level of familiarity with this definition.

By Specialty

- Not at all familiar
- Somewhat familiar
- Moderately familiar
- Very familiar

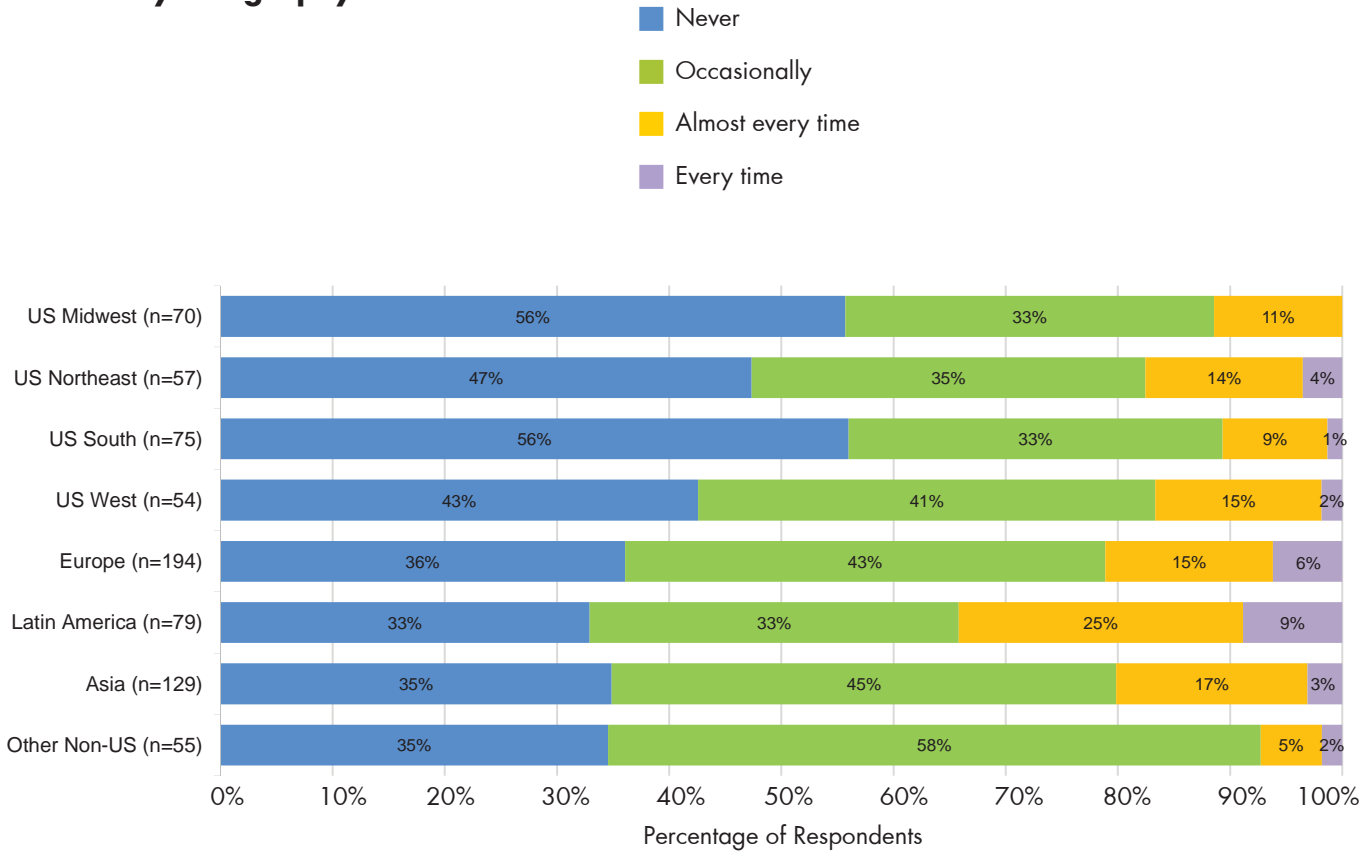


Q2. Over the last year, please tell us how often you have utilized the above criteria (see question 1) in diagnosing your patients with cancer anorexia-cachexia. (n = 713)



