

## ESMO Minimum Clinical Recommendations

Inadequate diagnostics, inappropriate treatment and poor follow-up deny cancer patients their best chance of survival. Whether you work in a hospital in rural Hungary or at the Jules Bordet in Brussels, ESMO's updated recommendations spell out what you need to do to ensure your patients receive an acceptable standard of care.

**T**he European Society for Medical Oncology (ESMO) is continuing to expand and update its internationally respected collection of Minimum Clinical Recommendations (MCRs) for the treatment of cancer. The supplement to *Annals of Oncology* vol 16, 2005, contains 35 updated MCRs, freely available for oncologists around the world.

Each of the MCRs provides vital, evidence-based information for physicians, including the incidence of the malignancy, diagnostic criteria, staging of disease and risk assessment, treatment plans and follow-up. They aim to provide the user with a set of requirements for a basic standard of care that ESMO considers necessary in European countries. They are not designed to replace extensive clinical practice guidelines or review articles.

To keep abreast of the rapid changes in the field of medical oncology, each MCR undergoes an annual update. The ESMO Guidelines Task Force invites a coordinator (author) to draft an MCR on a specific topic, according to a standard outline; the draft is revised with the input of the

ESMO Guidelines Task Force and subsequently submitted to the ESMO Faculty for review; and finally, comments from the Faculty are considered by the Task Force and a final version is prepared for publication. Rolf Stahel, chair of the ESMO Guidelines Task Force, says "The minimum clinical recommendations are an important expression of ESMO's mission to disseminate knowledge, in order to maintain a high common standard in medical practice for cancer patients." He adds that they also help support negotiations with politicians, administrators, and insurance companies about what level of care should be made available, and are an important part of the development of medical oncology as a specialty.

Vesa Kataja, a Finnish medical oncologist who sits on ESMO's Guidelines Task Force, says that the great thing about the MCRs is they are easy to use. "Finland is a country with a high tax rate and well-organised national healthcare, which for many years has utilised national guidelines on different disease entities, including several in oncology. In a situation like this, one would think that there is no cause for even more guidelines. However, the national



The ESMO Guidelines Task Force. Rolf Stahel (chair) is seated at the far end on the left; Vesa Kataja is sitting on the right-hand side, third from the front

guidelines, although elaborate in quality, up-to-date and very much evidence-based, are somewhat difficult to use in everyday practice. Thus the ESMO MCRs, being clinical practice guidelines and a practical synthesis of all evidence within a given field, have found their way to becoming a handy tool for many Finnish colleagues, even outside the oncology field.”

So handy, in fact, that many of Kataja’s colleagues want them literally in their hands. “Although everyone working in the Finnish healthcare system has access to the Internet and the ESMO website, some 50 folders containing the MCRs were practically ripped out of my hands when I presented them at a meeting,” he

said. Kataja takes every opportunity to promote discussion of the ESMO MCRs, for instance at the Meeting for Residents in Specialist Training and the Annual Meeting of the Finnish Society of Oncology. “I have recommended them as reading for medical students in preparation for the examination in oncology, for residents and other colleagues in response to consultation – I told them ‘see what the ESMO MCR says on the subject’ – and referred to them in my lectures and presentations. There is no doubt in my mind that in these days of information influx, the ESMO MCRs, with their practical approach, will find a steady place in everyday clinical life – all over Europe.”

As important as practicality is credibility. It is inevitable that during the elaboration of the MCRs, controversial issues on diagnostic and therapeutic recommendations regularly arise. Stahel is keen to emphasise that the published Recommendations represent an ongoing process that needs the participation of all ESMO members. To encourage this, and to give some insight into some of the more finely balanced decisions, the Guidelines Task Force plans to publish controversies on ESMO MCRs in future issues of *Annals of Oncology*.

#### UPDATED RECOMMENDATIONS

Updated MCRs are available at [www.esmo.org](http://www.esmo.org) for

**Diagnosis, treatment/adjuvant treatment and follow-up of:**

- primary breast cancer; locally recurrent or metastatic breast cancer
- epithelial ovarian carcinoma
- colon cancer; advanced colorectal cancer; rectal cancer
- gastric cancer; pancreatic cancer; oesophageal cancer
- non-small-cell lung cancer; small-cell lung cancer
- malignant pleural mesothelioma
- prostate cancer
- mixed or non-seminomatous germ cell tumours
- testicular seminoma
- invasive bladder cancer
- acute myeloblastic leukaemia in adult patients; chronic lymphocytic leukaemia

- multiple myeloma
  - chronic myelogenous leukaemia
  - Hodgkin’s disease
  - follicular lymphoma
  - newly diagnosed large cell non-Hodgkin’s lymphoma; relapsed large cell non-Hodgkin’s lymphoma
  - squamous cell carcinoma of the head and neck
  - malignant glioma
  - cutaneous malignant melanoma
  - soft tissue sarcomas; osteosarcoma; Ewing’s sarcoma of bone
  - cancers of unknown primary site
- and for**
- prophylaxis of chemotherapy-induced nausea and vomiting
  - application of haematopoietic growth factors
  - management of cancer pain