### Internal Review: Should lenvatinib be listed as a category 1 treatment option for iodine-refractory unresectable locoregional recurrent/persistent disease or iodine-refractory soft tissue metastases?

Based on the data in the references and panel discussion, the panel consensus was to not identify lenvatinib as a category 1 drug treatment option for patients with iodine-refractory unresectable locoregional recurrent/persistent disease or iodine-refractory soft tissue metastases.

See submission for references.


### Internal Review: Should lenvatinib be listed as a treatment option for iodine-refractory metastatic bone metastases?

Based on the data in the references and panel discussion, the panel consensus was to add lenvatinib (category 2A) for the treatment of patients with metastatic bone metastases.

See submission for references.


### Internal Review: Should lenvatinib be listed as a category 1 treatment option for iodine-refractory metastatic bone metastases?

Based on the data in the references and panel discussion, the panel consensus was to not identify lenvatinib as a category 1 drug treatment option for patients with metastatic bone metastases.

See submission for references.

### (PAP-11), (FOLL-10), (HURT-10)

**Internal Review:** Should lenvatinib be listed as a category 1 treatment option for CNS metastases?

Based on the data in the references and panel discussion, the panel consensus was to not identify lenvatinib as a category 1 drug treatment option for patients with CNS metastases.

See submission for references.


### (MEDU-7)

**Internal Review:** Institutional Review. For patients with symptomatic disease or progression add pazopanib to the list of small molecule kinase inhibitors for the treatment of Medullary thyroid carcinoma.

Based on the data in the reference and panel discussion, the panel consensus was to add pazopanib (category 2A) to Medullary thyroid carcinoma in the footnote listing of small molecule kinase inhibitors for patients with symptomatic disease or progression.


### (ANAP-A)

**Internal Request:** Institutional Review: Revise the systemic therapy table for Anaplastic thyroid carcinoma.

Based on the data in the reference and panel discussion, the panel consensus was to add:

- Paclitaxel 60-100 mg/m², carboplatin AUC 2 mg/m² IV, weekly.
- Paclitaxel 135–175 mg/m², carboplatin AUC 5–6 mg/m² IV every 3–4 weeks.


### (ANAP-A) (cont)

**Internal Request:** Institutional Review: Revise the systemic therapy table for Anaplastic thyroid carcinoma.

Based on the data in the reference and panel discussion, the panel consensus was to add:

- Docetaxel 60 mg/m² IV, doxorubicin 60 mg/m² IV (with pegfilgrastim) every 3-4 weeks
- Docetaxel 20 mg/m² IV, doxorubicin 20 mg/m² IV, weekly

Based on the data in the reference and panel discussion, the panel consensus was to add:

- Paclitaxel 60-90 mg/m² IV weekly
- Paclitaxel 135-200 mg/m² IV every 3-4 weeks
- Doxorubicin 60-75 mg/m² IV every 3 weeks
- Doxorubicin 20 mg/m² IV weekly