<table>
<thead>
<tr>
<th>Guideline Page and Request</th>
<th>Panel Discussion/References</th>
<th>Institution Vote</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCIS-1</td>
<td>Based on a review of data and discussion, the panel consensus was to not make changes to the current recommendations based on limited available data.</td>
<td>0 24 0 5</td>
</tr>
<tr>
<td>External request:</td>
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<tr>
<td>Submission from Genomic Health, Inc., to consider including the 12-gene DCIS Score™ assay as a component of the initial work-up for patients diagnosed with DCIS, following lumpectomy with negative margins.</td>
<td>Based on a review of data and discussion, the panel consensus was to not make changes to the current recommendations based on limited available data.</td>
<td>0 24 0 5</td>
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<tr>
<td>BINV-17</td>
<td>Based on a review of data and discussion, the panel did not use the language proposed in the submission. However, the panel supported adding the following language on BINV-E:</td>
<td>24 0 0 5</td>
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<tr>
<td>External request:</td>
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<tr>
<td>Submission from Vanderbilt University School of Nursing to consider:</td>
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<tr>
<td>1. Adding a bullet: Establish a surveillance program with bioimpedance spectroscopy (BIS) to detect subclinical breast cancer-related lymphedema (BCRL), initiate early intervention and reduce the need for complete decongestive physiotherapy.</td>
<td>Based on a review of data and discussion, the panel consensus was to not make changes to the current recommendations based on limited available data.</td>
<td>0 24 0 5</td>
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<td>2. Adding a footnote: Pretreatment baseline measures are recommended to facilitate the earliest identification of subclinical lymphedema.</td>
<td></td>
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<tr>
<td>BINV-L (2 of 6)</td>
<td>Based on a review of data and discussion, the panel consensus was to not make changes to the current recommendations based on limited available data.</td>
<td>0 24 0 5</td>
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<tr>
<td>External request:</td>
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<tr>
<td>Submission from Genentech, Inc., to consider the data submitted for ado-trastuzumab + pertuzumab in the adjuvant treatment of patients with HER2-positive early breast cancer.</td>
<td>Based on a review of data and discussion, the panel consensus was to not make changes to the current recommendations based on limited available data.</td>
<td>0 24 0 5</td>
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<tr>
<td>BINV-P and BINV-22</td>
<td>Based on a review of data and discussion, the panel consensus was to remove ribociclib + tamoxifen as an option for hormone receptor-positive, HER2-negative recurrent or stage IV (M1) disease.</td>
<td>24 0 0 5</td>
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<tr>
<td>External request:</td>
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<tr>
<td>Submission from Novartis Pharmaceuticals Corporation to consider recent data on the use of ribociclib in premenopausal women with HR+/HER2- advanced breast cancer, from the MONALEESA-7 study (NCT02278120), including reported estimated overall survival.</td>
<td>Based on a review of data and discussion, the panel consensus was to remove ribociclib + tamoxifen as an option for hormone receptor-positive, HER2-negative recurrent or stage IV (M1) disease.</td>
<td>24 0 0 5</td>
</tr>
</tbody>
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