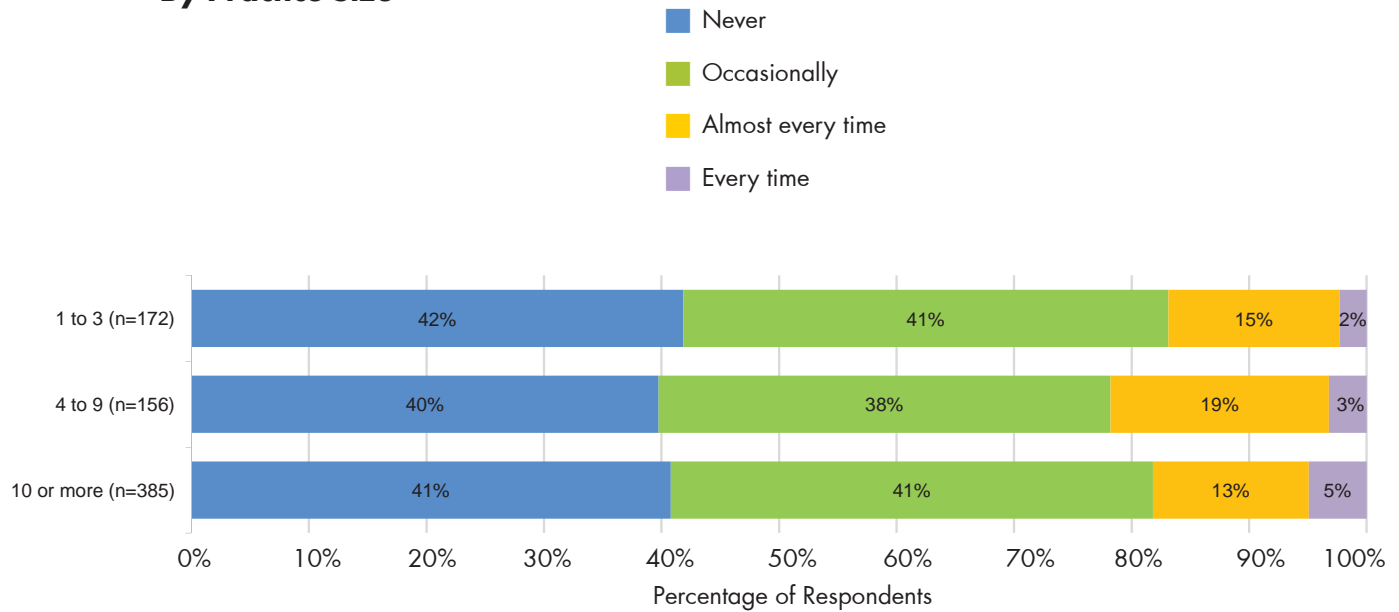
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By Geography



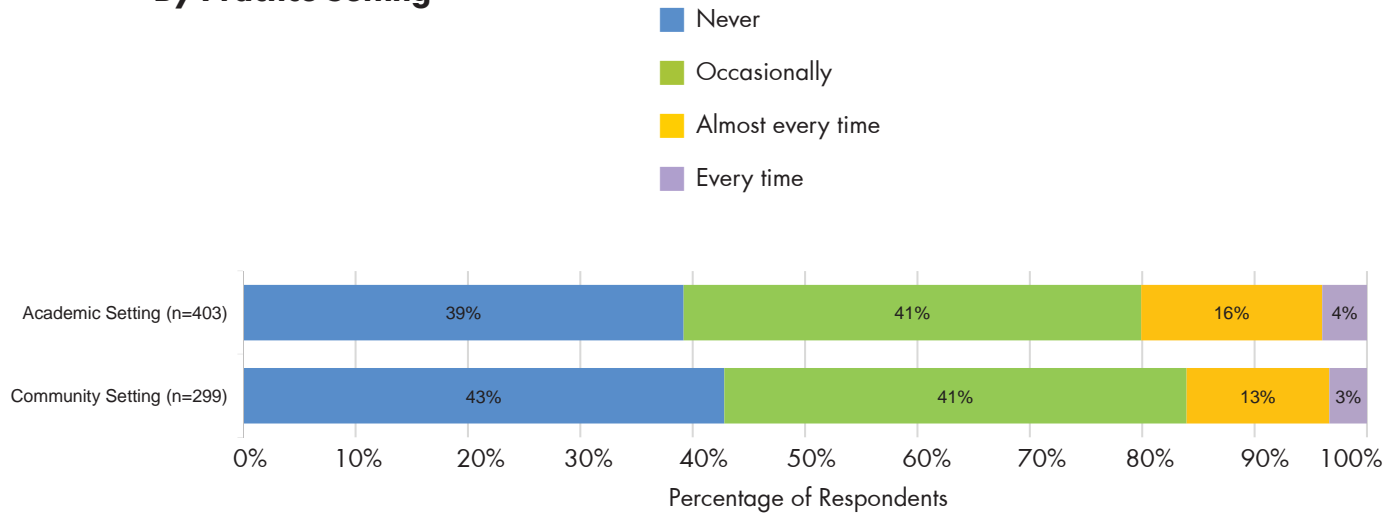
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By Practice Size



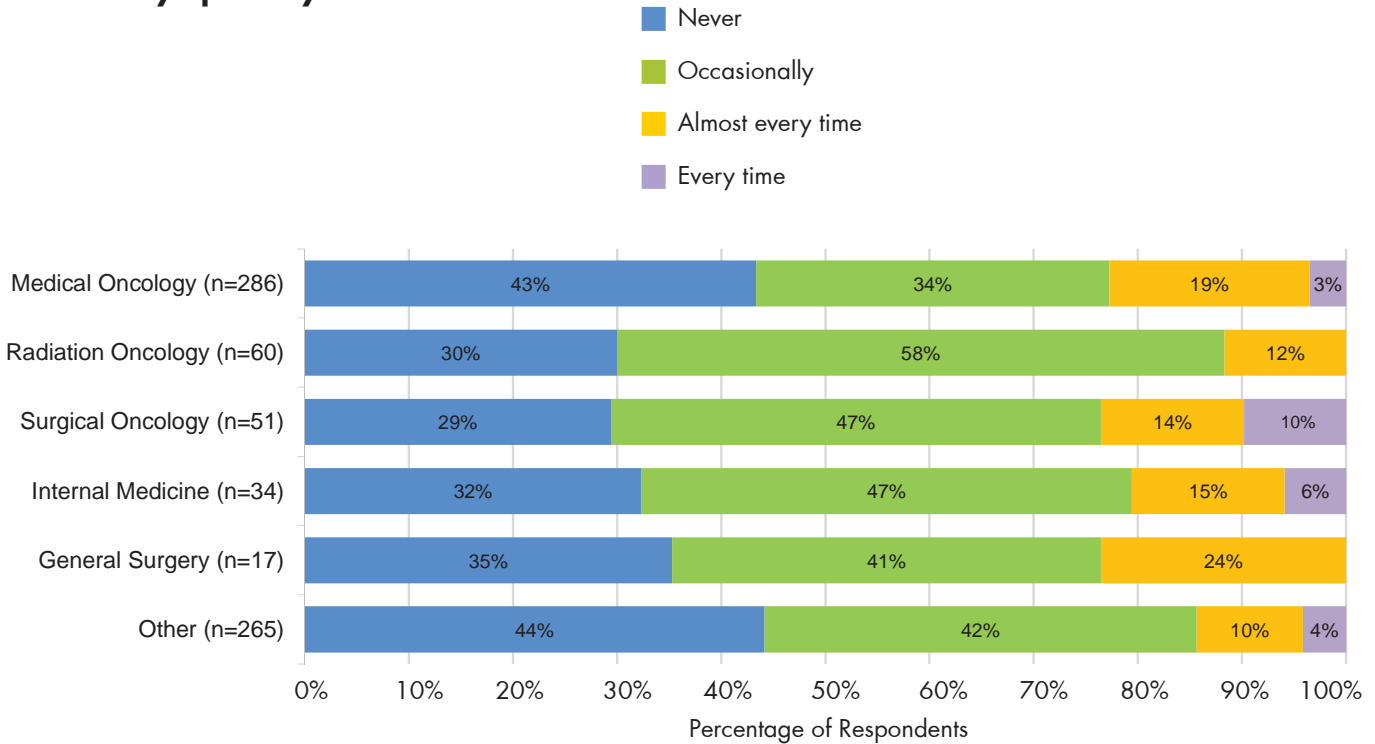
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By Practice Setting



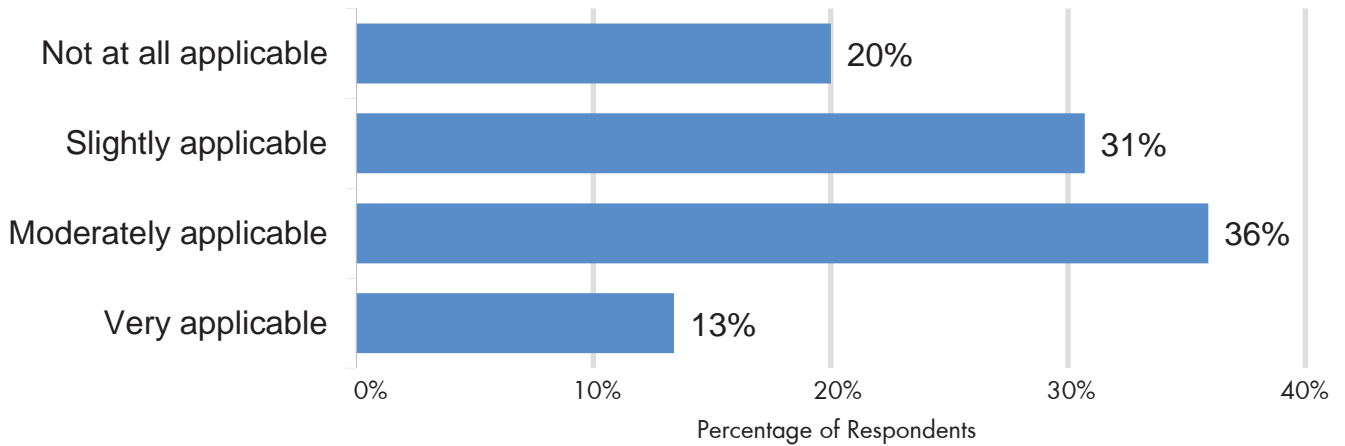
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By Specialty



