

NCCN Non-Small Cell Lung Cancer V.1.2011 – Update Meeting – 07/09/10

Guideline Page and Request	Panel Discussion	References	Vote		
			YES	NO	ABSTAIN
<p>NSCL-3 Internal request: Stage IA, margins positive – delete the recommendation for chemoradiation. Stage IB, IIA, margins positive – delete the recommendation for chemoradiation + chemotherapy. Stage IIA, Stage IIB, margins negative with adverse factors – delete recommendation for chemoradiation + chemotherapy.</p>	<p>Due to the lack of data to support these recommendations, the panel consensus was to delete them from the Guidelines.</p>		19	0	0
<p>NSCL-5 Internal request: Superior sulcus tumor, unresectable – add chemotherapy after definitive concurrent chemoradiation</p>	<p>If full-dose chemotherapy is not given concurrently with RT as initial treatment, the panel consensus was to recommend the addition of chemotherapy based on data in the noted references.</p>	<ul style="list-style-type: none"> • Belani CP, Choy H, Bonomi P, et al. Combined chemoradiotherapy regimens of paclitaxel and carboplatin for locally advanced non-small-cell lung cancer: a randomized phase II locally advanced multi-modality protocol. J Clin Oncol 2005;23(25):5883-5891. • Gandara DR, Chansky K, Albain KS, et al. Consolidation docetaxel after concurrent chemoradiotherapy in stage IIIB non-small-cell lung cancer: phase II Southwest Oncology Group Study S9504. J Clin Oncol 2003;21(10):2004-2010. 	19	0	0

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			YES	NO	ABSTAIN
<p>NSCL-9 Internal request: N3 positive disease – address category designation for chemotherapy after concurrent chemoradiation.</p>	<p>If full-dose chemotherapy was not given concurrently with RT as initial treatment, the panel consensus was to recommend chemotherapy based on data in the noted references. The category designation changed from a 2B to a 2A.</p>	<ul style="list-style-type: none"> • Belani CP, Choy H, Bonomi P, et al. Combined chemoradiotherapy regimens of paclitaxel and carboplatin for locally advanced non-small-cell lung cancer: a randomized phase II locally advanced multi-modality protocol. J Clin Oncol 2005;23(25):5883-5891. • Gandara DR, Chansky K, Albain KS, et al. Consolidation docetaxel after concurrent chemoradiotherapy in stage IIIB non-small-cell lung cancer: phase II Southwest Oncology Group Study S9504. J Clin Oncol 2003;21(10):2004-2010. 	19	0	0
<p>NSCL-10 Internal request: Stage IIIB, contralateral mediastinal node negative, ipsilateral node positive or stage IIIB, mediastinal node positive – address category designation for chemotherapy after concurrent chemoradiation.</p>	<p>If full-dose chemotherapy was not given concurrently with RT as initial treatment, the panel consensus was to recommend chemotherapy based on data in the noted references. The category designation changed from a 2B to a 2A.</p>	<ul style="list-style-type: none"> • Belani CP, Choy H, Bonomi P, et al. Combined chemoradiotherapy regimens of paclitaxel and carboplatin for locally advanced non-small-cell lung cancer: a randomized phase II locally advanced multi-modality protocol. J Clin Oncol 2005;23(25):5883-5891. • Gandara DR, Chansky K, Albain KS, et al. Consolidation docetaxel after concurrent chemoradiotherapy in stage IIIB non-small-cell lung cancer: phase II Southwest Oncology Group Study S9504. J Clin Oncol 2003;21(10):2004-2010. 	19	0	0

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<p>NSCL-12 Internal request: Locoregional recurrence, superior vena cava obstruction – add concurrent chemoradiation, if not previously given.</p>	<p>If concurrent chemoradiation was not previously given, the panel consensus was to include this recommendation as a treatment option based on data in the noted references.</p>	<ul style="list-style-type: none"> • Albain KS, Crowley JJ, Turrisi AT III, et al. Concurrent cisplatin, etoposide, and chest radiotherapy in pathologic stage IIIB non-small-cell lung cancer: A Southwest Oncology Group Phase II Study, SWOG 9019. J Clin Oncol 2002;20:3454-3460. • Curran WJ, Scott CB, Langer CJ, et al. Long-term benefit is observed in a phase III comparison of sequential vs concurrent chemoradiation for patients with unresected stage III NSCLC: RTOG 9410. Proc Am Soc Clin Oncol 2003;22:621 (abstr 2499). 	19	0	0
<p>NSCL-13 through NSCL-15 Internal request: Reorganize the listed recommendations by histology and EGFR mutation status.</p>	<p>Due to the role of histology and EGFR mutation status in the selection of therapy for patients with non-small cell lung cancer, the panel consensus was to list the recommendations based on histologic subtype and EGFR mutation status for patients with NSCLC based on data in the noted references.</p>	<ul style="list-style-type: none"> • Sandler AB, Gray R, Perry MC, et al. Paclitaxel-carboplatin alone or with bevacizumab for non-small cell lung cancer. N Engl J Med 2006;355:2542-2550. • Scagliotti GV, Parikh P, von Pawel J, et al. Phase III study comparing cisplatin plus gemcitabine with cisplatin plus pemetrexed in chemotherapy-naïve patients with advanced-stage NSCLC. J Clin Oncol 2008; 26(21): 3543-3551. • Mok TS, Wu YL, Thongprasert S, et al. Gefitinib or carboplatin-paclitaxel in pulmonary adenocarcinoma. N Engl J Med 2009;361:947-57. 	19	0	0

