<table>
<thead>
<tr>
<th>Guideline Page and Request</th>
<th>Panel Discussion/References</th>
<th>Institution Vote</th>
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<tr>
<td><strong>GALL-2</strong> Internal request: Approve the addition of the consideration of neoadjuvant chemotherapy for patients with gallbladder cancer.</td>
<td>Panel consensus supported the addition of consideration of neoadjuvant chemotherapy for patients with incidental finding on pathologic review, cystic duct node positive gallbladder disease.</td>
<td>YES</td>
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<tr>
<td><strong>GALL-4</strong> Internal request: Approve the addition of the consideration of neoadjuvant chemotherapy for patients with gallbladder cancer.</td>
<td>Panel consensus supported the addition of consideration of neoadjuvant chemotherapy as a category 2B option for patients with jaundice and resectable gallbladder disease.</td>
<td>17</td>
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<tr>
<td><strong>GALL-5</strong> Internal request: Approve the addition of treatment options for patients with resected gallbladder cancer.</td>
<td>Panel consensus supported the addition of: 1. Fluoropyrimidine chemotherapy in patients with resected negative margin (R0), negative regional nodes, or carcinoma in situ. 2. Fluoropyrimidine-based or gemcitabine-based chemotherapy in patients with resected negative margin (R0), negative regional nodes, or carcinoma in situ. 3. Consider fluoropyrimidine-based chemoradiation followed by fluoropyrimidine-based or gemcitabine-based chemotherapy in patients with resected positive margin (R1), resected gross residual disease (R2), or positive regional nodes. 4. Fluoropyrimidine-based or gemcitabine-based chemotherapy in patients with positive regional lymph nodes.</td>
<td>19</td>
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| **GALL-5**  
Internal request:  
Approve the addition of  
gemcitabine/cisplatin  
as an acceptable treatment option for  
patients with  
gallbladder cancer who have resected gross residual disease (R2 resection). | Panel consensus supported the addition of gemcitabine/cisplatin as an acceptable treatment option for patients with gallbladder cancer who have resected gross residual disease (R2 resection). | 19 | 1 | 1 | 8 |
| **INTRA-2**  
Internal request:  
Approve gemcitabine/cisplatin as an acceptable treatment option for patients with intrahepatic cholangiocarcinoma who have resected gross residual disease (R2 resection). | Panel consensus supported gemcitabine/cisplatin as an acceptable treatment option for patients with intrahepatic cholangiocarcinoma who have resected gross residual disease (R2 resection), but the category of evidence was changed from 1 to 2a based on a review of the data. | 19 | 1 | 1 | 8 |
| **EXTRA-2**  
Internal request:  
Approve the addition of gemcitabine/cisplatin as an acceptable treatment option for patients with extrahepatic cholangiocarcinoma who have resected gross residual disease (R2 resection). | Panel consensus supported the addition of gemcitabine/cisplatin as an acceptable treatment option for patients with extrahepatic cholangiocarcinoma who have resected gross residual disease (R2 resection). | 19 | 1 | 1 | 8 |