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<th>Guideline Page and Request</th>
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| **PANC-8; PANC-9; PANC-E 1 of 3**  
**Internal request:** Should capecitabine monotherapy be included as an option for metastatic and locally advanced disease? | Capecitabine monotherapy was shown to have similar efficacy to gemcitabine monotherapy for second-line therapy in a randomized phase III trial, but capecitabine monotherapy has not been studied as first-line therapy. The panel therefore unanimously agreed to change the recommendation from category 2A to category 2B. | Boeck SH, Vehling-Kaiser U, Waldschmidt D, et al. Gemcitabine plus erlotinib (GE) followed by capecitabine (C) versus capecitabine plus erlotinib (CE) followed by gemcitabine (G) in advanced pancreatic cancer (APC): A randomized, cross-over phase III trial of the Arbeitsgemeinschaft Internistische Onkologie (AIO) [abstract]. J Clin Oncol 2010;28 (18s suppl):LBA4011. Available at: [http://www.asco.org/ASCOv2/Meetings/Abstracts?&vmview=abst_detail_view&confID=74&abstractID=41201](http://www.asco.org/ASCOv2/Meetings/Abstracts?&vmview=abst_detail_view&confID=74&abstractID=41201) | 14  
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| **PANC-E 1 of 3**  
**Internal request:** Should combination gemcitabine + cisplatin (especially for patients with possible hereditary cancers) be included as an option for metastatic and locally advanced disease? | In a single-center retrospective review, patients with a family history of pancreatic cancer were found to have a significant survival advantage when treated with platinum-based chemotherapy. The panel unanimously agreed to recommend gemcitabine + cisplatin (especially for patients with possible hereditary cancers). The recommendation was therefore changed from category 2B to category 2A. | Oliver GR, Sugar E, Laheru D, Diaz LA. Family history of cancer and sensitivity to platinum chemotherapy in pancreatic adenocarcinoma [abstract]. Gastrointestinal Cancers Symposium 2010:180. Available at: [http://www.asco.org/ascov2/Meetings/Abstracts?&vmview=abst_detail_view&confID=72&abstractID=2395](http://www.asco.org/ascov2/Meetings/Abstracts?&vmview=abst_detail_view&confID=72&abstractID=2395) | 14  
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| **PANC-E 1 of 3**  
**Internal request:** Should fluoropyrimidine + oxaliplatin (eg, 5-FU/leucovorin/oxaliplatin or CapeOx) be added as an option for metastatic and locally advanced disease? | A randomized phase III trial and a phase II trial show these drug combinations to be effective in second-line treatment of advanced pancreatic cancer. The panel feels the extrapolation to first-line therapy is appropriate as a category 2B recommendation. Therefore, the panel unanimously voted to add fluoropyrimidine + oxaliplatin (eg, 5-FU/leucovorin/oxaliplatin or CapeOx) for metastatic and locally advanced disease as a 2B recommendation. | Pelzer U, Schwaner I, Stieler J, et al. Best supportive care (BSC) versus oxaliplatin, folinic acid and 5-fluorouracil (OFF) plus BSC in patients for second-line advanced pancreatic cancer: a phase III-study from the German CONKO-study group. Eur J Cancer 2011;47:1676-1681. Available at: [http://www.ncbi.nlm.nih.gov/pubmed/21565490](http://www.ncbi.nlm.nih.gov/pubmed/21565490)  
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