



# Day-Storms, LLC

MEDICAL WRITING & RESEARCH

ACCURATE, EVIDENCE-BASED, AND TIMELY MEDICAL  
CONTENT

## GUIDELINES THIS WEEK...

National Cancer Comprehensive  
Network (NCCN)

CDC -- contraceptive use

ASCO -- locally advanced rectal  
cancer

ACC -- patients hospitalized with  
heart failure

# 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).

- Chronic Myeloid Leukemia Version 1.2025 – Chronic Myeloid Leukemia Version 1.2025 – The updated NCCN guidelines for chronic myeloid leukemia (CML) introduce several key modifications. Notably, for Ph-negative and *BCR::ABL1* negative cases, evaluation for atypical *BCR::ABL1* transcripts or other diseases is now recommended. Clarification regarding the minimum nuclei to be evaluated in fluorescence in situ hybridization (FISH) has been included.

- Chronic Myeloid Leukemia Version 1.2025 (continued) — Additionally, dual fusion FISH or qualitative RT-PCR for atypical *BCR::ABL1* transcripts is advised, with a referral to specialized centers for management. Treatment milestones at 12 months have seen significant revisions, such as changing the classification of *BCR::ABL1* levels from yellow to orange to indicate possible tyrosine kinase inhibitor (TKI) resistance. Asciminib has replaced imatinib in treatment protocols, particularly for patients with the T315I mutation or those resistant to prior TKIs. The guidelines also provide enhanced recommendations for TKI therapy during conception and pregnancy.
- Gastric Cancer Version 4.2024 — The NCCN has replaced the section on the principles of genetic risk assessment with a link to the new guidelines titled *Genetic/Familial High-Risk Assessment: Colorectal, Endometrial, and Gastric*.
- Genetic/Familial High-Risk Assessment: Colorectal, Endometrial, and Gastric Version 1.2024 — Endometrial cancer recommendations have been added to these guidelines. Extensive changes have been made to the sections on genomic testing and post-germline test counseling.
- Myeloproliferative Neoplasms Version 2.2024 — The NCCN has updated the discussion section to reflect changes within the algorithm since the last version.
- Vaginal Cancer Version 2.2025 — Like the guidelines on myeloproliferative neoplasms, the NCCN has updated the discussion section to mirror algorithm changes.

## Centers for Disease Control and Prevention (CDC)

The CDC has issued an update to their recommendations regarding initiation and use of specific contraceptive methods. Highlights include recommendations for medications for intrauterine device (IUD) placement, bleeding irregularities, testosterone use, self-injectable contraception methods.

## American Society of Clinical Oncology (ASCO)

The [ASCO guidelines](#) for the management of locally advanced rectal cancer emphasize the use of total neoadjuvant therapy (TNT) as the preferred initial treatment for patients with microsatellite stable or proficient mismatch repair tumors, particularly those located in the lower rectum or those at higher risk for local or distant metastases. TNT involves the combination of chemoradiation (CRT) and chemotherapy, with a preference for administering chemotherapy after radiation. In lower-risk cases, options such as neoadjuvant chemotherapy with selective CRT, long-course CRT, or short-course radiation may be considered. For tumors with microsatellite instability-high (MSI-H) or mismatch repair deficiency (dMMR), immunotherapy is recommended. Nonoperative management may be an alternative for patients achieving a clinical complete response to neoadjuvant therapy.

## American College of Cardiology (ACC)

The [ACC](#) has published updated guidelines for the clinical assessment and management of patients hospitalized with heart failure focuses on optimizing guideline-directed medical therapy (GDMT). Key recommendations include the early initiation of sodium-glucose cotransporter 2 (SGLT2) inhibitors regardless of ejection fraction and the emphasis on the four pillars of GDMT for heart failure with reduced ejection fraction (HFrEF) following stabilization. The guidelines also stress the importance of daily reassessment of patient trajectory, adjusting diuretic therapy, and planning for discharge with detailed handoffs to ensure continuity of care. Additionally, the pathway highlights the integration of palliative care discussions and the need for thorough post-discharge follow-up to improve long-term outcomes.