<table>
<thead>
<tr>
<th>Guideline Page and Request</th>
<th>Panel Discussion</th>
<th>References</th>
<th>Vote</th>
</tr>
</thead>
</table>
| Principles of Systemic Therapy (BRAIN-D) | Based on discussion and the noted references, the panel consensus was to make the following change for anaplastic gliomas: For “Bevacizumab + chemotherapy” the panel added carboplatin as a category 2B recommendation to the list of chemotherapy options for recurrence/salvage therapy. | 1. Mrugala MM, Crew LK, Fink JR, et al. Carboplatin and bevacizumab for recurrent malignant glioma. Oncol Lett. 2012;4:1082–1086.  
| **Page 1 of 7** | **Anaplastic gliomas**  
**Internal request:**  
Institutional review suggestion to add carboplatin to the recommendation of “bevacizumab + chemotherapy” for recurrence/salvage therapy. | | |
| **Glioblastoma**  
**Internal request:**  
Institutional review suggestion to add carboplatin to the recommendation of “bevacizumab + chemotherapy” for recurrence/salvage therapy. | Based on discussion and the noted references, the panel consensus was to make the following change for glioblastoma: For “Bevacizumab + chemotherapy” the panel added carboplatin as a category 2B recommendation to the list of chemotherapy options for recurrence/salvage therapy. | | |
| **Page 3 of 7** | **Limited (1-3) Metastatic or Multiple (>3) Metastatic Lesions**  
**Internal Request:**  
Institutional review suggestion to consider adding immunotherapy (ipilimumab and BRAF inhibitors [dabrafenib and vemurafenib]) for melanoma to the list of options for recurrent disease. | | |
<p>| <strong>Limited (1-3) Metastatic or Multiple (&gt;3) Metastatic Lesions</strong> | Based on discussion and the noted reference, the panel consensus was to add “dabrafenib” to the list of systemic therapy options for recurrent disease. | | |
| | Based on discussion and the noted reference, the panel consensus was to add “vemurafenib” to the list of systemic therapy options for recurrent disease. | | |
| | Based on discussion and the noted reference, the panel consensus was to add “ipilimumab (melanoma)” to the list of systemic therapy options for recurrent disease. | | |</p>
<table>
<thead>
<tr>
<th>Guideline Page and Request Principles of Systemic Therapy (BRAIN-D)</th>
<th>Panel Discussion</th>
<th>References</th>
</tr>
</thead>
</table>
| **Page 3 of 7**  
**Leptomeningeal Metastases**  
**Internal Request:**  
Institutional review suggestion to consider adding trastuzumab for HER-2 positive breast cancer to the list of Intra-CSF chemotherapy options for the treatment of leptomeningeal metastases.  
**Internal Request:**  
Suggestion made to add erlotinib (non-small cell lung cancer) to the list of options for the treatment of leptomeningeal metastases. | Based on discussion and the noted reference, the panel consensus was to add “trastuzumab (breast)” to the list of Intra-CSF chemotherapy options for the treatment of leptomeningeal metastases.  
| | | 20 | 3 | 3 | 19 | 4 | 3 |