

NCCN Categories of Preference

Frequently Asked Questions

Q: What are the NCCN Categories of Preference?

The NCCN Categories of Preference are:

- **Preferred intervention:** Interventions that are based on superior efficacy, safety, and evidence; and, when appropriate, affordability
- **Other recommended intervention:** Other interventions that may be somewhat less efficacious, more toxic, or based on less mature data; or significantly less affordable for similar outcomes
- **Useful in certain circumstances:** Other interventions that may be used for selected patient populations (defined with recommendation)

All recommendations in the NCCN Guidelines are considered appropriate.

Q: What are the goals of NCCN Categories of Preference?

The goals of the NCCN Categories of Preference are to:

- Stratify Guidelines to clarify panel and institutional preferences for interventions;
- Provide guidance to users of the Guidelines on which recommendation(s) is considered optimal;
- And continue to provide a wide range of recommendations to meet varying clinical circumstances and patient preferences.

Q: Why has NCCN instituted NCCN Categories of Preference?

NCCN has instituted the NCCN Categories of Preference for the following reasons:

- To preserve the NCCN Guidelines as the go-to resource for clinical and shared decision-making;
- To maintain breadth of NCCN recommendations for special circumstances that require them;
- Because fewer interventions used regularly result in more efficient and safer care;
- And because restrictive pathways are being adopted in response to payer demands.

Q: Are all recommendations included in the NCCN Guidelines still considered appropriate care?

Yes, this has not changed.

Q: What are the circumstances for application of “Other recommended intervention” and “Useful in certain circumstances”?

Some patients have clinical situations that make using preferred or other recommended treatments inappropriate. For these cases, NCCN is now providing potential alternates that would not be used in patients with good performance status and no significant comorbid conditions. Examples are regimens known to have cardiac side effects for patients with serious cardiac dysfunction or regimens associated with liver toxicity for patients with liver disease. This can be particularly important in succeeding lines of therapy where organ function may be compromised by either disease progression or toxicity of earlier lines of therapy.

Q: Will all NCCN Guidelines include Categories of Preference?

Yes, Categories of Preference will be rolled-out sequentially and eventually will be included in future versions of the NCCN Guidelines.

Q: Has the NCCN Guidelines submission process changed?

No, the process for consideration of content has not changed. All interested parties can submit a request for a change or consideration of data, at any time, via the NCCN website, as outlined below:

<https://www.nccn.org/about/submissions.aspx>

Q: Will Categories of Preference take the place of Categories of Evidence?

No.

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Q: How does NCCN know what each therapy will cost?

Affordability refers to the overall cost of an intervention including drug cost, required supportive care, infusions, toxicity monitoring, management of toxicity, probability of care being delivered in the hospital, etc. Panel members will only consider affordability when two or more regimens are clinically equivalent and there is a significant difference among them in cost to the system.

Q: Are costs outside of the United States considered?

No, the affordability measurement is a consideration of fees incurred in the United States only.