<table>
<thead>
<tr>
<th>Guideline Page and Request</th>
<th>Panel Discussion/References</th>
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| **NET-10** Internal request: | Based on the discussion, the panel consensus was to include the following alternative front-line therapy options for locoregional advanced and/or distant metastatic GI NET with clinically significant tumor burden:  
  - Everolimus  
  - Hepatic-directed therapy for hepatic-predominant disease  
    - Arterial embolization, or  
    - Hepatic chemoembolization, or  
    - Hepatic radioembolization (category 2B), or  
    - Cytoreductive surgery/ablative therapy (category 2B)  
  - Interferon alfa-2b (category 3)  
  - Cytotoxic chemotherapy (category 3), if no other options feasible | YES | NO | ABSTAIN | ABSENT |
|  |  | 22 | 0 | 0 | 6 |
| **PanNET-7** Internal request: | Based on the discussion, the panel consensus was to include the following alternative front-line therapy options for locoregional advanced and/or distant metastatic pancreatic NET if clinically significant tumor burden, symptomatic disease, or progressive disease:  
  - Everolimus as a category 2A recommendation.  
  - Sunitinib as a category 2A recommendation.  
  - Cytotoxic chemotherapy: Capecitabine/temozolomide, streptozocin-based or other options  
  - Hepatic-directed therapy for hepatic-predominant disease  
    - Arterial embolization, or  
    - Hepatic chemoembolization, or  
    - Hepatic radioembolization (category 2B), or  
    - Cytoreductive surgery/ablative therapy (category 2B) | 22 | 0 | 0 | 6 |
| **PanNET-7** Internal request: | Based on the discussion, the panel consensus was that everolimus is supported by high-level evidence and the category was changed from a category 2A to a category 1 recommendation for progressive locoregional advanced and/or distant metastatic pancreatic neuroendocrine tumors.  
Based on the discussion, the panel consensus was that sunitinib is supported by high-level evidence and the category was changed from a category 2A to a category 1 recommendation for progressive locoregional advanced and/or distant metastatic pancreatic neuroendocrine tumors. | 22 | 0 | 0 | 6 |
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<tr>
<td>NE-D</td>
<td>Based on the discussion the panel consensus did not support the inclusion of HSA iobenguane I 131 as a treatment option for GEP-NETs including carcinoid due to insufficient available data. Regarding inclusion of the option for high-risk neuroblastoma, the panel consensus was this request was outside of the scope of the Guidelines recommendations. See submission for references.</td>
<td>YES</td>
</tr>
<tr>
<td>PHEO-2</td>
<td>The NCCN Compendium® has been updated to reflect the changes in version 3.2018 of the NCCN Guidelines for Neuroendocrine and Adrenal Tumors.</td>
<td></td>
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