



Day-Storms, LLC

MEDICAL WRITING & RESEARCH

ACCURATE, EVIDENCE-BASED, AND TIMELY MEDICAL
CONTENT

GUIDELINES THIS WEEK...

National Cancer Comprehensive
Network (NCCN)

CAP/IASLC/PPS/AMP/LUNGevity
Foundation

American College of Physicians
(ACP)

OligoMetastatic Esophagogastric
Cancer (OMEC) Project

The Clostridioides difficile Working
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.

- Biliary Tract Cancers Version 2.2024 – Since the last version of these guidelines, the NCCN has added fam-trastuzumab deruxtecan-nxki (IHC3+) as category 2A recommendation to the subsequent-line therapy for biliary tract cancers if disease progression.
- Breast Cancer Screening and Diagnosis Version 2.2024 – The NCCN has updated the discussion section to reflect changes in the algorithm.

- Hairy Cell Leukemia Version 2.2024 — Since the previous version of the guidelines, the NCCN has updated the classification terminology to HCLv [ICC]/splenic B-cell lymphoma/leukemia with prominent nucleoli [SBLPN;WHO5], and the discussion section has been updated to reflect algorithm modifications.
- Non-Small Cell Lung Cancer Version 4.2024 — The NCCN has updated the discussion section to reflect changes in the algorithm.
- T-Cell Lymphomas Version 3.2024 — The NCCN has updated the discussion sections on breast implant-associated ALCL, T-cell large granular lymphocytic leukemia, and adult T-cell leukemia/lymphoma.

CAP/IASLC/PPS/AMP/LUNGevity Foundation

The College of American Pathologists, among other professional societies, has developed the 2023 guidelines for lung cancer management, focusing on biomarker testing to guide immune checkpoint inhibitor therapies in non-small cell lung cancer (NSCLC). These guidelines emphasize the importance of standardized and validated testing for biomarkers like programmed death ligand-1 (PD-L1) and tumor mutation burden (TMB). They recommend utilizing validated PD-L1 immunohistochemistry assays as part of a comprehensive testing strategy to optimize therapeutic decisions, highlighting the dynamic nature and heterogeneity of PD-L1 expression across different tumor samples and within individual tumors. Additionally, the guidelines advise caution in using TMB as a standalone biomarker for selecting patients with advanced NSCLC for immune checkpoint inhibitor therapy, noting the very low certainty of evidence and suggesting that the benefits of using TMB do not outweigh the moderate harms and costs associated with its use. Further research is needed to clarify TMB's role in this setting due to the existing data's limited and inconclusive nature concerning survival and response rates. This approach supports personalized therapy choices, aligning with the latest evidence-based practices for lung cancer treatment.

American College of Physicians (ACP)

The ACP has updated its clinical guidelines on the pharmacologic treatment of type 2 diabetes, advocating for the addition of either a sodium-glucose cotransporter-2 (SGLT-2) inhibitor or a glucagon-like peptide-1 (GLP-1) agonist to metformin and lifestyle changes for adults with type 2 diabetes who exhibit inadequate glycemic control. SGLT-2 inhibitors are recommended for reducing risks associated with all-cause mortality, major adverse cardiovascular events, progression of chronic kidney disease, and congestive heart failure hospitalization. GLP-1 agonists are advised for lowering the risks of all-cause mortality, major adverse cardiovascular events, and stroke. Conversely, the ACP strongly advises against the addition of dipeptidyl peptidase-4 (DPP-4) inhibitors under similar clinical circumstances due to their ineffectiveness in reducing morbidity and mortality.

OligoMetastatic Esophagogastric Cancer (OMEC) Project

The European clinical practice guidelines for oligometastatic esophagogastric cancer (OMEC-4) define oligometastatic disease as esophagogastric cancer affecting one organ with 3 or fewer metastases or one extra-regional lymph node station. These guidelines recommend diagnostic staging and restaging using 18F-FDG PET/CT to identify suitable candidates for localized treatment. For synchronous oligometastases or metachronous oligometastases with a disease-free interval (DFI) of ≤ 2 years, systemic therapy followed by restaging to assess eligibility for local treatment is advised. Patients with metachronous oligometastases and a DFI > 2 years may receive upfront local treatment. The guidelines emphasize a multidisciplinary approach, integrating surgical, systemic, and radiotherapeutic strategies to optimize outcomes

The Clostridioides difficile Working Group

The 2024 guidelines for the management of Clostridioides difficile infection (CDI) in pediatric patients with cancer and hematopoietic cell transplantation recipients recommend the following strategies:

- For non-severe CDI, oral metronidazole or oral vancomycin is recommended.
- For severe CDI, oral vancomycin or oral fidaxomicin is advised.
- Fecal microbiota transplantation is not routinely recommended for CDI treatment.
- Infection control practices, including patient isolation, should be rigorously followed, and systemic antibacterial administration should be minimized where feasible, especially in patients who have previously experienced CDI.
- The guidelines strongly advocate for the use of evidence-based treatment modalities while cautioning against routine use of fecal microbiota transplantation due to uncertainties about its benefits and risks.