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NCCN publishes new pediatric cancer guidelines

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New NCCN Guidelines for Pediatric Aggressive Mature B-Cell Lymphomas address best practices for treating children with common and curable forms of non-Hodgkin lymphoma



National Comprehensive Cancer Network® (NCCN®) published new guidelines for treating children, adolescents and young adults with pediatric aggressive mature B-cell lymphomas, including Burkitt lymphoma and diffuses large B-cell lymphoma. NCCN published the first pediatric NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) earlier this year that addressed Acute Lymphoblastic Leukemia. These new pediatric guidelines—with more to follow—further NCCN's efforts to improve quality of care and outcomes for children with cancer worldwide.

Historically, most children with cancer in the United States have been included on active clinical trials, with clear protocols in place to standardize treatment and maximize response, while addressing potential toxicities. However, improved cure rates and decreased research funding have resulted in more patients being treated outside of clinical trials, where treatment guidelines are lacking. The new NCCN Guidelines® are intended to fill the void and make sure management is provided in the best possible manner to improve both short- and long-term outcomes. Furthermore, globally (especially in resource-constrained settings) many patients do not have access to oncologists who specialize in pediatric cancers, making guidelines highly relevant for these situations.

Non-Hodgkin lymphoma is responsible for approximately 5% of all cancers in children age 14 and younger and 7% of all cancers for adolescents between 15 and 19 years old. Major supportive care concerns include disease-associated infections, renal dysfunction, bowel obstruction, treatment-related tumor lysis syndrome, neurotoxicity, and mucositis.[2]

"Over the course of my career, one of the successes I have witnessed is the improvement in treatment outcomes for children, adolescents, and young adults with aggressive mature B-cell lymphomas. These previously fatal diseases can now be cured in almost all cases, thanks to decades of cooperative international research into how to optimize the way we approach treatment and supportive care," explained Kimberly J. Davies, MD, Medical Director of Dana-Farber's Pediatric Oncology Clinic at Dana-Farber/Boston Children's Cancer and Blood Disorders Center and Chair of the NCCN Guidelines Panel for Pediatric Aggressive Mature B-Cell Lymphomas. "Treatments for these lymphomas are intensive and complicated, but when applied appropriately and with good supportive care, they have high curative potential. The NCCN Guidelines have been developed by experts in the field to share decision-making recommendations with all pediatric oncologists for the best treatment of these lymphomas."

"These new recommendations from NCCN represent one of the first guidelines developed specifically for the care of pediatric cancer patients," said Matthew Barth, MD, Roswell Park Comprehensive Cancer Center, Vice-Chair of the NCCN Guidelines Panel for Pediatric Aggressive Mature B-Cell Lymphomas. "Based on evidence from recent clinical trials, we are now achieving unprecedented success in treating children with aggressive mature B-cell non-Hodgkin lymphomas, including Burkitt lymphoma and diffuse large B-cell lymphoma, and we want to make sure that providers around the world have access to these best practices. This resource will help guide treatment decisions for providers treating pediatric, adolescent, and select young adult patients—for whom recommended regimens depart significantly from the recommendations for older adults—while also providing guidance on appropriate supportive care, which has also played a major role in improving survival outcomes in childhood B-cell lymphomas."

"Together with the new NCCN Guidelines for Pediatric Acute Lymphoblastic Leukemia, these NCCN Guidelines for Pediatric Aggressive Mature B-Cell Lymphomas begin the exciting expansion of the widely-used NCCN Guidelines into pediatric diseases," added Alexandra E. Kovach, MD, Vanderbilt-Ingram Cancer Center, Member of the NCCN Guidelines Panel for Pediatric Aggressive Mature B-Cell Lymphomas. "The goal of these guidelines is to provide oncologists, pathologists, general practitioners, and students with a comprehensive yet concise and user-friendly guide to modern diagnosis, staging, treatment and management of pediatric Burkitt lymphoma and diffuse large B-cell lymphoma, and to illustrate how management differs from how these diseases are handled in adult patients."

Up next, NCCN plans to adapt these guidelines into NCCN Harmonized Guidelines™ for Sub-Saharan Africa, which take into account specific regional concerns and potential resource limitations. The organization will also continue expanding into pediatric recommendations with upcoming NCCN Guidelines for Wilms Tumor and Pediatric Hodgkin Lymphoma. Recently, NCCN also published new supportive care guidelines detailing best practices in the lead-up and after-effects of stem-cell transplantation, and significantly updated the NCCN Guidelines for Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic.