



Day-Storms, LLC

MEDICAL WRITING & RESEARCH
ACCURATE, EVIDENCE-BASED, AND TIMELY MEDICAL
CONTENT

GUIDELINES THIS WEEK...

National Cancer
Comprehensive Network
(NCCN)

Centers for Disease Control
and Prevention (CDC)

Kidney Disease Improving
Global Outcomes (KDIGO)

Infectious Diseases Society of
America (IDSA)

World Health Organization
(WHO)

Weekly Guideline Update

Each Wednesday, I bring you news concerning updates to guidelines and recommendations by professional societies. This list is not all-inclusive, of course, but the following recent updates caught my attention.

If there are any guidelines I have missed this week that you would like to see included, please email me at jerm@day-storms.com.

National Cancer Comprehensive Network (NCCN)

The NCCN guidelines can be found at www.nccn.org

- Non-Small Cell Lung Cancer Version 2.2024 – The modifications made since Version 1.2024 include the addition of repotrectinib as subsequent therapy (if not previously given) to patients with ROS1 rearrangement with asymptomatic NSCLC or patients with symptomatic, systemic cancer with multiple lesions.

- Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic Version 3.2024 – Since the previous version, the NCCN has added contralateral breast cancer cumulative risks and strength of evidence for the genes *ATM*, *BRCA1*, *BRCA2*, *CHEK2*, *PALB2*, *RAD51C*, *RAD51D*, and *TP53*. The section regarding ovarian/fallopian tube/peritoneal/uterine cancers recommendations under *BRCA* pathogenic management were extensively revised.
- Hodgkin Lymphoma Version 2.2024 – For Stage III-IV, the NCCN has made a number of changes to the primary treatment regimen, including adding in nivolumab-AVD and BrECADD.
- Melanoma: Cutaneous Version 1.2024 – Wow! The NCCN made 15-pages' worth of changes to the new cutaneous melanoma guidelines. The NCCN has attempted to clarify the roles of GEP testing and SLNB; however, the new wording can still be considered vague and confusing. For example, they state that...GEP testing should not guide clinical decision-making [in patients with stage I melanoma] but that the likelihood of a positive SLNB may be informed by the use of multivariable nomograms or risk calculators. The NCCN did clarify imaging in baseline metastatic workup to include FDG-PET/CT or CT chest/abdomen/pelvis.
- Myelodysplastic Syndromes Version 1.2024 – The NCCN made many changes to the myelodysplastic syndromes guidelines from the previous version. They have upgraded to “recommend” (from “consider”) testing bone marrow sample with reticulin stain for fibrosis. They have removed and updated several bullets regarding supportive care. They have also added a rather lengthy footnote to the initial testing regarding telomere length measurement by flow-FISH to assess the risk of telomere-mediated disease in patients with hematologic malignancies.
- Pediatric Acute Lymphoblastic Leukemia Version 4.2024 – The modifications made since the last update include the addition of a footnote regarding 6-TG within the Principles of Systemic Therapy and an update to the discussion section wording to reflect algorithm changes.

Centers for Disease Control and Prevention (CDC)

The CDC has issued new laboratory recommendations for syphilis testing, as outlined in the Morbidity and Mortality Weekly Report (MMWR), aiming to enhance the diagnosis of syphilis through various testing methods. These guidelines focus on serologic testing and the identification of *Treponema pallidum*, the bacterium causing syphilis. The guidelines distinguish between nontreponemal tests, which detect antibodies reactive to lipoidal antigens common to both the host and *T. pallidum*, and treponemal tests, which identify antibodies specific to *T. pallidum*. A combination of these tests is essential to differentiate between an active infection and one that has been treated successfully. The advent of newer serologic tests facilitates laboratory automation, although they need to be integrated into a testing algorithm that may also include traditional manual tests. Direct detection methods for *T. pallidum* are advancing from microscopic examination to molecular detection techniques. The recommendations also note the limited availability of point-of-care tests in the United States, highlighting the need for more sensitive and specific tests to improve screening programs and shorten the time from testing to treatment.

Kidney Disease Improving Global Outcomes (KDIGO)

The KDIGO 2024 Clinical Practice Guideline for the Management of Lupus Nephritis introduces comprehensive recommendations emphasizing early diagnosis, tailored treatment strategies including hydroxychloroquine for all patients, and specific immunosuppressive therapies based on lupus nephritis class. It highlights the importance of using both traditional and newer diagnostic methods for accurate assessment, advocating for lower glucocorticoid dosages to reduce toxicity. The guideline underscores the need for long-term immunosuppression, particularly with mycophenolic acid analogs, and addresses the management of treatment-resistant cases, emphasizing kidney transplantation for end-stage kidney disease and careful planning for pregnancy in patients with lupus nephritis.

Infectious Diseases Society of America (IDSA)

IDSA has released updated guidelines for evaluating adult ICU patients with new onset fever. Notably, the guidelines advise against the routine use of antipyretics and abdominal ultrasound, except in specific circumstances. CT scanning is recommended for patients post-surgery if the fever's cause remains unidentified. The utility of white blood cell scanning or PET-CT is considered inconclusive for making recommendations. For suspected infections, at least two sets of blood cultures from separate sites are advised, with specific instructions for suspected central venous catheter infections. Rapid molecular tests for blood pathogens are to be used alongside traditional culture methods. The guidelines emphasize the need for advancements in rapid diagnostics, including artificial intelligence applications for early infection detection, and highlight the significant gaps in quality evidence for diagnostic testing in ICU patients with new onset fever.

World Health Organization (WHO)

The WHO has released its first guidance on the clinical management of diphtheria, addressing the critical use of Diphtheria Antitoxin (DAT) amid a global shortage and recommending macrolide antibiotics (azithromycin, erythromycin) over penicillin for suspected or confirmed cases. This response to recent outbreaks and the sporadic nature of the disease aims to equip clinicians, especially in regions experiencing outbreaks like Nigeria and Guinea in 2023, with evidence-based treatment practices. While vaccination remains paramount, access to appropriate antibiotics, DAT, and supportive care is essential for saving lives in diphtheria cases.