



Editorial

Bridging the age gap: Translating ESMO 2025 adult oncology guidelines into pediatric practice

Suresh VS Attili^{1*} ¹Dept. of Medical Oncology, Continental Hospitals, Nanakramguda, Telangana, India

Received: 10-05-2025; Accepted: 31-05-2025; Available Online: 10-07-2025

This is an Open Access (OA) journal, and articles are distributed under the terms of the [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License](https://creativecommons.org/licenses/by-nc-sa/4.0/), which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprint@ipinnovative.com

The European Society for Medical Oncology (ESMO) has once again solidified its role as a global leader in cancer care with the release of the 2025 Clinical Practice Guidelines. While these guidelines are primarily designed for adult malignancies, their implications for pediatric oncology are increasingly relevant—offering a forward-looking framework that pediatric oncologists can adapt to benefit young patients facing rare and complex cancers.

A standout innovation in the 2025 update is the rollout of ESMO's Living Guidelines platform, a dynamic, continuously updated resource that replaces static annual documents. This agile approach is especially beneficial in pediatric oncology, where rapid therapeutic advances often outpace conventional pediatric guidelines. It also provides a model to emulate for updating pediatric protocols in real-time, particularly in settings where treatment strategies often borrow from adult data due to the rarity of childhood cancers.¹

One of the most significant adult-oncology updates with pediatric relevance is the interim guideline on biliary tract cancer, which introduces immune checkpoint inhibitors as a first-line therapy.² While rare in children, this shift highlights the increasing utility of immunotherapy in hepatic and biliary tumors. Pediatric specialists managing cases like hepatoblastoma may find these developments prescient as the field advances toward cross-age immunotherapeutic applications.

The 2025 guidelines also place greater emphasis on targeted therapies and precision medicine. In particular, updates for chronic lymphocytic leukemia (CLL) include expanded use of biomarker-driven treatment algorithms, reflecting a growing trend toward individualized therapy.³ Though pediatric cancers often exhibit different genetic profiles, the mechanistic underpinnings offer a valuable translational base. For instance, the integration of comprehensive genomic profiling, now a recurring recommendation across multiple ESMO updates, aligns well with the growing use of molecular diagnostics in pediatric oncology for cancers like neuroblastoma, medulloblastoma, and sarcomas.⁴

One less technical but equally important development is ESMO's guideline for communication and support in chronic cancer care, which includes strategies for patient and caregiver support in long-term therapy. Pediatric oncology, where care extends beyond the patient to the entire family unit, stands to gain significantly from these insights. Adapting ESMO's principles into age-appropriate, family-centered communication models can improve patient engagement and psychological outcomes in children undergoing prolonged cancer treatment.

Beyond treatment, the methodological foundation of ESMO's guidelines—systematic evidence review, consensus-building, and interim updates—offers a robust template for pediatric guideline development. With many pediatric cancers lacking large randomized trials, adopting

*Corresponding author: Suresh VS Attili
Email: sureshattili@yahoo.com

such rigorous methods can lend credibility and consistency to pediatric recommendations. Furthermore, the Living Guidelines model could be transformative in rare pediatric cancers where emerging evidence needs immediate integration into care pathways.^{1,4}

Looking ahead, the ripple effects of ESMO 2025 suggest that pediatric oncology must not only follow but actively engage with adult oncology developments. Innovations in combination immunotherapies, precision medicine platforms, and real-world data integration are setting the stage for similar paradigms in pediatric care. The emphasis on patient-reported outcomes and survivorship issues in adult guidelines also holds special importance in pediatrics, where long-term quality of life is a central concern.

Conclusion

The ESMO 2025 guidelines are not just a cornerstone for adult oncology—they represent a blueprint for collaborative, translational advancement across all ages. Pediatric oncologists should view these updates as opportunities: to translate adult insights, advocate for pediatric-specific research, and innovate within their own practice settings. Ultimately, aligning the best of adult guideline development with the unique needs of children will ensure every patient—regardless of age—benefits from the global momentum in cancer care.

Source of Funding

None.

Conflict of Interest

None.

References

1. European Society for Medical Oncology. Living Guidelines Platform. [Accessed May 2025] Available at: <https://www.esmo.org/living-guidelines>.
2. ESMO Clinical Practice Guideline interim update on the management of biliary tract cancer. ESMO Open. 2024;9(11):101773.
3. Guidelines Central. Top New Guidelines from ASCO, NCCN, ESMO, NICE & More Published Early 2025. [Accessed May 2025]. Available at: <https://www.guidelinecentral.com/insights/early-2025-oncology-guidelines-rundown>.
4. European Society for Medical Oncology. ESMO Clinical Practice Guidelines. [Accessed May 2025] Available at: <https://www.esmo.org/guidelines>.

Cite this article: Attili SVS. Bridging the age gap: Translating ESMO 2025 adult oncology guidelines into pediatric practice. *IP Int J Med Paediatr Oncol*. 2025;11(2):32-33.