



## Complete Summary

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### GUIDELINE TITLE

Guidelines for pediatric cancer centers.

### BIBLIOGRAPHIC SOURCE(S)

Corrigan JJ, Feig SA. Guidelines for pediatric cancer centers. Pediatrics 2004 Jun;113(6):1833-5. [10 references] [PubMed](#)

### GUIDELINE STATUS

This is the current release of the guideline.

American Academy of Pediatrics (AAP) Policies are reviewed every 3 years by the authoring body, at which time a recommendation is made that the policy be retired, revised, or reaffirmed without change. Until the Board of Directors approves a revision or reaffirmation, or retires a statement, the current policy remains in effect.

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## SCOPE

### DISEASE/CONDITION(S)

Pediatric cancer

### GUIDELINE CATEGORY

Management  
Treatment

### CLINICAL SPECIALTY

Family Practice  
Hematology  
Internal Medicine  
Neurological Surgery  
Neurology  
Oncology  
Orthopedic Surgery  
Pathology  
Pediatrics  
Radiation Oncology  
Radiology  
Surgery  
Urology

### **INTENDED USERS**

Advanced Practice Nurses  
Allied Health Personnel  
Managed Care Organizations  
Pharmacists  
Physician Assistants  
Physicians  
Social Workers

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

To delineate personnel and facilities that are essential to provide state-of-the-art care for children and adolescents with cancer

### **TARGET POPULATION**

Children and adolescents with cancer

### **INTERVENTIONS AND PRACTICES CONSIDERED**

Referral of pediatric and adolescent cancer patients to a pediatric cancer care center with appropriate personnel, facilities, and capabilities

### **MAJOR OUTCOMES CONSIDERED**

Effectiveness of pediatric cancer centers in treating children and adolescents with cancer

## **METHODOLOGY**

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

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**

Not stated

**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**

Not stated

**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

On the basis of the effectiveness of pediatric cancer centers in treating children and adolescents with cancer, the American Academy of Pediatrics recommends the following:

- Children and adolescents with newly suspected and/or recurrent malignancy should be referred to a pediatric cancer center for prompt and accurate diagnosis and management.
- Children and adolescents with newly diagnosed and/or recurrent malignancies should have their treatment coordinated by a board-certified pediatric hematologist/oncologist; treatment should be prescribed and initiated at a pediatric cancer center but may be continued at a center not specialized in the care of the pediatric oncology patient under the continuing oversight of the center's multidisciplinary team.
- Multidisciplinary team members should have pediatric expertise within their specialty area.

The original guideline document also details personnel, facilities, and capabilities that should be provided in a pediatric oncologic care center.

### CLINICAL ALGORITHM(S)

None provided

## EVIDENCE SUPPORTING THE RECOMMENDATIONS

### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

The clinical results in children with cancer have been shown to be superior when specialized diagnostic, supportive, and specific care is given at a pediatric cancer center.

### POTENTIAL HARMS

Not stated

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

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

### IOM CARE NEED

Getting Better  
Living with Illness

### IOM DOMAIN

Effectiveness  
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

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### ADAPTATION

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

### DATE RELEASED

2004 Jun

### GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

### SOURCE(S) OF FUNDING

American Academy of Pediatrics

### GUIDELINE COMMITTEE

Section on Hematology/Oncology

### COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

*Section on Hematology/Oncology 2003–2004*: Roger L. Berkow, MD, Chairperson; \*James J. Corrigan, MD; \*Stephen A. Feig, MD; F. Leonard Johnson, MD; Peter A. Lane, MD; John J. Hutter, Jr, MD

*Liaisons:* Edwin N. Forman, MD, Childhood Cancer Alliance; Naomi L. Luban, MD, American Association of Blood Banks

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

Not stated

## **GUIDELINE STATUS**

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## **GUIDELINE AVAILABILITY**

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Publications Web site](#).

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

## **AVAILABILITY OF COMPANION DOCUMENTS**

None available

## **PATIENT RESOURCES**

None available

## **NGC STATUS**

This NGC summary was completed by ECRI on August 9, 2004. The information was verified by the guideline developer on September 27, 2004.

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