Q3. In a recent prospective non-small cell lung cancer study, Gralla, et al correlated Patient Reported Outcomes (PROs) to survival outcomes (J Clin Oncol 2013 suppl; abstr 8087).

How applicable are PROs for predicting cancer anorexia-cachexia-related quality of life in your practice? (n = 655)

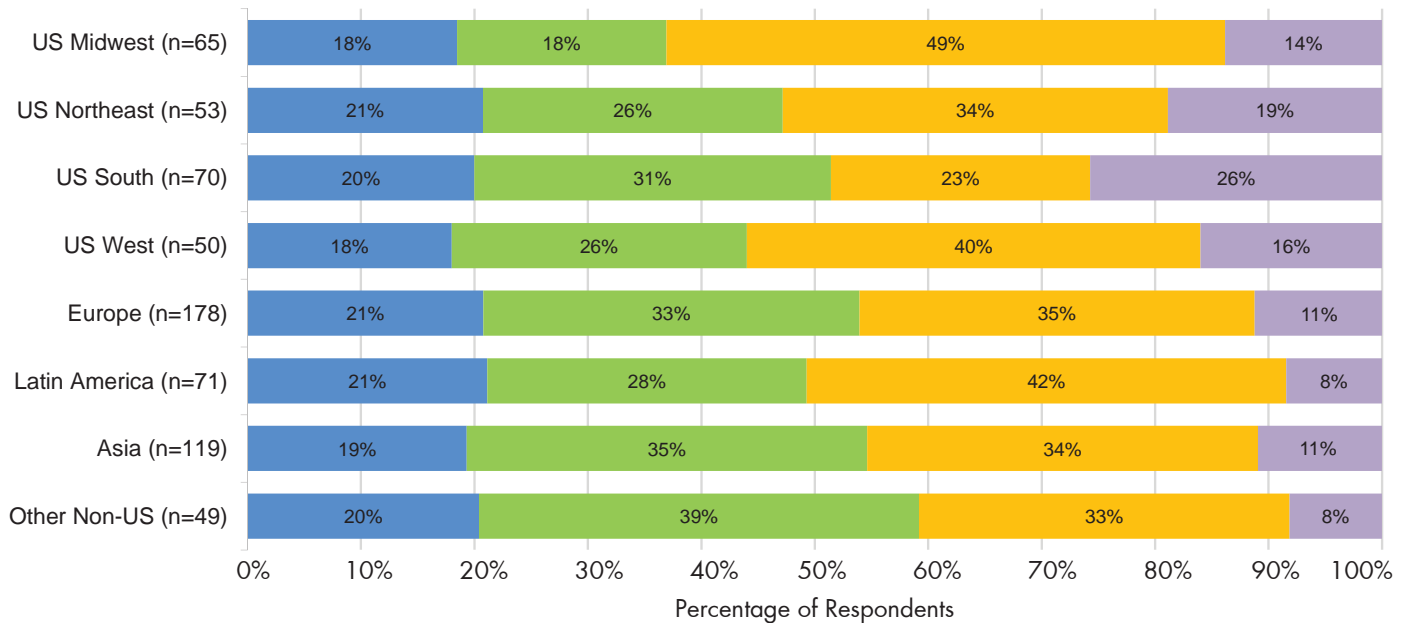


Q3. In a recent prospective non-small cell lung cancer study, Gralla, et al correlated Patient Reported Outcomes (PROs) to survival outcomes (J Clin Oncol 2013 suppl; abstr 8087).

How applicable are PROs for predicting cancer anorexia-cachexia-related quality of life in your practice?