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NSCL-13 through NSCL-15 External request submitted by Genentech: Review the data for erlotinib monotherapy in the maintenance treatment of NSCLC.	Based on data in the noted references, the panel consensus was to list erlotinib as an option in switch maintenance for EGFR mutation-positive patients with adenocarcinoma, large cell, or NSCLC NOS. For patients with adenocarcinoma, large cell, or NOS with a negative or unknown EGFR mutation, the recommendation remained a category 2B. For patients with squamous cell carcinoma, the recommendation remained a category 2B.	<ul style="list-style-type: none"> • Cappuzzo F, Ciuleanu T, Stelmakh L, et al. Erlotinib as maintenance treatment in advanced non-small-cell lung cancer: a multicentre, randomized, placebo-controlled phase 3 study. <i>Lancet Oncol</i> 2010;11:525-529. • Prescribing information for erlotinib: http://www.accessdata.fda.gov/drugsatfda_docs/label/2010/021743s14s16lbl.pdf 	19	0	0
NSCL-15 External request submitted by Genentech: Review the data on the addition of erlotinib to bevacizumab following treatment of patients with locally advanced or metastatic non-small cell lung cancer whose disease has not progressed after four cycles of platinum-based first-line chemotherapy.	Based on data in the noted references, the panel consensus was to not add the continuation regimen of bevacizumab + erlotinib following treatment of patients with locally advanced or metastatic NSCLC whose disease has not progressed after 4-6 cycles of platinum-based first-line chemotherapy.	<ul style="list-style-type: none"> • Kabbinavar F, Miller VA, Johnson BE, et al. Overall survival in ATLAS, a phase IIIb comparing bevacizumab therapy ± erlotinib after completion of chemotherapy with bevacizumab for first-line treatment of locally advanced, recurrent, or metastatic non-small cell lung cancer (NSCLC). Presented at the 2010 American Society of Clinical Oncology in Chicago, IL; June 4-June 8, 2010 ASCO Poster #7526. • Prescribing information for erlotinib: http://www.accessdata.fda.gov/drugsatfda_docs/label/2010/021743s14s16lbl.pdf • Prescribing information for bevacizumab: http://www.accessdata.fda.gov/drugsatfda_docs/label/2009/125085s0168lbl.pdf 	0	19	0
NSCL-16 Internal request: Second-line therapy for performance status 0-2 – add bevacizumab as an option with platinum doublet chemotherapy.	For patients with adenocarcinoma, where erlotinib was given as first-line therapy, the panel consensus was to add bevacizumab as an option in combination with platinum doublet therapy and maintain the category designation 2B.	<ul style="list-style-type: none"> • Sandler AB, Gray R, Perry MC, et al. Paclitaxel-carboplatin alone or with bevacizumab for non-small cell lung cancer. <i>N Engl J Med</i> 2006;355:2542-2550. 	19	0	0

NCCN Malignant Pleural Mesothelioma Guidelines V.1.2011 – Update Meeting – 07/09/10

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			YES	NO	ABSTAIN
MPM-3 Internal request: Clinical stage I, Medically inoperable –Suggest including chemotherapy as a treatment option.	Based upon the noted published references and panel consensus, chemotherapy was added as an option for clinically stage I, medically inoperable patients with a category 2A designation.	<ol style="list-style-type: none"> 1. Vogelzang NJ, Rusthoven JJ, Symanowski J, et al. Phase III study of pemetrexed in combination with cisplatin versus cisplatin alone in patients with malignant pleural mesothelioma. <i>J Clin Oncol</i> 2003;21:2636-44. 2. Castagneto B, Botta M, Aitini E, et al. Phase II study of pemetrexed in combination with carboplatin in patients with malignant pleural mesothelioma. <i>Ann Oncol</i> 2008;19:370-3. 3. Ceresoli GL, Zucali PA, Favaretto AG, et al. Phase II study of pemetrexed plus carboplatin in malignant pleural mesothelioma. <i>J Clin Oncol</i> 2006;24:1443-8. 4. Nowak AK, Byrne MJ, Willianson R, et al. A multicentre phase II study of cisplatin and gemcitabine for malignant mesothelioma. <i>Br J Cancer</i> 2002;87:491-6. 5. Van Haarst JM, Baas J, Manegold CH, et al. Multicentre phase II study of gemcitabine and cisplatin in malignant pleural mesothelioma. <i>Br J Cancer</i> 2002; 86:342-5. 6. Taylor P, Castagneto B, Dark G, et al. Single-agent pemetrexed for chemo-naive and pretreated patients with malignant pleural mesothelioma: results of an International Expanded Access Program. <i>J Thorac Oncol</i> 2008;3:764-771. 7. Muers MF, Stephens RJ, Fisher P, et al. Active symptom control with or without chemotherapy in the treatment of patients with malignant pleural mesothelioma (MS01): a multicentre randomised trial. <i>Lancet</i> 2008;371:1685-94. 	19	0	0

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		<ol style="list-style-type: none">8. Jassem J, Ramlau R, Santoro A, et al. Phase III trial of pemetrexed plus best supportive care compared with best supportive care in previously treated patients with advanced malignant pleural mesothelioma. <i>J Clin Oncol</i> 2008;26:1698-1704.9. Stebbing J, Powles T, McPherson K, et al. The efficacy and safety of weekly vinorelbine in relapsed malignant pleural mesothelioma. <i>Lung Cancer</i> 2009;63:94-7.			
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