NET-1
External request: Submission from Medical Imaging & Technology Alliance (MITA) to consider adding PET/CT using 68Ga-labeled dotatate in the evaluation of somatostatin receptor positive neuroendocrine tumors at diagnosis, staging, and follow-up.

Based on the data in the noted references and discussion, the panel consensus was to include gallium-68 dotatate PET/CT as a somatostatin receptor-based imaging option, for use during the evaluation and work-up of neuroendocrine tumors as appropriate.

References:
| NET-8/NET-9 | Based on the data in the noted references and discussion, the panel consensus was to change everolimus from a category 3 option, to a category 2A option for the treatment of locoregional/unresectable or metastatic neuroendocrine tumors of the gastrointestinal tract, if disease progression following therapy. This category change also applies for the treatment of locoregional/unresectable or metastatic neuroendocrine tumors of the lung and thymus, where everolimus is a category 2A option for consideration for those with clinically significant tumor burden (typical) or intermediate grade (atypical) disease. References: 1. Yao JC, Fazio N, Singh S, et al. Everolimus for the treatment of advanced, non-functional neuroendocrine tumours of the lung or gastrointestinal tract (RADIANT-4): a randomised, placebo-controlled, phase 3 study. Lancet. 2016; 387:968-977. 2. Pavel ME, Hainsworth JD, Baudin E, et al. Everolimus plus octreotide long-acting repeatable for the treatment of advanced neuroendocrine tumours associated with carcinoid syndrome (RADIANT-2): a randomised, placebo-controlled, phase 3 study. Lancet. 2011; 378 (9808): 2005 - 2012. | 16 | 0 | 0 | 11 |
| Internal request: Consider including guidelines for localized or locoregional bronchopulmonary neuroendocrine tumors. | Panel consensus supported including recommendations for all lung neuroendocrine tumors. Recommendations have been adapted from those previously included in the NCCN Guidelines for Small Cell Lung Cancer. The following changes have been included for stage IIIA-IIIB disease: 1. Stage IIIA (resectable), the following adjuvant therapy options have been added for consideration for intermediate grade tumors (atypical): Cisplatin/etoposide or carboplatin/etoposide +/- RT (Addition of RT was changed from a category 2B recommendation to a category 2A.) 2. Stage IIIA (unresectable or positive margins) or Stage IIIB, the following options have been added for intermediate grade tumors (atypical): RT +/- concurrent cisplatin/etoposide or carboplatin/etoposide. For additional requests and panel discussion regarding recommendations for bronchopulmonary neuroendocrine tumors, see transparencies dated 07/22/16 and 01/31/17. | 16 | 0 | 0 | 11 |

| NET-6 | Panel consensus supported including recommendations for all lung neuroendocrine tumors. Recommendations have been adapted from those previously included in the NCCN Guidelines for Small Cell Lung Cancer. The following changes have been included for stage IIIA-IIIB disease: 1. Stage IIIA (resectable), the following adjuvant therapy options have been added for consideration for intermediate grade tumors (atypical): Cisplatin/etoposide or carboplatin/etoposide +/- RT (Addition of RT was changed from a category 2B recommendation to a category 2A.) 2. Stage IIIA (unresectable or positive margins) or Stage IIIB, the following options have been added for intermediate grade tumors (atypical): RT +/- concurrent cisplatin/etoposide or carboplatin/etoposide. For additional requests and panel discussion regarding recommendations for bronchopulmonary neuroendocrine tumors, see transparencies dated 07/22/16 and 01/31/17. | 16 | 0 | 0 | 11 |