

Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
<p>NUTRA-A External request: Submission from Oncology Nutrition Dietetic Practice Group, Academy of Nutrition and Dietetics to consider data supporting revisions to the Principles of Nutrition: Management and Supportive Care.</p>	<p>Panel consensus supported the following revisions in the first paragraph:</p> <ul style="list-style-type: none"> • “Most head and neck cancer patients lose weight <i>and are nutritionally compromised</i> as a result of their disease, health behaviors, and treatment-related toxicities.” • “A registered dietitian and a speech language/swallowing therapist should be part of the multidisciplinary team for treating patients with head and neck cancer throughout the continuum of care. It is recommended that the multidisciplinary evaluation of head and neck cancer patients include a registered dietitian and a speech language/swallowing therapist.” 	22	0	0	5
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	<p>Panel consensus did not support the following proposed additions as they do not include specific recommendations or modifications to the current guidelines recommendations:</p> <ul style="list-style-type: none"> • Addition: “Malnutrition may have a significant and adverse impact on the delivery of treatment, costs, and on patient outcomes, including more infections, reduced treatment response, treatment interruptions, higher admission rates, greater length of stay and reduced quality of life.” 	0	22	0	5
	<ul style="list-style-type: none"> • Addition of “validated” to the following: “Pre- and post-treatment functional evaluation including nutritional status should be undertaken using <i>validated</i> subjective and objective assessment tools.” 	0	22	0	5
	<ul style="list-style-type: none"> • Addition of: “Pre-operative nutrition intervention in malnourished patients may lead to improved outcomes including increased quality of life and reduced adverse consequences of malnutrition.” 	0	22	0	5
	<ul style="list-style-type: none"> • Addition of: “Nutrition intervention may improve or maintain nutritional status and improve outcomes in patients undergoing chemotherapy and radiotherapy.” 	0	22	0	5
	<ul style="list-style-type: none"> • Addition of: “Aim to prevent a decline/improve nutritional status and associated outcomes in pre-treatment and surgical head and neck cancer patients with malnutrition or who are at risk of malnutrition. Aim to minimize a decline in nutritional status and weight and to maintain quality of life and optimize symptom management in patients receiving radiotherapy and chemotherapy.” 	0	22	0	5
	<ul style="list-style-type: none"> • Addition of: ““Consider post-operative tube feeding within 24 hours in patients for whom tube feeding has been deemed necessary for maintenance of nutritional status; individual consideration should be given to patients depending on planned surgical procedures in collaboration with the multidisciplinary team.” 	0	22	0	5

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<p>NUTRA-A External request: Submission from Oncology Nutrition Dietetic Practice Group, Academy of Nutrition and Dietetics (continued)</p>	<p>Panel consensus did not support the following proposed revisions based on limited data:</p> <ul style="list-style-type: none"> • Addition of: “Weekly registered dietitian nutrition contact may improve outcome in patients receiving radiotherapy.” • Addition of: “Consider registered dietitian nutrition follow up every 2 weeks for 6 weeks post treatment.” • Addition of: “Nutrition intervention for 3 months post-treatment improves/maintains quality of life and nutritional status.” • Addition of: “Antioxidants and beta-carotene dietary supplements, and high doses of vitamins A and E should not be taken during chemotherapy or radiotherapy.” 	<p>0 0 0 0</p>	<p>22 22 22 22</p>	<p>0 0 0 0</p>	<p>5 5 5 5</p>
<p>OR-2 External request: Submission from Navidea Biopharmaceuticals to consider the addition of Tc 99m tilmanocept as a diagnostic agent for use in sentinel lymph node biopsies of early stage oral cancer (when indicated).</p>	<p>Based on data in the noted references, the panel consensus was not to add Tc 99m tilmanocept as a diagnostic agent where a sentinel lymph node biopsy is recommended for early stage oral cancer. The panel consensus was to include additional information about the use of radioactive diagnostics agents in the updated discussion section when available.</p> <p>References:</p> <ul style="list-style-type: none"> • Agrawal A, Civantos F, et al. [99mTc]Tilmanocept Accurately Detects Sentinel Lymph Nodes and Predicts Node Pathology Status in Patients with Oral Squamous Cell Carcinoma of the Head and Neck: Results of a Phase III Multi-institutional Trial. Ann Surg Oncol. 2015;22:3708-3715 • Marcinow AM, Hall N, Byrum E, Teknos TN, Old MO, Agrawal A. Use of a novel receptor-targeted (CD206) radiotracer, 99mTc-tilmanocept, and SPECT/CT for sentinel lymph node detection in oral cavity squamous cell carcinoma: initial institutional report in an ongoing phase 3 study. JAMA Otolaryngol. 2013;139:895-902. 	<p>0</p>	<p>22</p>	<p>0</p>	<p>5</p>
<p>OR-2 Internal request: Panel comment to consider making “consider systemic therapy/RT” an option for all T1-T2 tumors, if positive margins following resection. (Also on ORPH-2)</p>	<p>Panel consensus supported removal of “(for T2 only)”. The adjuvant option of “consider systemic therapy/RT” applies to all T1 and T2 oral and oropharynx tumors with positive margins.</p>	<p>22</p>	<p>0</p>	<p>0</p>	<p>5</p>

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<p>FOLL-A (1 of 2) Internal request: Institutional review comment to consider the following addition to the bullet regarding EBV DNA monitoring: “Consider EBV DNA monitoring for nasopharyngeal cancer <i>known to be caused by EBV.</i>”</p>	<p>Panel consensus supported maintaining the recommendation to consider EBV DNA monitoring for nasopharyngeal cancer, with a change from a category 2A recommendation to a category 2B. The proposed addition was not included.</p>	11	9	0	7
<p>CHEM-A (1 of 5) Internal request: Institutional review comment to consider a lower level of evidence for cetuximab + concurrent RT for patients with cancers of the lip, oral cavity, ethmoid sinus, maxillary sinus, and occult primary.</p>	<p>Based on the noted reference the panel consensus supported cetuximab + concurrent RT as a category 2B recommendation for locally advanced cancers of the lip, oral cavity, ethmoid sinus, maxillary sinus and occult primary. Cetuximab + concurrent RT remains a category 1 recommendation for locally advanced cancers of the oropharynx, hypopharynx, or larynx.</p> <p>Reference: Bonner JA, Harari PM, Giralt J, et al. Radiotherapy plus cetuximab for locoregionally advanced head and neck cancer: 5-year survival data from a phase 3 randomised trial, and relation between cetuximab-induced rash and survival. <i>Lancet Oncol</i> 2010;11:21-28.</p>	12	10	0	5
<p>CHEM-A (2 of 5) Internal request: Institutional review comment to consider if there is data to support vinorelbine as a single agent option for recurrent, unresectable, or metastatic non-nasopharyngeal disease.</p>	<p>Panel consensus supported the removal of vinorelbine from the single agent options for recurrent, unresectable, or metastatic non-nasopharyngeal disease.</p>	5	11	4	7