



**International Guideline
Harmonization Group**
for Late Effects of Childhood Cancer

International Guideline Harmonization Group Meeting

15 June 2023
Atlanta



Agenda

12:30	Welcome & introduction	Melissa Hudson / Elvira van Dalen
12:45	Colorectal cancer	Jop Teepen
13:10	Splenic dysfunction	Bente Houtman
13:30	Neurocognitive problems	Chiara Papini
13:45	Health promotion	Ismay de Beijer
14:00	Premature ovarian insufficiency	Lillian Meacham
14:15	Closing remarks	Melissa Hudson / Elvira van Dalen



Guideline development process

- Step 1** Determine **concordances and discordances** among existing guidelines
- Step 2** Formulate **clinical questions** based on discordant guideline areas
- Step 3** **Identify** available **evidence** for formulated clinical questions
- Step 4** **Summarize evidence** in evidence tables and appraise quality of evidence using GRADE
- Step 5** **Formulate recommendations** according to the evidence, clinical considerations, and patient values



For the evidence & recommendations key issues that need to be addressed

WHO?	Who needs surveillance?
WHEN?	At what age or time from exposure should surveillance be initiated and finished?
HOW OFTEN?	At what frequency should surveillance be performed?
HOW?	What surveillance modality should be used?
ACTIONS?	What should be done when abnormalities are identified?



GRADE levels of evidence

⊕⊕⊕⊕ **HIGH**

Further research is unlikely to change the confidence in the estimate of effect

⊕⊕⊕⊖ **MODERATE**

Further research is likely to have an important impact on the confidence in the estimate of effect and may change the estimate

⊕⊕⊖⊖ **LOW**

Further research is very likely to have an important impact on the confidence in the estimate of effect and is likely to change the estimate

⊕⊖⊖⊖ **VERY LOW**

Any estimate of effect is very uncertain.



Recommendations

STRONG recommendation “is recommended”

MODERATE recommendation “is reasonable”

NOT TO DO recommendation “is not recommended”



Published guidelines

- Secondary breast cancer (TLO 2013; JCO 2020)
- Cardiomyopathy (TLO 2015; TLO 2023)
- Premature ovarian insufficiency (JCO 2016)
- Male gonadotoxicity (TLO 2017)
- Secondary thyroid cancer (Cancer Treat Rev 2018)
- Ototoxicity (TLO 2019)
- Cancer-related fatigue (JCS 2020)
- Obstetric care (AJOG 2021)
- Subsequent CNS neoplasms (TLO 2021)
- Fertility preservation (TLO 2021)
- Coronary artery disease (EJC, 2021)
- Bone mineral density (TLDE 2022)
- Hepatic toxicity (Cancer Treat Rev 2022)
- Mental health problems (TLO 2022)
- Education and employment outcomes (Cancer 2022)
- Hypothalamic-pituitary dysfunction (Endocrine Reviews 2022)
- Dexrazoxane cardioprotection (TLO 2023)



Guidelines in progress

Almost completed

- Nephrotoxicity
- Pulmonary dysfunction
- Subsequent colorectal cancer
- Metabolic syndrome

In progress

- Splenic dysfunction
- Neurocognitive problems
- Health promotion
- Premature ovarian insufficiency update
- GH treatment



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Closing remarks

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Potential new IGHG guidelines

- Metabolic syndrome components:
 - hypertension
 - hyperlipidemia
 - obesity
 - diabetes
- Update male gonadotoxicity surveillance
- Thyroid dysfunction
- Update secondary thyroid cancer
- Sexual health
- Fertility preservation for survivors
- Neurovascular problems
- Stroke
- Melanoma and non-melanoma skin cancer
- Other subsequent neoplasms
- Dental abnormalities
- Eye abnormalities
- Arrhythmias, cardiac valvular abnormalities, pericardial disease
- Risk of congenital abnormalities in offspring of male CAYA cancer survivors
- Osteonecrosis