### Panel Discussion/References

Panels consensus supported the following revised recommendations for metastatic bronchopulmonary neuroendocrine tumors based on feedback from the NCCN Small Cell Lung Cancer Panel and those recommendations previously included in the NCCN Guidelines for Small Cell Lung Cancer.

1. **Low grade (typical) tumors**
   - The following systemic therapy options have been removed:
     - a. Capecitabine + temozolomide
     - b. Cisplatin/etoposide
     - c. Sunitinib

2. **Intermediate grade (atypical) tumors**
   - The following systemic therapy options have been removed:
     - a. Capecitabine + temozolomide
     - b. Sunitinib

3. **The following options have been added, as category 2A recommendations, for those with multiple lung nodules and evidence of diffuse or idiopathic pulmonary neuroendocrine cell hyperplasia, if symptomatic:**
   - Octreotide or lanreotide

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### AGT-3

**Internal request:** Consider including mifepristone as one of the medical management options for hypercortisolism from presumed multinodular hyperplasia of the adrenal, for tumors <4 cm with symmetric cortisol production after adrenal vein sampling.

Panel consensus supported the addition of mifepristone as one of the medical management options, as a category 2A recommendation, for hypercortisolism from presumed multinodular hyperplasia of the adrenal, for tumors <4 cm with symmetric cortisol production after adrenal vein sampling.

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<th>Guideline Page and Request</th>
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| **NET-8**                  | Panel consensus supported the following revised recommendations for metastatic bronchopulmonary neuroendocrine tumors based on feedback from the NCCN Small Cell Lung Cancer Panel and those recommendations previously included in the NCCN Guidelines for Small Cell Lung Cancer.  1. **Low grade (typical) tumors**
   - The following systemic therapy options have been removed:
     - a. Capecitabine + temozolomide
     - b. Cisplatin/etoposide
     - c. Sunitinib
   2. **Intermediate grade (atypical) tumors**
   - The following systemic therapy options have been removed:
     - a. Capecitabine + temozolomide
     - b. Sunitinib
   3. **The following options have been added, as category 2A recommendations, for those with multiple lung nodules and evidence of diffuse or idiopathic pulmonary neuroendocrine cell hyperplasia, if symptomatic:**
     - Octreotide or lanreotide | YES | NO | ABSTAIN | ABSENT |
| **AGT-3**                  | Panel consensus supported the addition of mifepristone as one of the medical management options, as a category 2A recommendation, for hypercortisolism from presumed multinodular hyperplasia of the adrenal, for tumors <4 cm with symmetric cortisol production after adrenal vein sampling. | 18 | 0 | 0 | 9 |