<table>
<thead>
<tr>
<th>Guideline Page and Request</th>
<th>Panel Discussion</th>
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| **OV-4**  
Internal Request: Institutional review comment requesting the panel consider adding pazopanib as an option for advanced ovarian cancer. | Based on the data in the noted reference and discussion, the panel consensus was to add postremission pazopanib as a secondary adjuvant therapy option after primary therapy for patients with stage II, III, or IV disease. This was added as a category 2B recommendation. | du Bois A, Floquet A, Kim JW, et al. Incorporation of pazopanib in maintenance therapy of ovarian cancer. J Clin Oncol 2014;32:3374-3382. | YES 10 | NO 7 | ABSTAIN 0 |
| **OV-D**  
Internal Request: Institutional review comment requesting the panel consider changing the category recommendation for carboplatin/liposomal doxorubicin (acceptable recurrence therapy for platinum-sensitive disease) from category 2A to category 1. | The panel consensus was to change the category recommendation for carboplatin/liposomal doxorubicin, as an acceptable recurrence therapy for platinum-sensitive disease, from a category 2A to a category 1. | Mahner S, Meier W, du Bois A, et al. Carboplatin and pegylated liposomal doxorubicin versus carboplatin and paclitaxel in very platinum-sensitive ovarian cancer patients: Results from a subset analysis of the CALYPSO phase III trial. Eur J Cancer. 2015;51:352-358. | YES 17 | NO 0 | ABSTAIN 0 |
| **OV-D**  
Internal Request: Consider adding exemestane to the list of acceptable recurrence therapies. | The panel consensus was to include exemestane as an "other potentially active agent" under the hormone therapy options for acceptable recurrence therapies. Based on the addition, the panel decided to broaden the list and replace the few individual aromatase inhibitors with the more inclusive category of "aromatase inhibitors". | | YES 17 | NO 0 | ABSTAIN 0 |