



## Complete Summary

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### GUIDELINE TITLE

Pediatric malignancies.

### BIBLIOGRAPHIC SOURCE(S)

New York State Department of Health. Pediatric malignancies. New York (NY): New York State Department of Health; 2004. 9 p. [16 references]

### GUIDELINE STATUS

This is the current release of the guideline.

## COMPLETE SUMMARY CONTENT

SCOPE  
METHODOLOGY - including Rating Scheme and Cost Analysis  
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INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT  
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## SCOPE

### DISEASE/CONDITION(S)

- Human immunodeficiency virus (HIV) infection
- HIV-related malignancies, such as non-Hodgkin's lymphoma (NHL), Hodgkin's disease, leiomyoma, leiomyosarcoma, Kaposi's sarcoma (KS)

### GUIDELINE CATEGORY

Evaluation  
Management

### CLINICAL SPECIALTY

Allergy and Immunology  
Family Practice  
Infectious Diseases

Oncology  
Pediatrics

### **INTENDED USERS**

Advanced Practice Nurses  
Health Care Providers  
Physician Assistants  
Physicians  
Public Health Departments

### **GUIDELINE OBJECTIVE(S)**

To develop guidelines for management of pediatric malignancies in human immunodeficiency virus (HIV)-infected children

### **TARGET POPULATION**

Human immunodeficiency virus (HIV)-infected children with malignancies

### **INTERVENTIONS AND PRACTICES CONSIDERED**

1. Evaluating patients for malignancies
2. Referral to pediatric oncologist
3. Highly active antiretroviral therapy (HAART)
4. Chemotherapy for malignancies
5. Close monitoring for therapy side effects and drug-drug interactions

### **MAJOR OUTCOMES CONSIDERED**

- Relative risk of non-Hodgkin's lymphomas (NHL), Hodgkin's disease, leiomyomas, leiomyosarcomas, and Kaposi's sarcomas (KS) in human immunodeficiency virus (HIV)-infected children
- Efficacy and safety of combination of highly active antiretroviral therapy (HAART) and chemotherapy

## **METHODOLOGY**

### **METHODS USED TO COLLECT/SELECT EVIDENCE**

Hand-searches of Published Literature (Primary Sources)  
Hand-searches of Published Literature (Secondary Sources)  
Searches of Electronic Databases

### **DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE**

Not stated

### **NUMBER OF SOURCE DOCUMENTS**

Not stated

**METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE**

Expert Consensus (Committee)

**RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE**

Not applicable

**METHODS USED TO ANALYZE THE EVIDENCE**

Review

**DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE**

Not stated

**METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Expert Consensus

**DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS**

The Human Immunodeficiency Virus (HIV) Guidelines Program works directly with committees composed of HIV Specialists to develop clinical practice guidelines. These specialists represent different disciplines associated with HIV care, including infectious diseases, family medicine, obstetrics and gynecology, among others. Generally, committees meet in person 3 to 4 times per year, and otherwise conduct business through monthly conference calls.

Committees meet to determine priorities of content, review literature, and weigh evidence for a given topic. These discussions are followed by careful deliberation to craft recommendations that can guide HIV primary care practitioners in the delivery of HIV care. Decision making occurs by consensus. When sufficient evidence is unavailable to support a specific recommendation that addresses an important component of HIV care, the group relies on their collective best practice experience to develop the final statement. The text is then drafted by one member, reviewed and modified by the committee, edited by medical writers, and then submitted for peer review.

**RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS**

Not applicable

**COST ANALYSIS**

A formal cost analysis was not performed and published cost analyses were not reviewed.

## **METHOD OF GUIDELINE VALIDATION**

Peer Review

## **DESCRIPTION OF METHOD OF GUIDELINE VALIDATION**

Not stated

# **RECOMMENDATIONS**

## **MAJOR RECOMMENDATIONS**

### **Types of Malignancies**

When human immunodeficiency virus (HIV)-infected children present with unexplained constitutional symptoms, such as fever, weight loss, hepatomegaly, splenomegaly, jaundice, abdominal distension, central nervous system (CNS) symptoms, pancytopenia, and bone pain, clinicians should evaluate for malignancy.

**Key Points:** Proliferative and neoplastic disorders may clinically mimic an opportunistic infection.

The only malignancy found primarily in children with more advanced immunodeficiency is primary CNS lymphoma.

### **Treatment**

Clinicians should refer HIV-infected children with malignancies to pediatric oncologists.

Clinicians should initiate or continue highly active antiretroviral therapy (HAART) while the patient is undergoing treatment for the malignancy; however, there is the possibility of an increase in side effects and complex drug-drug interactions.

