<table>
<thead>
<tr>
<th>Guideline Page and Request</th>
<th>Panel Discussion</th>
<th>References</th>
<th>Vote</th>
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</thead>
<tbody>
<tr>
<td><strong>Page 1 of 6</strong>&lt;br&gt;Anaplastic gliomas and Glioblastoma&lt;br&gt;Internal request:**&lt;br&gt;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.</td>
<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>
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<td>YES NO ABSTAIN</td>
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<td><strong>Page 2 of 6</strong>&lt;br&gt;Adult Medulloblastoma and Supratentorial PNET&lt;br&gt;Internal Request:**&lt;br&gt;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.</td>
<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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<td><strong>Primary CNS Lymphoma</strong>&lt;br&gt;Internal Request:**&lt;br&gt;Review/revise list of the primary treatment options for Primary CNS Lymphoma.</td>
<td>Based on discussion, the noted references, and panel consensus, the primary treatment options for Primary CNS Lymphoma were revised as follows: &lt;ul&gt;&lt;li&gt;High dose methotrexate 3.5 g/m² combined with the following plus RT:&lt;/li&gt;&lt;li&gt;Vincristine, procarbazine, cytarabine ± rituximab&lt;/li&gt;&lt;li&gt;Cytarabine&lt;/li&gt;&lt;li&gt;Ifosfamide ± RT&lt;/li&gt;&lt;li&gt;High dose methotrexate 8 g/m² with deferred RT&lt;/li&gt;&lt;li&gt;Rituximab&lt;/li&gt;&lt;li&gt;Rituximab and temozolomide&lt;/li&gt;&lt;/ul&gt; 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.</td>
<td>See the “Principles of Brain and Spinal Cord Tumor Systemic Therapy” pages in the NCCN Guidelines for Central Nervous System Cancers. (<a href="http://www.nccn.org">www.nccn.org</a>)</td>
<td>YES NO ABSTAIN</td>
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<td><strong>Follow-up – 02/13/12</strong></td>
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### 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.

**References**


**Internal Request:**
Review the data for cyclophosphamide as a treatment option for metastatic lesions of the brain from breast cancer and lymphoma.

**References**


**Internal Request:**
Institutional review comment to consider lapatinib plus capecitabine as a treatment option for HER2-neu positive brain metastases from breast cancer.

**References**


**Leptomeningeal Metastases**

**Internal Request:**
Suggest adding topeotecan, etoposide, and interferon alfa to the list of Intra-CSF chemotherapy options.

**References**


### Panel Discussion

- 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 consensus was to add topeotecan, etoposide, and interferon alfa to the list of Intra-CSF chemotherapy options.

### References

- See the “Principles of Brain and Spinal Cord Tumor Systemic Therapy” pages in the NCCN Guidelines for Central Nervous System Cancers. (www.nccn.org)