By Geography

- Not at all applicable
- Slightly applicable
- Moderately applicable
- Very applicable

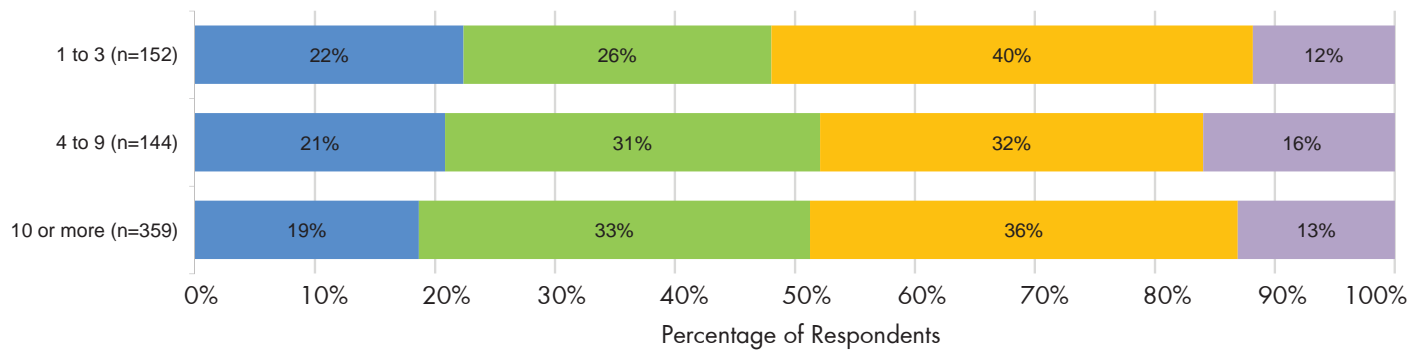


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How applicable are PROs for predicting cancer anorexia-cachexia-related quality of life in your practice?

By Practice Size

- Not at all applicable
- Slightly applicable
- Moderately applicable
- Very applicable

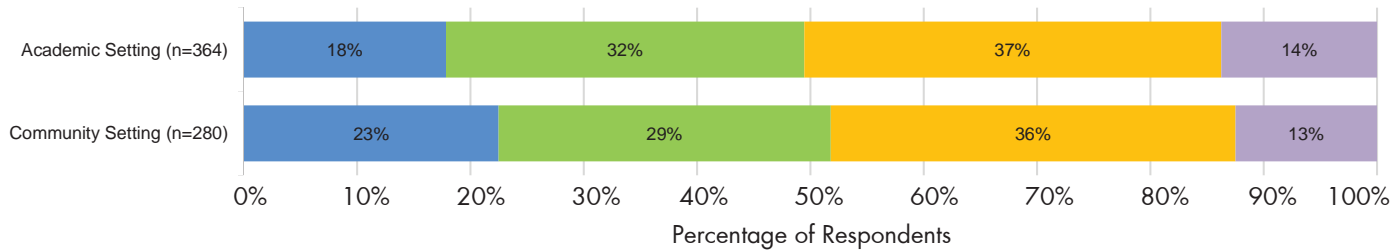


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By Practice Setting

- Not at all applicable
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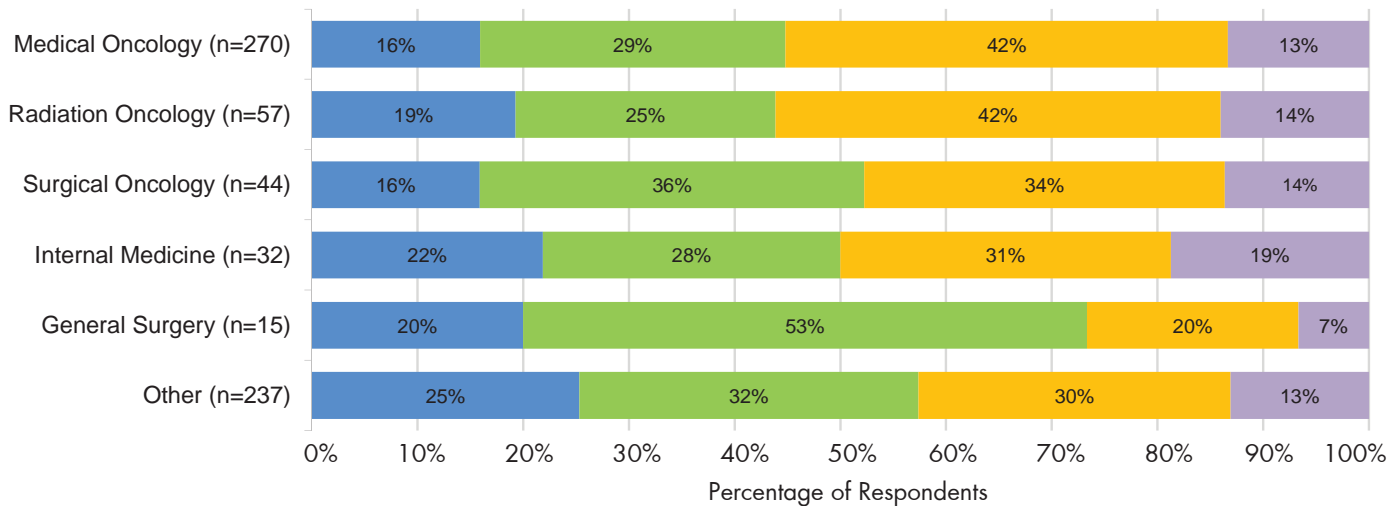