Treatment of HIV-infected children with malignancies should be managed by a multidisciplinary team, including pediatric hematologists/oncologists, pediatric HIV specialists, and pharmacists.

**Key Point:** Because the regimens used to treat malignancies (particularly those required for treating advanced B-cell lymphomas) are extremely aggressive, it is important to be vigilant for associated toxicities and drug-drug interactions.

## **CLINICAL ALGORITHM(S)**

None provided

## EVIDENCE SUPPORTING THE RECOMMENDATIONS

### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not stated.

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

Appropriate management of human immunodeficiency virus (HIV)-infected children with malignancies

### POTENTIAL HARMS

Toxicities and drug interactions of treatment

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

Following the development and dissemination of guidelines, the next crucial steps are adoption and implementation. Once practitioners become familiar with the content of guidelines, they can then consider how to change the ways in which they take care of their patients. This may involve changing systems that are part of the office or clinic in which they practice. Changes may be implemented rapidly, especially when clear outcomes have been demonstrated to result from the new practice such as prescribing new medication regimens. In other cases, such as diagnostic screening or oral health delivery, however, barriers emerge which prevent effective implementation. Strategies to promote implementation, such as through quality of care monitoring or dissemination of best practices, are listed and illustrated in the companion document to the original guideline (*HIV clinical practice guidelines*, New York State Department of Health; 2003), which portrays New York's HIV Guidelines Program. The general implementation strategy is outlined below.

- Statement of purpose and goal to encourage adoption and implementation of guidelines into clinical practice by target audience
- Define target audience (providers, consumers, support service providers).
  - Are there groups within this audience that need to be identified and approached with different strategies (e.g., HIV Specialists, family practitioners, minority providers, professional groups, rural-based providers)?
- Define implementation methods.
  - What are the best methods to reach these specific groups (e.g., performance measurement consumer materials, media, conferences)?
- Determine appropriate implementation processes.
  - What steps need to be taken to make these activities happen?
  - What necessary processes are internal to the organization (e.g., coordination with colleagues, monitoring of activities)?

- What necessary processes are external to the organization (e.g., meetings with external groups, conferences)?
- Are there opinion leaders that can be identified from the target audience that can champion the topic and influence opinion?
- Monitor progress.
  - What is the flow of activities associated with the implementation process and which can be tracked to monitor the process?
- Evaluate.
  - Did the processes and strategies work? Were the guidelines implemented?
  - What could be improved in future endeavors?

## **IMPLEMENTATION TOOLS**

Personal Digital Assistant (PDA) Downloads  
Quick Reference Guides/Physician Guides

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

## **INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES**

### **IOM CARE NEED**

Getting Better  
Living with Illness

### **IOM DOMAIN**

Effectiveness

## **IDENTIFYING INFORMATION AND AVAILABILITY**

### **BIBLIOGRAPHIC SOURCE(S)**

New York State Department of Health. Pediatric malignancies. New York (NY): New York State Department of Health; 2004. 9 p. [16 references]

### **ADAPTATION**

Not applicable: The guideline was not adapted from another source.

### **DATE RELEASED**

2004

### **GUIDELINE DEVELOPER(S)**

New York State Department of Health - State/Local Government Agency [U.S.]

## **SOURCE(S) OF FUNDING**

New York State Department of Health

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Committee for the Care of Children and Adolescents with HIV Infection

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## **FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST**

Not stated

## **GUIDELINE STATUS**

This is the current release of the guideline.

## **GUIDELINE AVAILABILITY**

Electronic copies: Available from the [New York State Department of Health AIDS Institute Web site](#).

Print copies: Available from Office of the Medical Director, AIDS Institute, New York State Department of Health, 5 Penn Plaza, New York, NY 10001; Telephone: (212) 268-6108

## **AVAILABILITY OF COMPANION DOCUMENTS**

The following are available:

- Pediatric malignancies. Tables and recommendations. New York (NY): New York State Department of Health; 2004 Mar. 6 p. Electronic copies: Available from the [New York State Department of Health AIDS Institute Web site](#).
- HIV clinical practice guidelines. New York (NY): New York State Department of Health; 2003. 36 p. Electronic copies: Available from the [New York State Department of Health AIDS Institute Web site](#).

Print copies: Available from Office of the Medical Director, AIDS Institute, New York State Department of Health, 5 Penn Plaza, New York, NY 10001; Telephone: (212) 268-6108

This guideline is available as a Personal Digital Assistant (PDA) download from the [New York State Department of Health AIDS Institute Web site](#).

## **PATIENT RESOURCES**

None available

## **NGC STATUS**

This NGC summary was completed by ECRI on January 13, 2005.

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