<table>
<thead>
<tr>
<th>Guideline Page and Request</th>
<th>Panel Discussion/References</th>
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| **GAST-F 3 of 12**  
External submission request from Merck and Co.:  
Recommend the addition of pembrolizumab as a third-line systemic treatment for recurrent, locally advanced or metastatic gastric adenocarcinoma whose tumors express PD-L1 as determined by an FDA-approved test, with disease progression on or after two or more prior lines of therapy. | Based on a review of the data and discussion, the panel consensus was to add “Pembrolizumab for third-line or subsequent therapy for PD-L1 positive adenocarcinoma” under “Other Regimens” for “Second-line or Subsequent Therapy” options to treat unresectable, locally advanced, recurrent, or metastatic disease (where local therapy is not indicated).” A corresponding footnote was added that states, “Pembrolizumab is approved for patients with gastric tumors with PD-L1 expression levels ≥1 as determined by an FDA-approved test.”  
See Submission for References | YES: 18  
NO: 0  
ABSTAIN: 0  
ABSENT: 10 |

| **GAST-F 3 of 12**  
External submission from Bristol-Myers Squibb:  
Review the data for nivolumab presented at the 2017 ASCO Gastrointestinal Cancers Symposium regarding a phase III study evaluating nivolumab monotherapy as salvage treatment after second- or later-line chemotherapy for advanced gastric cancer. | Based on a review of the data and discussion the panel consensus was not to add nivolumab monotherapy to the Guidelines. | YES: 0  
NO: 18  
ABSTAIN: 0  
ABSENT: 10 |

| **GAST-F 3 of 12**  
External submission from Genentech, Inc.  
Review the data for pertuzumab in combination with trastuzumab and chemotherapy in patients with HER2-positive metastatic gastric cancer. | Based on a review of the data and discussion the panel consensus was not to add pertuzumab in combination with trastuzumab and chemotherapy to the Guidelines. | YES: 0  
NO: 18  
ABSTAIN: 0  
ABSENT: 10 |