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By Specialty

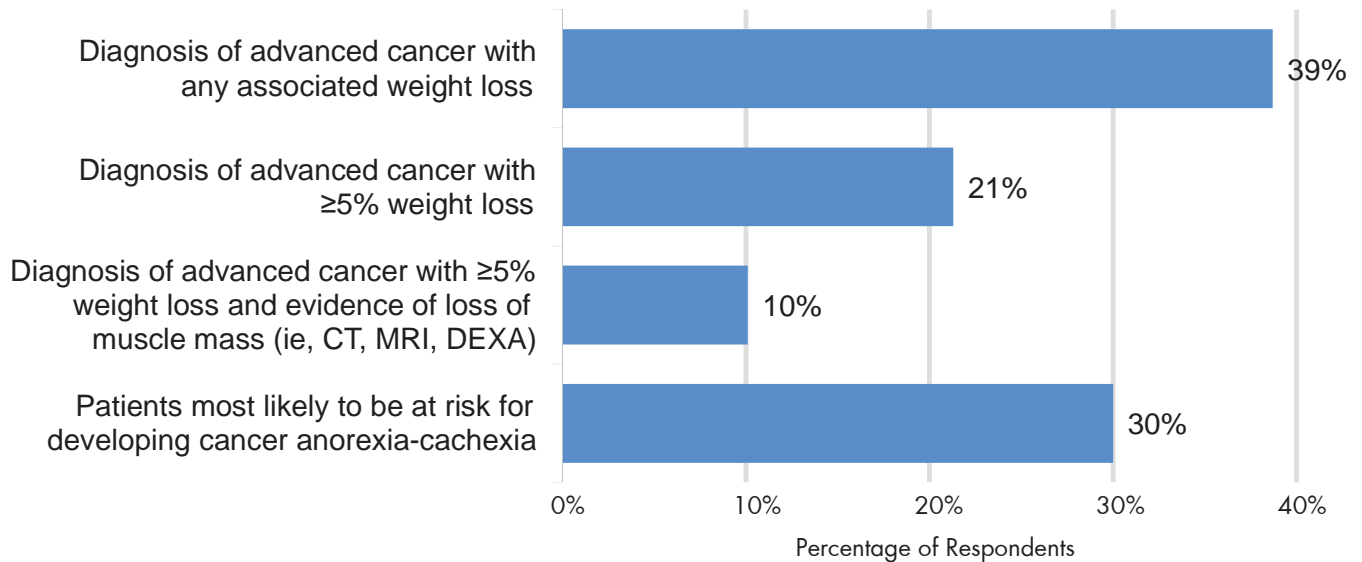
- Not at all applicable
- Slightly applicable
- Moderately applicable
- Very applicable



Q4. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Palliative Care, Version 2.2013 cite an association between cancer-related cachexia and failure of anti-cancer treatment, increased treatment toxicity, delayed treatment initiation, early treatment termination, shorter survival, and psychosocial distress.

Temel, et al confirms a correlation of early palliative care to longer survival in non-small cell lung cancer patients (N Engl J Med. 2010).

In your opinion, how early should an intervention state for cancer anorexia-cachexia? (n = 644)



