

NCCN Colon Cancer V2.2017/Rectal Cancer V.3.2017 – Web Conference – February 21, 2017

Guideline Page and Request	Panel Discussion	References	Institutional Vote			
			Yes	No	Abstain	Absent
<p>COL-6/COL-C 1 of 10 <u>External request:</u> Submissions from Amgen requesting the Panel to review the following comments:</p> <ul style="list-style-type: none"> The NCCN Colon Cancer guidelines state that anti-EGFR therapy is only recommended for left-sided tumors. However, the total body of evidence available today - with its limitations of small sample sizes - is inconclusive and therefore should not be used as scientific evidence to exclude mCRC RAS wild-type patients with tumor origination at the right side from treatment with anti-EGFR therapy. Indeed, the FDA has approved panitumumab for use in patients with KRAS wild-type mCRC regardless of whether the tumor originates at the left or right side. Treatment outcomes of patients with RAS wild-type tumors originating on the left side are supported by adequate sample sizes for meaningful and statistically robust conclusions. All available retrospective analyses - based on peer-reviewed publications and ESMO presentations of prospective trials - suggest a substantial improvement for the anti-EGFR treatment arms in comparison to their controls, whether they are chemotherapy alone or containing anti-VEGF therapy. Given that the NCCN recognizes the importance of tumor origination, and how this could influence treatment choice, we feel strongly that these consistent conclusions should be reflected in the NCCN guidelines. 	<p>The panel consensus was to add the following footnote: The panel defines the left side of the colon as splenic flexure to rectum. Evidence suggests that patients with tumors originating on the right side of the colon (hepatic flexure through cecum) are unlikely to respond to cetuximab and panitumumab in first-line therapy for metastatic disease. Data on the response to cetuximab and panitumumab in patients with primary tumors originating in the transverse colon (hepatic flexure to splenic flexure) are lacking.</p>	<p>See submission for references.</p>	12	0	0	15

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COL-C/REC-E <u>External request:</u> Submission from Genentech requesting the Panel to consider the available data on the use of vemurafenib with cetuximab and irinotecan in patients with BRAF mutation-positive mCRC who have received one or two prior systemic regimens.	Based upon review of the data in the references noted in the submission, the Panel consensus was that the data are too preliminary to include vemurafenib with cetuximab and irinotecan at this time. The Panel requested more data that are specific for patients that previously received irinotecan versus those who did not.	See submission for references.	2	5	5	15