The National Comprehensive Cancer Network® (NCCN®) is a not-for-profit alliance of 28 leading cancer centers devoted to patient care, research, and education. NCCN is dedicated to improving and facilitating quality, effective, efficient, and accessible cancer care so patients can live better lives.

NCCN Chief Executive Officer Robert W. Carlson, MD, is a board-certified oncologist who previously served NCCN as Chair of the NCCN Guidelines Panel for Breast Cancer, Member and Founding Chair of the NCCN Guidelines Panel for Breast Cancer Risk Reduction, and Chair of the NCCN Guidelines Panel for Survivorship.

NCCN’s headquarters are located in Plymouth Meeting, PA, outside Philadelphia.

What NCCN Does

NCCN defines and advances high-quality, high-value, patient-centered cancer care globally, through the creation and dissemination of cancer treatment guidelines and other content.

- NCCN publishes the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®), evidence-based recommendations for the treatment of nearly every type of cancer, as well as key cancer screening and prevention topics. These are available online free of charge for non-commercial use.

- The 76 NCCN Guidelines® are developed by 60 panels, each comprised of 28-35 clinician and researcher volunteers — resulting in input from more than 1,530 multidisciplinary members of the nation’s top 28 cancer centers. Many panels include patient advocates and other relevant professionals.

- Although the NCCN Guidelines are based on the best available evidence, new data are always being published. For this reason, the NCCN Guidelines are updated continuously and developed through a completely transparent process that informs patients, clinicians, and payers of the evidence supporting treatment recommendations. This transparency allows decision-makers — physicians and patients — to understand the evidence upon which they make their treatment choices. In addition, each NCCN Guidelines undergoes annual institutional review which is circulated for comment among the multidisciplinary faculty at each NCCN Member Institution.

- Of all U.S. physicians surveyed by NCCN, 95 percent report they use the NCCN Guidelines in their practices. In addition, payers, including but not limited to the two largest U.S. payers — UnitedHealthcare and the Centers for Medicare & Medicaid Services (CMS) — rely on the NCCN Guidelines to determine their oncology coverage policies.

- In 2019, the NCCN Guidelines were downloaded more than 11 million times.

- Approximately 47 percent of registered users of the NCCN Guidelines are international professionals, with the most users in China, India, Japan, Canada, South Korea, Brazil, Italy, Spain, Mexico, and Taiwan.

- NCCN Drugs & Biologics Compendium (NCCN Compendium®) contains authoritative, scientifically derived information designed to support decision-making about the appropriate use of drugs and biologics in patients with cancer. The NCCN Compendium® is recognized by public and private insurers alike, including CMS and UnitedHealthcare as an authoritative reference for oncology coverage policy.

- NCCN Biomarkers Compendium® contains information designed to support decision-making around the use of biomarker testing in patients with cancer.
- NCCN Chemotherapy Order Templates (NCCN Templates®) include chemotherapy, immunotherapy, supportive care agents, monitoring parameters, and safety instructions based directly on recommendations within the NCCN Guidelines. Special instructions for self-administered chemotherapeutic agents are also provided.

- NCCN Imaging Appropriate Use Criteria (NCCN Imaging AUC™) include recommendations pertaining to cancer screening, diagnosis, staging, treatment response assessment, follow-up, and surveillance to support clinical decision-making for patients with cancer. NCCN is a CMS-approved Provider Led Entity for imaging AUC.

- There are more than 176 global adaptations and 48 translations of the NCCN Guidelines, representing 19 languages.

NCCN provides patients with the information they need to make the best treatment decisions possible.

- There are 42 NCCN Guidelines for Patients®, adaptations of the NCCN Guidelines that provide people with cancer and their loved ones with easy-to-understand information about treatment recommendations, and how to discuss them with their care team.

- In 2019, there were more than 13.8 million page views of resources available on NCCN.org/patients.

- NCCN Guidelines with NCCN Evidence Blocks™ provide a visual representation of five key value measures for treatment options in the NCCN Guidelines — efficacy, safety, quality and quantity of evidence, consistency of evidence, and affordability — in order to put patient values first in the shared decision-making process.

- NCCN Guidelines with Categories of Preference for drugs and biologics distinguish between preferred interventions, recommended interventions, and those useful in certain circumstances.

NCCN secures funding for research that improves cancer care.

- NCCN’s Oncology Research Program has received more than $64 million in research grants from major pharmaceutical companies to support investigator-initiated trials at NCCN Member Institutions and their affiliates.

- Through donations and support, the NCCN Foundation® has funded research from more than 40 young investigators from across NCCN Member Institutions.

NCCN’s educational programming and publications influence health policy and inform members of the oncology community.

- NCCN edits JNCCN – Journal of the National Comprehensive Cancer Network. This peer-reviewed, indexed medical journal provides the latest information about best clinical practices, health services research, and translational medicine.

- Each year, NCCN hosts three policy summits and one State Oncology Society Forum to encourage discussion among oncology stakeholders and address current health policy issues.

- Each year, NCCN hosts more than 145 accredited live conferences and congresses, interactive webinars, recorded webcasts, and online programs attended by more than 48,000 learners.

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