

### **International Guideline Harmonization Group Meeting**

27 June 2024 Lucerne

### 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

### **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
⊕⊕⊖⊖ <b>LOW</b>	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)
- Pulmonary dysfunction (eClinicalMedicine 2024)

### **Guidelines in progress**

#### Guideline manuscripts (to be) submitted

- Nephrotoxicity
- Subsequent colorectal cancer
- Metabolic syndrome

#### In progress

- Breast cancer after anthracyclines
- Anthracyline equivalence dose for cardiotoxicity
- Splenic dysfunction
- Growth hormone treatment
- Neurocognitive problems
- Health promotion
- Premature ovarian insufficiency update



# International Guideline Harmonization Group Meeting Closing remarks

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# Guidelines in progress

### **Discussed today**

- Breast cancer after anthracyclines
- Anthracyline equivalence dose for cardiotoxicity
- Splenic dysfunction
- Growth hormone treatment
- Health promotion
- Neurocognitive problems

### **Future topics**

- Metabolic syndrome components:
  - hypertension
  - hyperlipidemia
  - obesity
  - diabetes
- Stroke
- Thyroid dysfunction
- Update male gonadotoxicity surveillance
- Update secondary thyroid cancer
- Fertility preservation for survivors
- Risk stratification follow-up care

- Neurovascular problems
- Melanoma and non-melanoma skin cancer
- Other subsequent neoplasms
- Dental abnormalities
- Eye abnormalities
- Arrythmias, cardiac valvular abnormalities, pericardial disease
- Risk of congenital abnormalities in offspring of male CAYA cancer survivors
- Osteonecrosis

# Implementation IGHG into local or national guidelines

#### **Example: European wide update system within PanCare Guidelines Group**

#### Step 1

Yearly check if new IGHG guidelines are published

#### Step 2

• If new IGHG guidelines available a core group updates current PanCare guideline

#### Step 3

- After changes local consensus is reached
- Notification of updates

### Resources

#### Resources

- www.ighg.org
- Handbook for guideline development
- IGHG publications
- Interested? Email Renée Mulder (<u>r.l.mulder@prinsesmaximacentrum.nl</u>)

### Thanks to

#### **Core group**

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>500 guideline panel members