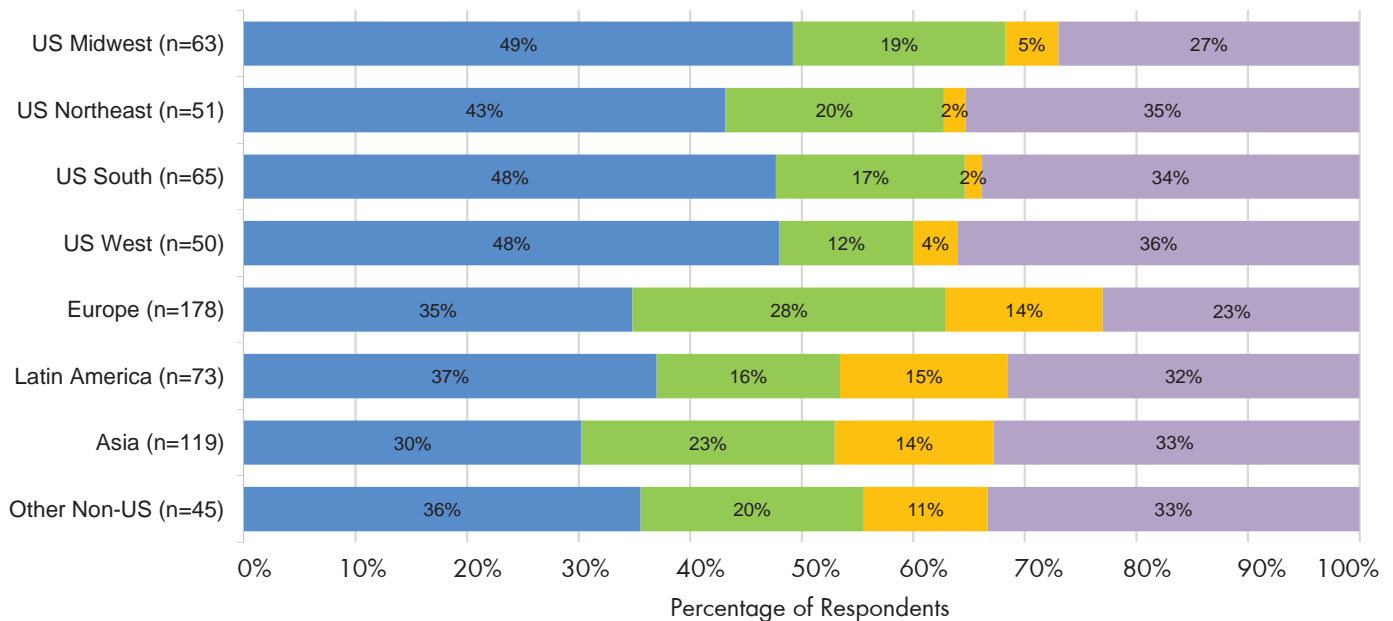
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Temel, et al confirms a correlation of early palliative care to longer survival in non-small cell lung cancer patients (N Engl J Med. 2010).

In your opinion, how early should an intervention state for cancer anorexia-cachexia?

By Geography

- Diagnosis of advanced cancer with any weight loss
- Diagnosis of advanced cancer with ≥5% weight loss
- Diagnosis of advanced cancer with ≥5% weight loss and evidence of loss of muscle mass (ie, CT, MRI, DEXA)
- Patients most likely to be at risk for developing cancer anorexia-cachexia



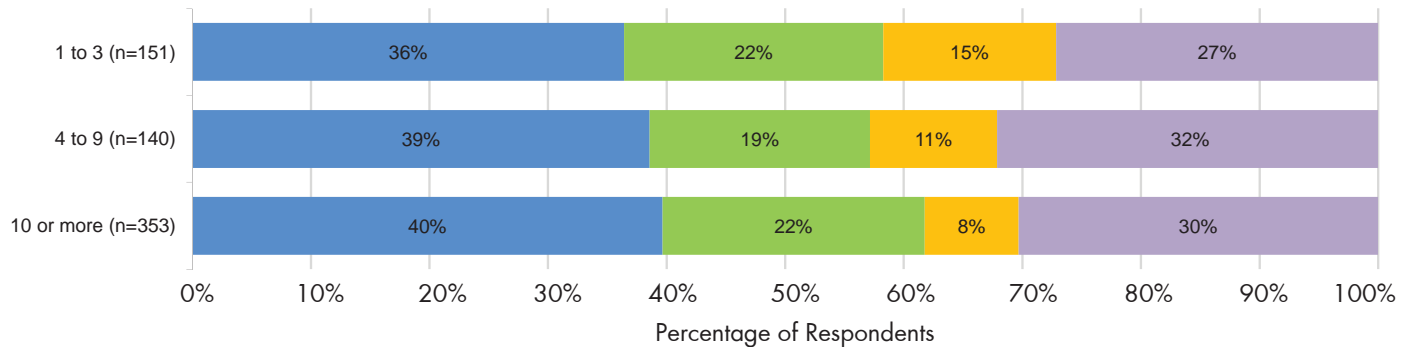
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In your opinion, how early should an intervention state for cancer anorexia-cachexia?

By Practice Size

- Diagnosis of advanced cancer with any weight loss
- Diagnosis of advanced cancer with ≥5% weight loss
- Diagnosis of advanced cancer with ≥5% weight loss and evidence of loss of muscle mass (ie, CT, MRI, DEXA)
- Patients most likely to be at risk for developing cancer anorexia-cachexia



