SEOM clinical guidelines 2020

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In this issue of Clinical and Translational Oncology, the Spanish Society of Medical Oncology publishes a new edition of its Clinical Guidelines focused on reviewing the available evidence regarding the management of diagnosis and treatment in different tumors. The objective of these guidelines is to guide in a practical view with respect to various cancer-related scenarios and to homogenize the management of these patients. In this edition, nine guidelines are presented, some guidelines have been updated and several are new guidelines. These guidelines summarize the best available evidence with respect to what is known about cancer, as well as its diagnosis and treatment.

Previous guideline for the treatment of head and neck cancer has been updated to incorporate new evidence, which includes Equivalence to standard treatments of sentinel node biopsy in early oral/oropharyngeal cancer treated with surgery, concomitant radiotherapy with weekly cisplatin 40 mg/m² in the adjuvant setting, new therapeutic approaches for HPV-related oropharyngeal cancer patients and the new standard treatment with immune-checkpoint inhibitors in recurrent/metastatic disease [1].

The guideline of management of soft-tissue sarcoma highlights the need for an expert multidisciplinary team for the diagnosis and treatment of these tumors and reviews the role of each therapy in different stages and settings [2].

Cancer-related anaemia management is controversial since 2005 following the publication of data that associated erythropoietin-stimulating agents with decreased survival. Guidelines for anemia treatment in cancer have been

elaborated to review the available evidence on the use of different therapies for treating anaemia [3].

The management of adult medulloblastoma has to strike a balance between acknowledging the differences between adults and children, differences that influence medulloblastoma biology, but also the ability of the patient to receive local and systemic treatment. The guideline of adult melanoma includes new classification according to molecular profiling in at least four diseases, each one with differences in prognosis, epidemiology and sensibility to different treatments [4].

Management of melanoma has experienced many changes in recent years especially in resected patients. The updated guideline of cutaneous melanoma includes recommendation of adjuvant treatment in resected stage III-IV and that routine complete lymph node dissection is not recommended for patients with positive sentinel lymph node biopsy [5].

In the last decade, there have been important advances, both in systemic and surgical treatment of ovarian cancer. However, the incorporation of PARP inhibitors as maintenance therapy after the response to platinum-based chemotherapy in recurrent disease and in first-line setting will change the natural history of the disease. This guide aims to update the current evidence for the management of ovarian cancer [6].

Updated guidelines of advanced prostate cancer have been published since treatment has evolved due to recent advances in molecular research and new drug development. Also tumor testing for BRCA1 and BRCA2 is recommended for patients with metastatic prostate cancer and to treat with olaparib in BRCA1/BRCA2 mutated castration-resistant patients after progression on at least one new hormonal therapy [7].

Incidence of malignant pleural mesothelioma is increasing worldwide and its prognosis remains poor. These patients have to be evaluated by a multidisciplinary team and clinical guidelines have been published to homogenize the management of these patients. A maximal surgical cytoreduction in combination with additional antitumour treatment can be considered in selected patients with early stage, and

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chemotherapy with platinum plus pemetrexed is the standard of care in unresectable or advanced disease [8].

Pancreatic and biliary tract cancer guidelines have been updated together including the recommendation of adjuvant treatment in pancreatic and biliary tract cancer. In metastatic disease, new chemotherapy regimens such as FOLFIRINOX or Gemcitabine plus nab-paclitaxel have improved OS compared with gemcitabine alone, while in metastatic biliary tract cancer, cisplatin plus gemcitabine constitute the standard treatment [9].

Declarations

Conflict of interest The authors declare no competing interests/conflict of interests.

Ethical approval The current study has been performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki and its later amendments.

Informed consent Not applicable.

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