Clinical and Translational Oncology (2022) 24:611–612
https://doi.org/10.1007/s12094-022-02825-8

EDITORIAL

SEOM clinical guidelines (2021)

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Accepted: 8 March 2022 / Published online: 1 April 2022

In this issue of Clinical and Translational Oncology, the Spanish Society of Medical Oncology presents publishes a new edition of its Clinical Guidelines, thanking to the different cooperative groups and the authors for their involvement in them.

These guidelines seek to review the available evidence critically, so as to establish levels of recommendation for the treatment of different tumors and clinical circumstances (emesis, antibiotic prophylaxis, use of molecular platforms) that will provide us with pragmatic help in our decision making in daily clinical practice.

They represent a convenient, essential tool, given the frequency with which we find ourselves up against of "gray areas" in daily practice. They appraise the management of different tumors from diagnosis to treatment and through follow-up, as well as examining the side effects derived from the various therapies. Furthermore, in an era in which precision medicine is a hallmark, we have the first guide regarding the use of molecular platforms.

The SEOM guideline vis-à-vis managing muscle-invasive bladder cancer has been updated, establishing clear recommendations for adjuvant and neoadjuvant management, and incorporating new advances in maintenance and second-line treatment of advanced disease by means of immunotherapy. Likewise, new treatments, such as conjugated antibodies are reviewed and the relevance of molecular profiling and histology as a therapeutic guide is discussed [1].

Endometrial cancer represents a worldwide health problem and is the second most common gynecological tumor. This guideline elaborates further on the value of molecular and disease classifications, standardizing indications for radiotherapy and chemotherapy in the adjuvant setting, and updating new immunotherapy treatments and targeted therapies in the context of advanced disease [2].

The rarity of thymic tumors evinces how multidisciplinary evaluation in these tumors is all the more essential. This guideline explores the importance of evaluation of concomitant autoimmune pathology further. Moreover, beyond the classic platinum-based chemotherapy as first-line treatment, the guidelines review and establish degrees of recommendation for different treatments in later lines for which we do not have high levels of evidence [3].

The incorporation of the total neoadjuvant strategy (TNT) and wait and see (W&W) strategy in localized rectal cancer are reviewed in this new update of these guidelines, that focus on therapeutic individualization based on the risk of recurrence [4].

Immunotherapy is one element of the treatment arsenal for localized and advanced esophageal disease, the subject of the evidence review in these guidelines, which also establishes the different strategies recommended within the framework of localized disease (resectable, unresectable or inoperable) [5].

Nasopharyngeal cancer is an entity unlike any other all head and neck tumor from the biological, epidemiological, histological, and natural history viewpoint. The recent changes that have been integrated into first-line treatment have changed the strategy from platinum/fluorouracil toward platinum/gemcitabine [6].

Tumors of unknown origin comprise a heterogeneous disease for which, beyond histological classifications, molecular diagnosis is particularly relevant and the use of molecular platforms is endorsed. In this sense, we have a guideline that reviews the role of molecular platforms in the diagnosis of hereditary cancers, tumors of unknown origin, and their prognostic and predictive value for different therapies [7, 8].

The treatment of brain metastases poses a genuine challenge, given that the underlying histology determines how best to manage it. Depending on the side of the primary

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tumor, i.e., breast, melanoma, or lung, three management algorithms have been established [9].

Finally, two guidelines have laid down the pragmatic management of common situations in all oncological consultations. On one hand, the guideline on emesis underscores the importance of not underestimating the symptom and stipulates different recommendations according to the emetic level of the treatments applied [10]. On the other hand, we have the antibiotic prophylaxis guideline, which specifies clear recommendations in situations that are underestimated in our practice, such as not routinely screening for hepatitis virus infection and establishing vaccination guidelines for the population we treat (who to vaccinate, when and with what vaccine). Finally, it also reviews the indications for antibiotic prophylaxis in our immunocompromised patients [11].

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