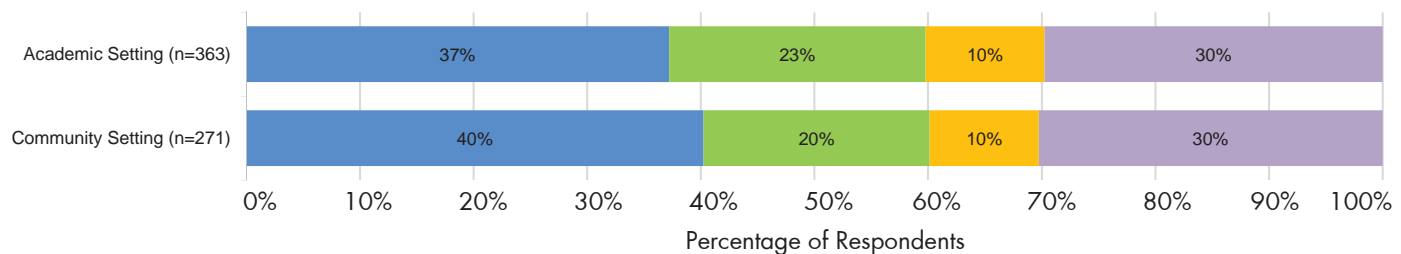
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In your opinion, how early should an intervention state for cancer anorexia-cachexia?

By Practice Setting

- Diagnosis of advanced cancer with any weight loss
- Diagnosis of advanced cancer with $\geq 5\%$ weight loss
- Diagnosis of advanced cancer with $\geq 5\%$ weight loss and evidence of loss of muscle mass (ie, CT, MRI, DEXA)
- Patients most likely to be at risk for developing cancer anorexia-cachexia



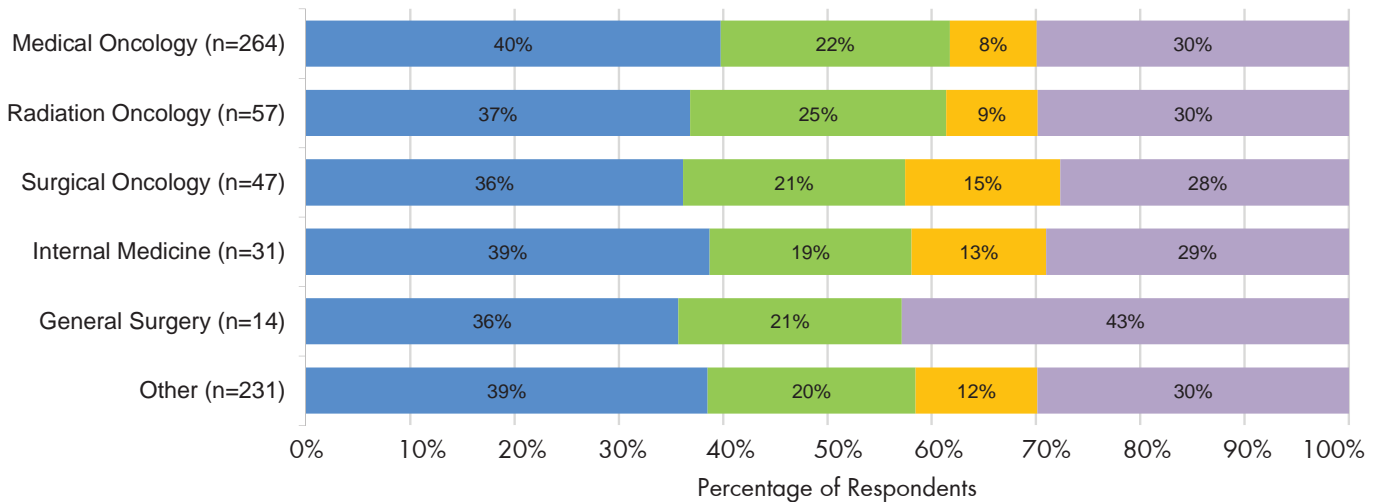
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By Specialty

- Diagnosis of advanced cancer with any weight loss
- Diagnosis of advanced cancer with ≥5% weight loss
- Diagnosis of advanced cancer with ≥5% weight loss and evidence of loss of muscle mass (ie, CT, MRI, DEXA)
- Patients most likely to be at risk for developing cancer anorexia-cachexia



NCCN Trends™ is an analytics tool from the National Comprehensive Cancer Network® (NCCN®) that surveys how clinicians across the U.S. and around the globe are delivering cancer care. NCCN Trends™ surveys are designed to reach targeted populations that can include several thousand clinicians as a potential sample size. NCCN can also provide analytics on existing NCCN Trends™ and clinician demographic data sets, allowing for greater insight into oncology practice patterns.

To commission an **NCCN Trends™** survey, to discuss analytic and data services, or to request information on other NCCN programs and resources, please contact:

Christine MacCracken, MSHEd, BSN
Senior Director, Business Insights
215.690.0557
maccracken@nccn.org

National Comprehensive Cancer Network® (NCCN®)

The National Comprehensive Cancer Network® (NCCN®), a not-for-profit alliance of 23 of the world's leading cancer centers, is dedicated to improving the quality, effectiveness, and efficiency 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.



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