

Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
<p>GLIO-2 Internal Request Institutional review comment to consider removing “PCV or temozolomide chemotherapy” from the adjuvant treatment options for 1p19q codeleted anaplastic oligodendrogliomas/oligoastrocytomas.</p>	<p>Based on the data in the noted reference the panel consensus supported the removal of “PCV or temozolomide chemotherapy” from the adjuvant treatment options for 1p19q codeleted anaplastic oligodendrogliomas/oligoastrocytomas.</p> <p>Reference: Jaeckle K, Vogelbaum M, Ballman K, et al. CODEL (ALLIANCE-N0577; EORTC-26081/2208; NRG-1071; NCIC-CEC-2): Phase III randomized study of RT vs. RT + TMZ vs. TMZ for newly diagnosed 1p/19q-codeleted anaplastic glioma. Analysis of patients treated on the original protocol design. <i>Neuro-Oncology</i> 2015;17:v4-v5.</p>	18	0	0	9
<p>AMED-2 Internal Request Institutional review comment to consider adding the adjuvant option of craniospinal radiation + chemotherapy for patients with adult medulloblastoma and supratentorial PNET, and a standard risk of recurrence.</p>	<p>Based on the data in the noted reference and the panel consensus, craniospinal radiation + chemotherapy has been added as an adjuvant option for patients with adult medulloblastoma and supratentorial PNET, and a standard risk of recurrence.</p> <p>Reference: Friedrich C, von Bueren AO, von Hoff K, et al. Treatment of adult nonmetastatic medulloblastoma patients according to the paediatric HIT 2000 protocol: a prospective observational multicentre study. <i>Eur J Cancer</i> 2013;49:893-903.</p>	18	0	0	9
<p>LTD-1 External Request External submission from Jiang Aijun and Zheng Xia to consider moving the criteria of “suspected tumor found outside of the CNS” for those with limited metastatic lesions and no known history of cancer, to follow the workup.</p>	<p>Panel consensus supported starting with a workup for all patients with no known history of cancer and limited metastatic lesions. After the workup, if there is a suspected tumor outside the CNS, biopsy or resection of the tumor is recommended, if possible. The order of the recommendations were revised.</p>	18	0	0	9
<p>LTD-2 External Request External request from Jiang Aijun and Zheng Xia to consider noting that for the following treatment options for patients with limited (1-3) resectable metastatic lesions and newly diagnosed or stable systemic disease or reasonable systemic treatment option(s), the category recommendations apply to those with</p>	<p>Panel consensus supported changing the category of evidence for the following treatment options for patients with limited (1-3) resectable metastatic lesions and newly diagnosed or stable systemic disease or reasonable systemic treatment option(s):</p> <ul style="list-style-type: none"> • Surgical resection followed by WBRT: Changed from a category 1 recommendation to a category 2A • Surgical resection followed by SRS: Changed from a category 2B recommendation to a category 2A 	18	0	0	9
		18	0	0	9

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<p>1 metastasis only. There is less data for patients with 3 metastatic lesions.</p> <ul style="list-style-type: none"> • Surgical resection followed by WBRT • Surgical resection followed by SRS 	<ul style="list-style-type: none"> • SRS + WBRT: Changed from a category 1 for 1 metastasis to a category 2A recommendation for all. 	18	0	0	9
<p>MU-1 External Request External request from Jiang Aijun and Zheng Xia to consider adding that for patients with multiple metastatic lesions and no known history of cancer, disease type should be determined by biopsy or resection of tumor outside the CNS whenever possible.</p>	<p>Panel consensus supported the addition of a biopsy or resection, when possible, for suspected tumors outside of the CNS after the workup for those with multiple metastatic lesions and no known history of cancer.</p>	18	0	0	9
<p>MS-26 External Request External request from Jiang Aijun and Zheng Xia to consider revising text and references in the discussion section.</p>	<p>The updated discussion section, when available, will reflect the most current recommendations in the algorithm.</p>				