### ASTR-2

**Internal request:**

Institutional Review comment to reassess the inclusion of two regimens for low grade, high-risk resected glioma: 1) RT followed by TMZ and 2) RT with concurrent and adjuvant TMZ

**Panel Discussion/References:**

1. The panel consensus supported RT followed by TMZ for low-grade, high-risk resected glioma. This remains a category 2B recommendation. (see references below)

2. Based on the discussion (and noted references), the panel consensus supported the continued listing of RT with concurrent and adjuvant TMZ as an option for patients with low-grade, high-risk resected glioma, and the category was changed from category 2B to category 2A.

**Institution Vote:**

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### ASTR-3

**Internal request:**

Institutional Review comment, "For recurrent disease and no prior radiation, option of chemotherapy alone should be qualified."

**Panel Discussion/References:**

Based on a review of data and discussion, the panel consensus did not support the treatment options chemotherapy alone or external beam radiation therapy alone for patients with recurrent or progressive unresectable disease with no prior radiation therapy and poor performance status. No change was made to the treatment recommendations for patients with recurrent or progressive unresectable disease with no prior radiation therapy.

**Institution Vote:**

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Based on the data in the noted references and discussion, the panel consensus was to include RT with adjuvant TMZ as a category 2A recommendation as an adjuvant treatment option for patients with anaplastic oligodendroglial tumors (1p19q co-deleted, KPS ≥60).


Based on the discussion and noted references, the panel consensus follows:

- Remove irinotecan in combination with bevacizumab
- Remove irinotecan alone
- Remove cyclophosphamide
- Include etoposide (as a category 2B option for recurrent glioblastoma)

See references below:

- Category change for etoposide (category changed from 2A to 2B) for recurrent anaplastic glioma
- Platinum-based regimens (category changed from 2A to category 3)

See references below:

**BRAIN-D 4 of 13**  
**Internal Request:**  
Institutional Review comment, “Is there any indication for vismodegib/SHH inhibitors for recurrent adult medulloblastoma?”

**BRAIN-D 5 of 13**  
**Internal Request:**  
Institutional Review comment to add pomalidomide to PCNSL for relapsed or refractory disease.

**BRAIN-D 5 of 13, 7 of 13 and 8 of 13**  
**External Request:** Submission request from BTG International Inc.: Consider support for revision to the footnote recommendation on use of glucarpidase for patients with primary CNS lymphoma who are treated with methotrexate, “Glucarpidase is strongly recommended in the context of a rising serum creatinine if the 36-hour plasma methotrexate level is above 30 µM, 42-hour level is above 10 µM, or 48-hour level is above 5 µM. Optimal administration of glucarpidase is within 48 to 60 hours from the start of methotrexate infusion.”

Based on the data in the noted reference and panel discussion, consensus was to include vismodegib (for mutations in the sonic hedgehog pathway and if prior chemotherapy) as an option for recurrent adult medulloblastoma. This is a category 2A recommendation.


Based on the data in the noted reference and panel discussion, consensus was to include pomalidomide as an option for relapsed or refractory disease PCNSL. This is a category 2A recommendation.


Based on a review of data and discussion, the panel did not use the language proposed in the submission. However, the panel supported adding the following reference to the footnote already on this page:

### BRAIN-D 6 of 13

**Internal Request:**

Institutional Review comment to consider adding bevacizumab alone as an option for recurrent meningioma.

**Based on the data in the noted references and discussion, the panel consensus was to include bevacizumab monotherapy as an option for recurrent meningioma. This is a category 2A recommendation.**


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### BRAIN-D 7 of 13

**External Request:**

Submission request from Astrazeneca:

1) “Consider including osimertinib as an option for newly diagnosed brain metastases for EGFR mutation-positive NSCLC.

2) Request that the reference cited to support the use of osimertinib for recurrent disease, EGFR T790M mutation positive NSCLC be updated.

3) Request that osimertinib be considered as an option for patients with leptomeningeal metastases and EGFR mutation-positive NSCLC.

1) Based on a review of data and discussion, the panel consensus supported inclusion of osimertinib for newly diagnosed brain metastasis for EGFR mutation-positive NSCLC. This is a category 2A recommendation.


2) Based on a review of data and discussion, the panel consensus supported to update the reference for osimertinib for recurrent disease EGFR T790M mutation-positive NSCLC. This is a category 2A recommendation.


3) Based on a review of data and discussion, the panel consensus supported osimertinib as an option for patients with leptomeningeal metastasis from EGFR mutation-positive NSCLC. This is a category 2A recommendation.


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| **BRAIN-D** | Change not made  
The panel consensus did not support the inclusion of bevacizumab as a treatment for radiation necrosis in patients with metastatic disease to the brain who have undergone radiation. Radiation necrosis is covered in the NCCN CNS Guidelines on BRAIN-E 2 of 3 under Medical Management. | 0 | 18 | 0 | 8 |
|**BRAIN-E** | Change not made  
The panel consensus was this request was outside of the scope of the Guidelines recommendations. | 0 | 18 | 0 | 8 |