



# Day-Storms, LLC

MEDICAL WRITING & RESEARCH

ACCURATE, EVIDENCE-BASED, AND TIMELY MEDICAL CONTENT

## GUIDELINES THIS WEEK...

National Cancer Comprehensive Network (NCCN)

U.S. Preventive Services Task Force (USPSTF)

American Academy of Otolaryngology–Head and Neck Surgery Foundation (AAO-HNSF)

Association for Diagnostics & Laboratory Medicine (ADLM)

Federation of State Medical Boards (FSMB)

# 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](mailto:jerm@day-storms.com).

## National Cancer Comprehensive Network (NCCN)

The NCCN guidelines can be found at [www.nccn.org](http://www.nccn.org).

- Colon Cancer Version 2.2024 – The NCCN updated the specific indication qualifier for fam-trastuzumab deruxtecan-nxki to be recommended for tumors that are HER2-amplified as confirmed by immunohistochemistry (IHC) with a score of 3+.
- Cervical Cancer Version 3.2024 – The discussion section has been updated to reflect algorithm changes.

- B-Cell Lymphomas Version 2.2024 — For Follicular Lymphoma, third-line therapies now include epcoritamab-bysp (a bispecific antibody) and lisocabtagene maraleucel (a CD19-directed CAR T-cell therapy), both rated as category 2A preferred recommendations. In Marginal Zone Lymphomas, pirtobrutinib is newly recommended as a second-line therapy for patients previously treated with covalent BTK inhibitors, also as a category 2A preferred recommendation. Mantle Cell Lymphoma guidelines have been refined to specify that TP53 sequencing is preferred, with immunohistochemistry permissible in the front-line setting as a provisional measure, pending sequencing confirmation. Additionally, the combination of zanubrutinib, obinutuzumab, and venetoclax is now a category 2A recommendation for classical TP53 mutated cases, reflecting an increased focus on tailored therapy options. Lastly, for Mantle Cell Lymphoma's second-line and subsequent therapies, lisocabtagene maraleucel is introduced as a category 2A recommendation, and obinutuzumab may optionally replace rituximab, offering flexibility in antibody selection.
- Head and Neck Cancers Version 4.2024 — The NCCN has added fam-trastuzumab deruxtecan-nxki as a category 2B recommendation. This regimen is advised for use in certain circumstances, specifically for HER2-positive (IHC 3+) solid tumors. They have also updated the discussion section to reflect algorithm changes.
- Pancreatic Adenocarcinoma Version 2.2024 — The NCCN now includes fam-trastuzumab deruxtecan-nxki as a treatment option recommended for patients with locally advanced or metastatic disease, as well as for those with recurrent disease, provided they maintain a good performance status (PS 0-1) and their tumors are HER2-positive (IHC 3+).
- Primary Cutaneous Lymphomas Version 2.2024 — Discussion section updated to reflect algorithm changes.
- Rectal Cancer Version 2.2024 — Like the updated colon cancer guidelines, the NCCN updated the specific indication qualifier for fam-trastuzumab deruxtecan-nxki for tumors that are HER2-amplified as confirmed by IHC with a score of 3+.
- Small Bowel Adenocarcinoma Version 3.2024 — The guidelines now recommend testing for BRAF V600E and HER2 amplifications during the metastatic adenocarcinoma workup. Additionally, there is updated guidance on molecular testing for other markers like *NTRK*, *POLE/POLD1*, and *RET*, referencing the principles

outlined in the NCCN Guidelines for Colon Cancer. For treatment, fam-trastuzumab deruxtecan-nxki has been added as a second-line or subsequent therapy option for patients with HER2-amplified tumors (IHC 3+). The recommended dosing for this regimen is 5.4 mg/kg intravenously on day 1 of each 21-day cycle.

- Vulvar Cancer Version 4.2024 – The guidelines now specify adjustments to pembrolizumab usage based on biomarker types. Additionally, for HER2-positive tumors (IHC 3+ or 2+), fam-trastuzumab deruxtecan-nxki has been introduced as a second-line or subsequent therapy option.

## U.S. Preventive Services Task Force (USPSTF)

The [USPSTF](#) released their updated recommendations for breast cancer screening. The USPSTF gives a grade B recommendation for women and all other persons assigned female at birth aged 40 to 74 to have a biennial screening mammography. They state that there is insufficient evidence to recommend screening mammography in women 75 years or older or for women with dense breasts to have supplemental screening for breast cancer using MRI or ultrasonography.

## American Academy of Otolaryngology–Head and Neck Surgery Foundation (AAO-HNSF)

The key recommendations within the [AAO-HNSF guidelines](#) for the identification and management of age-related hearing loss include screening individuals aged 50 and older for hearing loss during healthcare encounters, using audiograms for those screening positive, and examining the ear canal for possible obstructions or abnormalities. Appropriate amplification devices should be offered or fitted, and clinicians should consider cochlear implantation for patients with poor speech understanding despite amplification. The guidelines also emphasize the importance of educating and counseling patients about the impacts of hearing loss on communication, safety, function, cognition, and quality of life. Clinicians should reassess communication goals and hearing-related quality of life within a year or upon noticeable changes in hearing.

## Association for Diagnostics & Laboratory Medicine (ADLM)

The ADLM guidelines on the laboratory diagnosis of respiratory viruses emphasize the utility of multiple diagnostic methods depending on the setting and specific clinical needs. Nasopharyngeal swabs remain the standard specimen for detecting respiratory viruses, with nucleic acid amplification tests (NAATs) cited as the most reliable method for diagnostic accuracy. Antigen tests, while offering quicker results and ease of use, are generally less sensitive and are recommended when NAATs are not available. The guidelines stress the importance of diagnostic stewardship, recommending the use of FDA-approved tests according to manufacturers' guidelines and considering the specific clinical context and pretest probabilities to guide the interpretation of test results.

## Federation of State Medical Boards (FSMB)

The FSMB guidelines on integrating AI into clinical practice emphasize promoting safe and ethical use while enhancing healthcare quality and efficiency. Key recommendations include the need for physician education on AI applications, maintaining human accountability, securing informed consent, protecting data privacy, and addressing liability concerns. The guidelines advocate for collaboration between healthcare providers, regulators, and AI experts, and stress the importance of embedding AI governance within ethical principles.