<table>
<thead>
<tr>
<th>Guideline Page and Request</th>
<th>Panel Discussion/References</th>
<th>Institution Vote</th>
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</thead>
</table>
| **OV-3/OV-B (3 of 8)** Internal request: Panel comment to consider specifying the categories of evidence for the primary chemotherapy/primary adjuvant therapy options as they pertain to the less common ovarian histopathologies (LCOH). | Panel consensus supported including the following primary chemotherapy/adjuvant therapies as category 2A recommended options for the treatment of carcinosarcoma, clear cell carcinoma, mucinous carcinoma, low-grade (grade 1) serous/endometrioid carcinoma, and borderline epithelial tumors:  
- IP chemotherapy  
- IV taxane/carboplatin | YES: 20  
NO: 0  
ABSTAIN: 0  
ABSENT: 8 |

| **OV-B (3 of 8)** Internal request: Institutional review comment to consider adding carboplatin + pegylated liposomal doxorubicin as a primary chemotherapy/primary adjuvant therapy option for stage II-IV epithelial ovarian cancer (including carcinosarcoma, clear cell carcinoma, mucinous carcinoma, low-grade (grade 1) serous/endometrioid carcinoma, and borderline epithelial tumors), Fallopian tube cancer, and primary peritoneal cancer. | Based on data in the noted reference, the panel consensus was to include carboplatin + pegylated liposomal doxorubicin as a category 2A primary chemotherapy/primary adjuvant therapy, and neoadjuvant therapy option for stage II-IV epithelial ovarian cancer (including carcinosarcoma, clear cell carcinoma, mucinous carcinoma, low-grade (grade 1) serous/endometrioid carcinoma, and borderline epithelial tumors), Fallopian tube cancer, and primary peritoneal cancer.  
NO: 0  
ABSTAIN: 0  
ABSENT: 8 |
Based on data in the noted reference, the panel consensus was to include IV/IP paclitaxel/carboplatin as a category 2A option following neoadjuvant therapy and interval debulking surgery for stage II-IV epithelial ovarian cancer (including LCOH), Fallopian tube cancer, and primary peritoneal cancer.

Reference:

### OV-B (3 of 8)
**Internal request**
- Panel comment to consider specifying the neoadjuvant therapy options recommended for the LCOH.

Panel consensus was to recommend the same neoadjuvant therapy options for LCOH (including carcinosarcoma, clear cell carcinoma, mucinous carcinoma, low-grade (grade 1) serous/endometrioid carcinoma, and borderline epithelial tumors) as for all ovarian epithelial carcinomas. Neoadjuvant therapy options include:
- Paclitaxel/carboplatin (weekly, every 3 weeks, or dose-dense)
- Docetaxel/carboplatin
- Carboplatin/pegylated liposomal doxorubicin
- Paclitaxel/carboplatin + bevacizumab (category 2B)

**OV-B (5 of 8)**
**External request:**
Submission from Janssen Biotech to consider including trabectedin + doxorubicin HCl liposome injection as an acceptable recurrence therapy option.

Based on limited data, the panel consensus was not to include trabectedin + doxorubicin HCl liposome injection as an acceptable recurrence therapy option for epithelial/Fallopian tube/primary peritoneal cancer.
**OV-B (5 of 8)**

External request: Submission from AstraZeneca to consider including olaparib as an option for the maintenance treatment of patients with BRCA-mutated, platinum-sensitive, relapsed ovarian cancer.

| 0 | 20 | 0 | 8 |

**OV-B (5 of 8)**

Internal request: Institutional review comment to review the evidence for gemcitabine/carboplatin/bevacizumab as a recurrence therapy option for platinum-sensitive disease.

Based on data in the noted reference, the panel consensus supported keeping gemcitabine/carboplatin/bevacizumab as a recurrence therapy option for platinum-sensitive disease, and it has been changed from category 2B recommendation to a category 2A.


| 20 | 0 | 0 | 8 |

**OV-B (5 of 8)**

Internal request: Institutional review comment to consider adding carboplatin/paclitaxel, albumin-bound as a recurrence therapy option for patients with a taxane allergy.

Panel consensus supported adding carboplatin/paclitaxel, albumin-bound as a category 2A recurrence therapy option for ovarian cancer (including carcinosarcoma, clear cell carcinoma, mucinous carcinoma, low-grade (grade 1) serous/endometrioid carcinoma, and borderline epithelial tumors), Fallopian tube cancer, and primary peritoneal cancer, for patients with confirmed taxane hypersensitivity.

| 20 | 0 | 0 | 8 |
Panel consensus was to add the following recurrence therapy options for mucinous carcinoma:

- 5-FU/leucovorin/oxaliplatin
- 5-FU/leucovorin/oxaliplatin + bevacizumab (category 2B)
- Capecitabine + oxaliplatin

<table>
<thead>
<tr>
<th>Option</th>
<th>Consensus Level</th>
<th>Votes for</th>
<th>Votes against</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-FU/leucovorin/oxaliplatin</td>
<td>2B</td>
<td>20</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>5-FU/leucovorin/oxaliplatin + bevacizumab</td>
<td>2B</td>
<td>20</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Capecitabine + oxaliplatin</td>
<td></td>
<td>20</td>
<td>0</td>
<td>8</td>
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