

## NCCN Rectal Cancer V.3.2013 – Follow-up – October 19, 2012

Guideline Page and Request	Panel Discussion	References	Vote		
			YES	NO	ABSTAIN
REC-E 1 of 9 2 of 9 3 of 9 Internal/External request: Consider the addition of regorafenib for the treatment of patients with metastatic colorectal cancer (CRC) who have been previously treated with fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if KRAS wild type, an anti-EGFR therapy.	Based upon the data in the noted reference, the panel consensus was to add regorafenib for patients with advanced or metastatic disease as a treatment option after first, second, or third progression, depending on previous lines of therapy.	Grothey A, Sobrero AF, Siena S, et al. Results of a phase III randomized, double-blind, placebo-controlled, multicenter trial (CORRECT) of regorafenib plus best supportive care (BSC) versus placebo plus BSC in patients (pts) with metastatic colorectal cancer (mCRC) who have progressed after standard therapies [abstract]. J Clin Oncol 2012;30 (suppl 4):LBA385.	17	0	0

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Guideline Page and Request	Panel Discussion	References	Vote		
			YES	NO	ABSTAIN
REC-10 Internal/External request: Consider listing consistent options for patients with unresectable metachronous metastases who previously received adjuvant FOLFOX within the past 12 months and therapy after first progression on page REC-E 1 of 9.	The panel consensus was to have consistent options. The following regimens were added for patients with unresectable metachronous metastases who previously received adjuvant FOLFOX within the past 12 months: FOLFIRI ± ziv-aflibercept, Irinotecan ± bevacizumab, Irinotecan ± ziv-aflibercept, and (Cetuximab or panitumumab) (KRAS WT gene only) + irinotecan.		17	0	0