



Day-Storms, LLC

MEDICAL WRITING & RESEARCH

ACCURATE, EVIDENCE-BASED, AND TIMELY MEDICAL
CONTENT

GUIDELINES THIS WEEK...

National Cancer Comprehensive
Network (NCCN)

Allergy Immunology Joint Task
Force on Practice Parameters
(JTFPP)

Canadian Coalition for Seniors'
Mental Health (CCSMH)

U.S. Dept of Health & Human
Services (HHS)

American Society of Clinical
Oncology (ASCO)

American Urological Association
(AUA), American Society for
Radiation Oncology (ASTRO), &
Society of Urologic Oncology (SUO)

SSADHD Consensus Group

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.

- Acute Myeloid Leukemia Version 1.2024 – The NCCN has updated how blood cell count measurements were defined throughout the entire guidelines. Since the 2023 guidelines, they have made several pages of changes to the guidelines. Of note, they have softened the verbiage used regarding administering prophylactic CNS-directed IT chemotherapy from strongly recommended to “consider administering” within the section on “Without CNS

disease. They have also made considerable changes to the list of most common aberrations for molecular analysis. Within treatment options, they have updated the wording from “matched sibling or alternative donor HCT” to “allogeneic HCT”. They made extensive changes to the treatment algorithms.

- Basal Cell Skin Cancer Version 3.2024 — Since the last version, the NCCN has clarified the wording regarding Mohs or other forms of PDEMA to state... “(preferred for BCCs that are either recurrent, ≥ 1 cm in H zone, or ≥ 1 cm with an aggressive histologic subtype).” Additionally, they downgraded the recommendation for “photodynamic therapy, porfimer sodium” from category 2A to category 2B.
- Cervical Cancer Version 2.2024 — The updates in this version introduce significant changes, particularly in the approach to chemoradiation (CRT). The guidelines now specify that concurrent platinum-containing chemotherapy with external beam radiation therapy (EBRT) should use cisplatin as a single agent, or carboplatin if the patient is cisplatin intolerant. Importantly, pembrolizumab has been added to the CRT regimen exclusively for patients with FIGO 2014 Stage III-IVA cervical cancer. This addition is based on the efficacy demonstrated in the KEYNOTE-A18 trial, a multicenter, randomized, double-blind, placebo-controlled trial involving 596 patients. Additionally, the guidelines include new footnotes regarding the potential continuation of checkpoint inhibitors and/or monoclonal antibodies as maintenance therapy, aligning with original study protocols for dosing schedules. The guidelines also update the management of drug reactions associated with cisplatin, carboplatin, docetaxel, and paclitaxel, referring to the NCCN Guidelines for Ovarian Cancer for management strategies.
- Head and Neck Cancers Version 3.2024 — The updates focus on refining the criteria for adverse pathologic features in HPV+ oropharyngeal cancers. These features now explicitly include conditions like extranodal extension, positive or close margins (less than 3 mm), T3 or T4 primary classifications, significant nodal disease, and other invasive patterns. The guidelines underscore that the definition of adverse features remains under active investigation, particularly the specifics of extranodal extension and the count of affected nodes. Additionally, there is an introduction of a new recommendation allowing for treatment de-escalation to 50 Gy in certain patients with p16 (HPV)-positive oropharynx cancer. This de-escalation is considered for cases with up to four positive lymph nodes, T1-T2 resections achieving negative or close margins, and N1-N2 disease without extensive extranodal extension, adhering to specified criteria.

- Colorectal Cancer Screening Version 1.2024 — The NCCN has made extensive changes to the guidelines since the publication of the previous version. They focus on lifestyle and dietary factors, aspirin usage, and age-specific screening recommendations. For average-risk individuals, CRC screening now starts at age 45, with modifications based on personal and familial health history. The document stresses the importance of tailored evaluations for CRC symptoms and advises average-risk screening intervals after a high-quality colonoscopy. It also emphasizes comprehensive germline multigene panel testing for various CRC-associated genes and advises initiating colonoscopy no later than age 45, especially considering family history and genetic predisposition.

Allergy Immunology Joint Task Force on Practice Parameters (JTFFP)

The Allergy Immunology Joint Task Force on Practice Parameters (JTFFP) has updated guidelines focusing on seven key areas where new evidence has emerged for anaphylaxis management. These areas include revised diagnostic criteria, emphasizing the need for precise definitions and classifications for effective treatment and research consistency. The guidelines highlight the challenges and specific symptoms of anaphylaxis in infants and toddlers, differing from older populations. In community settings, the importance of education on epinephrine autoinjector use and anaphylaxis recognition is underlined for patients, caregivers, and institutions like schools. The guidelines reaffirm the essential role of epinephrine as the primary treatment for anaphylaxis, with detailed advice on the use and prescription of autoinjectors. New insights have adjusted the stance on beta-blockers and ACE inhibitors, suggesting that for some patients, the risks of discontinuation may outweigh the risks of continued use, particularly with venom immunotherapy considerations. Additionally, advances in understanding mast cell disorders have led to improved diagnostic and treatment approaches to mitigate anaphylaxis risks. Perioperative anaphylaxis management has also been updated, with recommendations on testing, challenge, or avoidance strategies for future surgeries. These guidelines aim to provide comprehensive, evidence-based recommendations for the diagnosis and management of anaphylaxis across various settings and patient groups.

