



Day-Storms, LLC

MEDICAL WRITING & RESEARCH

ACCURATE, EVIDENCE-BASED, AND TIMELY MEDICAL
CONTENT

GUIDELINES THIS WEEK...

National Cancer Comprehensive
Network (NCCN)

Council of Autism Service Providers
(CASP)

AHA/ACC/AMSSM/HRS/PACES/
SCMR

National Institute for Health & Care
Excellence (NICE)

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.

- Bladder Cancer Version 4.2024 – In the most recent update, the NCCN has modified the treatment regimen combining nogapendekin alfa inbakicept-pmln with BCG, specifically advised for select patients with CIS tumors, either alone or with papillary tumors. Additionally, the NCCN now mandates molecular/genomic testing in CLIA-approved laboratories, emphasizing identifying *FGFR3* genetic alterations and IHC for detecting HER2 overexpression. For HER2-positive tumors, fam-trastuzumab deruxtecan-nxki under specific circumstances.

- Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer Version 2.2024 – In the latest version, mirvetuximab soravtansine-gynx has been classified as a category 1 recommended therapy for folate receptor alpha (FR α) expressing tumors, where $\geq 75\%$ of tumor cells are positive.

Council of Autism Service Providers (CASP)

The CASP guidelines for Applied Behavior Analysis (ABA) therapy, outlined in their third edition, emphasize ABA as a medically necessary, evidence-supported treatment for Autism Spectrum Disorder (ASD). These guidelines serve as a comprehensive resource for healthcare funders, regulators, service providers, and consumers, detailing essential practices and standards for the effective delivery of ABA. Key aspects include the qualifications of ABA professionals, from Board Certified Behavior Analysts (BCBAs) to Registered Behavior Technicians (RBTs), and their respective roles within tiered service delivery models. The guidelines advocate for individualized treatment plans based on thorough assessments and emphasize the importance of ongoing data collection and analysis to guide treatment adjustments. Additionally, they address the integration of caregivers in treatment processes and the flexibility of service delivery across various settings to maximize therapeutic outcomes.

AHA/ACC/AMSSM/HRS/PACES/SCMR

The 2024 AHA/ACC/AMSSM/HRS/PACES/SCMR guidelines for the management of hypertrophic cardiomyopathy (HCM) introduce several new recommendations and substantial revisions to the existing protocols. Key updates include emphasizing shared decision-making in managing HCM, recognizing the critical role of comprehensive HCM centers for complex cases, and updating diagnostic and therapeutic approaches. There are updated guidelines on the use of cardiac myosin inhibitors for patients with symptomatic obstructive HCM, extended ambulatory monitoring for high-risk atrial fibrillation patients, and exercise stress testing in pediatric HCM cases for both

diagnostic and prognostic purposes. Enhanced focus is also placed on individualized sudden cardiac death (SCD) risk assessment and more nuanced indications for implantable cardioverter-defibrillator placement. Importantly, the new guidelines also address lifestyle considerations, recommending against universal restrictions from vigorous physical activities for most patients with HCM.

National Institute for Health & Care Excellence (NICE)

The latest [NICE guidelines](#) on identifying and managing familial and genetic risk of ovarian cancer includes key updates. Notably, men and individuals born with male reproductive organs are acknowledged as carriers of pathogenic variants associated with ovarian cancer and other related cancers. This update underscores the importance of referring these individuals for genetic counseling if direct-to-consumer genetic tests indicate a pathogenic variant. Additionally, the guidelines recommend referral for genetic counseling and testing for individuals with a first- or second-degree relative diagnosed with ovarian cancer, those from high-risk groups, individuals identified through cascade testing, or those diagnosed with ovarian cancer linked to pathogenic variants. Furthermore, for women, trans men, and non-binary people born with female reproductive organs who are at increased risk, age-appropriate risk-reducing surgery is highlighted as the most effective strategy to lower the risk of developing ovarian cancer.