### Guideline Page and Request

#### Principles of Systemic Therapy (BRAIN-D)

**Page 1 of 6**  
**Anaplastic gliomas and Glioblastoma**  
*Internal request:* Panel discussion comment to add CCNU to the list of recurrence/salvage therapy options that can be combined with bevacizumab to treat Anaplastic gliomas and Glioblastoma.

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**Adult Medulloblastoma and Supratentorial PNET**  
*Internal Request:* Institutional review comment to review the data for “Temozolomide ± 13 cis-retinoic acid” as an option for recurrence/salvage therapy for patients who have received prior chemotherapy.

**Primary CNS Lymphoma**  
*Internal Request:* Review/revise list of the primary treatment options for Primary CNS Lymphoma.

<table>
<thead>
<tr>
<th>Panel Discussion</th>
<th>References</th>
<th>Vote</th>
</tr>
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<tbody>
<tr>
<td>Based on discussion and data in the noted reference, the panel consensus was to add CCNU to the list of recurrence/salvage therapy options that can be combined with bevacizumab to treat Anaplastic gliomas and Glioblastoma.</td>
<td>Soffietti R, Ruda R, Trevisan E, et al. Phase II study of bevacizumab and nitrosourea in patients with recurrent malignant glioma: A multicenter Italian study [abstract]. J Clin Oncol 2009;27(Suppl 15S):2012.</td>
<td><img src="https://www.nccn.org" alt="25" /></td>
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<tr>
<td>Based on limited data and discussion the panel consensus was to change “Temozolomide ± 13 cis retinoic acid” to “Temozolomide” in the list of recurrence/salvage therapy options for Adult Medulloblastoma and Supratentorial PNET patients who have received prior chemotherapy</td>
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| Based on discussion, the noted references, and panel consensus, the primary treatment options for Primary CNS Lymphoma were revised as follows:  
  - High dose methotrexate 3.5 g/m² combined with the following plus RT:  
    - Vincristine, procarbazine, cytarabine ± rituximab  
    - Cytarabine  
    - Ifosfamide ± RT  
  - High dose methotrexate 8 g/m² with deferred RT  
    - Rituximab  
    - Rituximab and temozolomide  

Based on limited data, the panel consensus was to remove vincristine and procarbazine from the list of agents used for primary treatment in combination with high-dose methotrexate 3.5 g/m² plus RT. | See the “Principles of Brain and Spinal Cord Tumor Systemic Therapy” pages in the NCCN Guidelines for Central Nervous System Cancers. ([www.nccn.org](https://www.nccn.org)) | ![25](https://www.nccn.org) |
**Guideline Page and Request**  
**Principles of Systemic Therapy (BRAIN-D)**  
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**Limited (1-3) Metastatic or Multiple (>3) Metastatic Lesions**  
**Internal Request:** Suggest adding carmustine wafer as a treatment for recurrent disease.  
**Internal Request:** Review the data for cyclophosphamide as a treatment option for metastatic lesions of the brain from breast cancer and lymphoma.  
**Internal Request:** Institutional review comment to consider lapatinib plus capecitabine as a treatment option for HER2-neu positive brain metastases from breast cancer.  
**Leptomeningeal Metastases**  
**Internal Request:** Suggest adding topeotecan, etoposide, and interferon alfa to the list of Intra-CSF chemotherapy options.

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| Based on the noted reference, the panel consensus was to add carmustine wafer as an option for the treatment of recurrent disease.  
Based on limited data and discussion, the panel consensus was to remove cyclophosphamide as an option to treat metastatic lesions of the brain from breast cancer and lymphoma.  
Based on the noted references and discussion, the panel consensus was to change “Capecitabine” to “Capecitabine ± lapatinib” as a treatment option for metastatic lesions of the brain from breast cancer.  
Based on the noted references and discussion, the panel discussion was to add topeotecan, etoposide, and interferon alfa to the list of Intra-CSF chemotherapy options.  
See the “Principles of Brain and Spinal Cord Tumor Systemic Therapy” pages in the NCCN Guidelines for Central Nervous System Cancers. ([www.nccn.org](http://www.nccn.org)) |  |

### References