<table>
<thead>
<tr>
<th>Guideline Page and Request</th>
<th>Panel Discussion/References</th>
<th>Institution Vote</th>
</tr>
</thead>
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| **NET-10**                 | 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 22  NO 0  ABSTAIN 0  ABSENT 6 |
| **PanNET-7**               | 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) | YES 22  NO 0  ABSTAIN 0  ABSENT 6 |
| **PanNET-7**               | 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. | YES 22  NO 0  ABSTAIN 0  ABSENT 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.</td>
<td><strong>YES</strong></td>
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<td></td>
<td>Regarding inclusion of the option for high-risk neuroblastoma, the panel consensus was this request was outside of the scope of the Guidelines recommendations.</td>
<td>0</td>
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<td>See submission for references.</td>
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<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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</tbody>
</table>

External request:
Submission from Progenics Pharmaceuticals, Inc. to include HSA iobenguane I 131 in the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for the treatment of adult and pediatric patients 12 years and older with iobenguane scan-positive, unresectable, locally advanced, or metastatic pheochromocytoma or paraganglioma who require systemic anticancer therapy.