<table>
<thead>
<tr>
<th>Guideline Page and Request</th>
<th>Panel Discussion/References</th>
<th>Institution Vote</th>
</tr>
</thead>
</table>
| **OV-B (5 of 8/6 of 8)**  | Internal request: Panel comment to consider clarifying that bevacizumab may be continued as maintenance therapy after the following recurrence therapy options for platinum-sensitive ovarian (including less common histopathologies), Fallopian tube, and primary peritoneal cancer:  
  - Carboplatin/gemcitabine/bevacizumab  
  - Carboplatin/paclitaxel/bevacizumab | Based on the FDA approved dosing and administration for bevacizumab, the panel consensus was to include a footnote to clarify that bevacizumab may be continued as maintenance therapy after the following recurrence therapy options for platinum-sensitive disease:  
  - Carboplatin/gemcitabine/bevacizumab  
  - Carboplatin/paclitaxel/bevacizumab  
  Footnote that has been added: “If response after chemotherapy, bevacizumab can be continued as maintenance therapy until disease progression or unacceptable toxicity.” | YES: 21  
NO: 0  
ABSTAIN: 0  
ABSENT: 7 |
| **OV-B (5 of 8/6 of 8)**  | Internal request: Panel comment to consider removing the following footnote from the bevacizumab-containing recurrence therapy options for ovarian (including less common histopathologies), Fallopian tube, and primary peritoneal cancer: “In patients who have not previously received bevacizumab.” | Panel consensus supported the following revision to footnote “k”: “In patients who have not previously received bevacizumab. There are limited data on the efficacy of bevacizumab in the recurrence therapy setting for patients previously treated with bevacizumab.” | YES: 21  
NO: 0  
ABSTAIN: 0  
ABSENT: 7 |