Canadian Coalition for Seniors' Mental Health (CCSMH)

The Canadian Coalition for Seniors' Mental Health (CCSMH), in collaboration with experts across Canada, has developed the first Canadian Clinical Guidelines on Social Isolation and Loneliness in Older Adults. The guidelines offer 17 evidence-based recommendations for health care and social service professionals to improve their practices concerning social isolation and loneliness among seniors. These guidelines emphasize the importance of prevention, screening, assessment, and interventions, addressing a significant issue that affects the mental and physical health of older adults. The initiative aims to mitigate the impacts of loneliness and social isolation, particularly exacerbated by life transitions such as retirement or the loss of a spouse, by providing essential knowledge, training, and resources to professionals, older adults, and care partners.

HHS

The HHS Panel for the Use of Antiretroviral Agents in Adults and Adolescents with HIV, in collaboration with the HIV Medicine Association, the American College of Cardiology, and the American Heart Association, has issued new guidelines based on the phase 3 REPRIEVE trial. The trial demonstrated that oral daily pitavastatin significantly reduces cardiovascular-related mortality by 35% in individuals aged 40 to 75 years with low-to-intermediate risk for atherosclerotic cardiovascular disease (ASCVD), compared to placebo. Consequently, the panel recommends that people with HIV within this age range and having a 5% to 19% ten-year ASCVD risk should start moderate-intensity statin therapy, with suggested dosages including 4 mg of pitavastatin, 20 mg of atorvastatin, or 10 mg of rosuvastatin daily. For patients aged 40 to 75 years with less than a 5% risk, moderate-intensity statin therapy is favored, although there are no specific recommendations for those under 40 due to a lack of data.

American Society of Clinical Oncology (ASCO)

The ASCO has published their updated "Therapy for Stage IV Non–Small Cell Lung Cancer With Driver Alterations: ASCO Living Guideline, Version 2023.3". These guidelines provide tailored treatment recommendations based on specific genetic alterations. These include mutations in *EGFR*, *ALK*, *ROS1*, *BRAFV600E*, *MET* exon 14, *RET*, *NTRK*, *HER2*, and *KRAS* G12C. This approach ensures personalized therapy aligning with the individual genetic profiles of lung cancer cases, aiming for optimized patient outcomes. For the full set of recommendations, please read the [full guidelines](#).

American Urological Association (AUA), American Society for Radiation Oncology (ASTRO), & Society of Urologic Oncology (SUO)

The AUA, ASTRO, and SUO have collaborated to create new clinical practice guidelines focusing on [salvage therapy for prostate cancer](#). These guidelines comprise 30 recommendations intended to serve as a robust reference for delivering effective, evidence-based care for patients undergoing salvage therapy after initial prostate cancer treatments. Key areas covered include decision-making processes following suspected biochemical recurrence after primary radical prostatectomy, treatment approaches for nonmetastatic biochemical recurrence, evaluation and management strategies for suspected nonmetastatic recurrence post-radiation therapy, as well as after focal therapy, and approaches for regional recurrence. Additionally, the guidelines address the management of metastatic recurrence with an emphasis on utilizing molecular imaging, aiming to enhance treatment precision and outcomes for patients experiencing prostate cancer recurrence.

SSADHD Consensus Group

The SSADHD Consensus Group, composed of experts from various fields and institutions globally, developed the first-of-its-kind consensus guidelines for diagnosing and managing Succinic Semialdehyde Dehydrogenase Deficiency (SSADHD), a rare metabolic disorder. Despite the absence of randomized controlled trial evidence, the group utilized systematic literature reviews and cohort studies to propose 30 initial statements, eventually reaching strong consensus on 25 and weak consensus on five, following the Delphi Method and AGREE II criteria. The guidelines aim to standardize the care for individuals with SSADHD, addressing a wide range of symptoms from cognitive disabilities to movement disorders, epilepsy, and sleep disturbances. Treatment remains supportive, with ongoing research into targeted genetic therapies, signifying the guidelines as a critical step toward improved care for SSADHD patients. Representatives from parent groups were also included, ensuring a comprehensive approach to guideline development.