NCCN
National Comprehensive Cancer Network®
NCCN Best Practices Committee
New Information and Survey Results from June 2024

Publication Date: June 26, 2024
Survey data collected from May 28, 2024 – June 11, 2024
New Information and Survey Results from June 2024

1a. Please indicate how many (if any) drugs are currently in short supply at your center?

(N=28)

- 0 Drugs: 11%
- 1 Drug: 14%
- 2 Drugs: 29%
- 3 Drugs: 18%
- 4 Drugs: 11%
- 5 Drugs: 11%
- 7 Drugs: 3%
- 9 Drugs: 3%
- 7 Drugs: 3%
- 9 Drugs: 3%
- 7 Drugs: 3%
- 9 Drugs: 3%
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1b. Please indicate which (if any) drugs are currently in short supply at your center?

\( (N=28) \)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vinblastine</td>
<td>57%</td>
</tr>
<tr>
<td>Etoposide</td>
<td>46%</td>
</tr>
<tr>
<td>Topotecan</td>
<td>46%</td>
</tr>
<tr>
<td>Decarbazine</td>
<td>43%</td>
</tr>
<tr>
<td>5-Fluorouracil</td>
<td>18%</td>
</tr>
<tr>
<td>Methotrexate</td>
<td>14%</td>
</tr>
<tr>
<td>Carboplatin</td>
<td>14%</td>
</tr>
<tr>
<td>Cisplatin</td>
<td>11%</td>
</tr>
<tr>
<td>Leucovorin</td>
<td>7%</td>
</tr>
<tr>
<td>Amifostine</td>
<td>7%</td>
</tr>
<tr>
<td>Hydrocortisone</td>
<td>4%</td>
</tr>
<tr>
<td>Streptozocin</td>
<td>4%</td>
</tr>
<tr>
<td>None</td>
<td>4%</td>
</tr>
</tbody>
</table>

Other:
- BCG Tice
- Dexrazoxane
- Docetaxel
- Doxorubicin HCL Liposome
- Dronabinol
- Fludarabine
- Hydromorphone (injection)
- Irinotecan
- Iron Sucrose
- Liposomal Doxorubin
- Lorazepam (IV and Injection)
- Mesna
- Mitomycin
- Mitoxantrone
- Octreotide
- Vincristine
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2. Has your center been made aware of drug shortage issues within community practices in your area (either within your center’s network or outside)?

\[(N=28)\]

- Yes: 75%
- No: 25%
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3. For drugs in short supply at your center, is your center able to treat all patients who are currently receiving those regimens according to the intended dose and schedule?

\[(N=27)\]

- Yes, with mitigation strategies enacted: 56%
- Yes, without mitigation strategies enacted: 37%
- Not applicable, no drugs in short supply: 7%
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4. What mitigation strategies is your center using to navigate the drug shortages? 
(\(N=15\))*

- **80%** Implement waste management strategies
- **53%** Limit use of current stock
- **33%** Use range minimum for recommended dose (e.g., Give 4mg/mL dose for a range of 4-5mg/mL dose)
- **33%** Use range maximum for recommended treatment interval (e.g., Schedule treatment every 4th week for a range of 3-4 week treatment intervals)
- **47%** Other, please specify

Other:
- Dose rounding.
- Limiting restrictions.
- Indication prioritization.
- Reserve supplies for patients on active treatment and curative intent.
- Based on expected usage to maintain PAR levels of generic medications with limited access to treat multiple cycles.
- Sourcing from alternative wholesalers outside primary accounts/GPO (still official wholesalers, not gray market).
- Proactive management of inventory strategy.

*Includes only respondents who answered “Yes, with mitigation strategies enacted” for Question 3.
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5. When treatment plans are modified or interrupted due to a drug shortage, which of the below statements are mostly true for your center? 

(N=14)*

- Re-prior authorization is needed when treatment plan is modified during existing treatment only: 7%
- Re-prior authorization is not required when treatment plans are modified or interrupted: 7%
- Re-prior authorization is needed when treatment plan is modified prior to AND during existing treatment: 86%

*Includes only respondents who answered “Yes, with mitigation strategies enacted” for Question 3.
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6. Has re-obtaining prior-authorizations because of modified treatment plans (due to shortages) resulted in treatment delay? 
   *(N=15)*

- **No**: 60%
- **Yes**: 27%
- **Not Applicable**: 13%

*Includes only respondents who answered “Yes, with mitigation strategies enacted” for Question 3.*
7. Have drug shortages impacted clinical trials at your center? 
(N=28)

- Yes: 43%
- No: 57%
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8. How have drug shortages impacted clinical trials? *(N=12)*

- Greater administrative burden: 83%
- Reduction in enrollments: 58%
- Reduction in open trails: 17%
- Other, please specify: 25%

Other:

- Budget changes as the study teams attempt to order/secure product to reserve for trial enrollment.
- Hesitate to open trials with drugs that have shortages.
- Had to delay opening some trials due to availability of standard of care drugs. Most resolved at this point.

*Includes only respondents who answered “Yes” to Question 7.
9. What policy solutions would you like to see enacted to address oncology drug shortages? Please check all that apply: 

\( (N=28) \)

**Comments:**
- For any hospital incentives, we recommend to not require additional work from hospitals, such as submitting data on manufacturer generics purchased. It would be ideal if this type of information could be extracted from claims.
- Avoid having a single manufacturer on the market for drugs like BCG, vinblastine, and venofer.
- When manufacturers bring to market a high dollar therapy consider a companion responsibility to manufacture at least one drug regularly on the shortage list.
- Combat the economic principles of a perfectly competitive market which drive prices to zero profitability.