



Day-Storms, LLC

MEDICAL WRITING & RESEARCH
ACCURATE, EVIDENCE-BASED, AND TIMELY MEDICAL
CONTENT

GUIDELINES THIS WEEK...

National Cancer Comprehensive
Network (NCCN)

USPSTF -- iron deficiency screening
in pregnant individuals

ASCRS -- surgical site infections;
chronic constipation

ASPN -- regenerative medicine for
chronic pain

ESC -- atrial fibrillation; peripheral
arterial & aortic diseases

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.

- Multiple Myeloma Version 1.2025 – The guidelines include several notable updates. Key modifications include the expanded recommendation for FDG-PET/CT or whole-body low-dose CT as preferred imaging techniques for diagnosis and follow-up of solitary plasmacytoma and smoldering myeloma, replacing the skeletal survey in most cases. Additionally, updated treatment regimens now incorporate isatuximab-based therapies in both

- Multiple Myeloma Version 1.2025, cont. – transplant-eligible and non-transplant-eligible patients. The guidelines also stress the increased use of CAR T-cell therapy and bispecific antibodies for relapsed/refractory cases and recommend regular infection prophylaxis for high-risk patients undergoing advanced therapies.
- Occult Primary (Cancer of Unknown Primary [CUP]) Version 2.2025 – The discussion section was updated based on algorithm changes.
- Pediatric Aggressive Mature B-Cell Lymphomas Version 2.2024 – Like the occult primary guidelines, the pediatric aggressive mature B-cell guideline has an updated discussion section.
- Small Bowel Adenocarcinoma Version 5.2024 – The NCCN has updated the discussion section since the previous version.
- Systemic Light Chain Amyloidosis Version 1.2025 – The guidelines recommend incorporating cardiac MRI with and without contrast for cardiac amyloidosis diagnosis and monitoring. There is an increased emphasis on the use of daratumumab-based regimens, including daratumumab/cyclophosphamide/bortezomib/dexamethasone, as a primary therapy, even for patients with advanced-stage disease. Additionally, updated recommendations highlight the need for frailty assessments and modified dosing strategies, especially in older adults or those with advanced organ involvement.
- Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma Version 1.2025 – The guidelines include modifications to treatment regimens, such as moving bendamustine and rituximab from “other recommended regimens” to “useful in certain circumstances”. The NCCN made adjustments in proteasome inhibitor use, including updated dosing schedules for carfilzomib. The guidelines also highlight the importance of avoiding nucleoside analogs in hematopoietic cell transplantation candidates.

US Preventive Services Task Force (USPSTF)

The USPSTF gives an “I” statement, indicating insufficient evidence, regarding the benefits or harms of screening for iron deficiency and iron deficiency anemia in asymptomatic pregnant individuals.

American Society of Colon and Rectal Surgeons (ASCRS)

- The [ASCRS guidelines](#) for preventing surgical site infections (SSIs) in colorectal surgery provide 18 evidence-based recommendations covering institutional, preoperative, intraoperative, and wound care strategies. Key updates include a strong recommendation for SSI bundles, particularly those incorporating sterile closure trays and oral antibiotics with mechanical bowel preparation (MBP). Preoperative MBP combined with oral antibiotics is strongly supported for reducing SSIs, while MBP alone is not. Intraoperative guidance emphasizes timely antibiotic administration and use of wound protectors and minimally invasive techniques. Negative pressure wound therapy (NPWT) is conditionally recommended for patients with primarily closed incisions.
- The [ASCRS guidelines](#) for the evaluation and management of chronic constipation provide a comprehensive approach to diagnosing and managing chronic constipation. Key recommendations include a thorough history and physical examination to rule out serious underlying conditions, initial management focusing on dietary modifications, and fiber supplementation. For cases that do not respond to these interventions, osmotic laxatives are recommended as first-line medical therapy. Advanced cases may require evaluation for outlet dysfunction through anorectal physiology testing or imaging, and treatments like biofeedback therapy are strongly recommended for pelvic floor dyssynergia. Surgery, including total abdominal colectomy, may be considered for refractory cases.

American Society of Pain and Neuroscience (ASPN)

The [ASPN guidelines](#) on Regenerative Medicine Treatment for Chronic Pain provide comprehensive recommendations regarding the use of regenerative therapies, such as platelet-rich plasma (PRP), bone marrow aspirate concentrate (BMAC), and mesenchymal stem cells (MSCs), for various chronic pain conditions. The guidelines highlight that regenerative treatments may offer superior outcomes in select chronic pain indications, including tendinopathies, osteoarthritis, and discogenic back pain, compared to conventional medical therapies. Key mechanisms include anti-inflammatory effects and tissue regeneration. However, the guidelines also emphasize the need for further high-quality randomized controlled trials to clarify dosing protocols, comparative efficacy, and long-term outcomes, particularly due to current heterogeneity in the literature.

European Society of Cardiology (ESC)

- The [2024 ESC guidelines](#) on the management of atrial fibrillation (AF) include key recommendations on the early identification and management of comorbidities, such as hypertension, heart failure, and sleep apnea, to reduce AF recurrence. Sodium-glucose cotransporter-2 inhibitors are recommended regardless of left ventricular ejection fraction since this therapy can reduce the risk of hospitalization and cardiovascular death. Oral anticoagulation is strongly recommended for stroke prevention, with a preference for direct oral anticoagulants (DOACs) over vitamin K antagonists. For rhythm control, catheter ablation is recommended as a first-line therapy in symptomatic patients with paroxysmal AF. Patient-centered care, including shared decision-making, is critical to optimize outcomes.

- The 2024 ESC guidelines on the management of peripheral arterial and aortic diseases provide a multidisciplinary, patient-centered approach, emphasizing early diagnosis and treatment to reduce cardiovascular morbidity and mortality. The guidelines strongly recommend lipid-lowering therapy with statins, targeting an LDL-C of less than 1.4 mmol/L in patients with atherosclerotic disease. Supervised exercise therapy is advocated for symptomatic peripheral arterial disease patients, particularly after revascularization. Screening for abdominal aortic aneurysm is recommended for at-risk populations, while routine surveillance is essential for managing aortic aneurysms.