

NCCN Guidelines for Rectal Cancer V.1.2015 – Web conference on June 19, 2014

Guideline Page and Request	Panel Discussion	References	Vote		
			YES	NO	ABSTAIN
<p>General External request: Revise the guidelines to recommend pre-screening of patients using a “functional” test that measures the dihydrouracil/uracil ratio to identify individuals with impaired dihydropyrimidine dehydrogenase (DPD) activity for whom the fluoropyrimidine dosage should be reduced to avoid severe toxic reactions; treatments should also rely upon pharmacokinetic follow-up to indicate more precisely recommended dosage levels.</p>	<p>Impaired dihydropyrimidine dehydrogenase (DPD) activity is a rare occurrence and the test is not done routinely. Therefore, the panel consensus was to not revise the Guidelines to recommend pre-screening of patients to measure the dihydrouracil/uracil ratio.</p>	<p>See Submission for references.</p>	0	17	0
<p>General External request: Suggest that PET/CT be recommended as an imaging test in routine staging, especially for low rectal tumors, and to assess response to chemoradiation.</p>	<p>The literature does not support any changes to the recommendations for PET/CT. Therefore, the panel consensus was to not recommend PET/CT for routine staging, or to assess response to chemoradiation.</p>	<p>See Submission for references.</p>	0	17	0

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Guideline Page and Request	Panel Discussion	References	Vote		
			YES	NO	ABSTAIN
<p>General External request: Review data for bevacizumab for the treatment of metastatic colorectal cancer. Internal request: Review data for FOLFOX + cetuximab regimen.</p>	<p>Based on the data in the noted reference, the panel consensus was to add cetuximab in combination with FOLFOX as a treatment option for patients with advanced or metastatic disease.</p>	<p>Venook A, Niedzwiecki D, Lenz HJ, et al. CALGB/SWOG 80405: Phase III trial of irinotecan/5-FU/leucovorin (FOLFIRI) or oxaliplatin/5-FU/leucovorin (mFOLFOX6) with bevacizumab (BV) or cetuximab (CET) for patients (pts) with KRAS wild-type (wt) untreated metastatic adenocarcinoma of the colon or rectum (MCR). Presented at the American Society of Clinical Oncology 2014 Annual Meeting in Chicago, Illinois; May 30 - June 3, 2014. ASCO Abstract #LBA3. See Submission for additional references.</p>	17	0	0
<p>REC-4 Internal request: Review data for neoadjuvant chemotherapy followed by chemoradiation for patients with T3, N0 or T any, N1-2 or T4 and/or locally unresectable or medically inoperable.</p>	<p>Based on the data in the noted references, the panel consensus was to add the following treatment option prior to resection: Chemotherapy (FOLFOX [preferred] or CapeOx [preferred] or 5-FU/leucovorin or capecitabine) followed by chemoradiation (Capecitabine/RT [preferred] or infusional 5-FU/RT [preferred] or bolus 5-FU/leucovorin/RT).</p>	<p>Fernandez-Martos C, Pericay C, Aparicio J, et al: Phase II, randomized study of concomitant chemoradiotherapy followed by surgery and adjuvant capecitabine plus oxaliplatin (CAPOX) compared with induction CAPOX followed by concomitant chemoradiotherapy and surgery in magnetic resonance imaging defined, locally advanced rectal cancer: Grupo cancer de recto 3 study. J Clin Oncol 2010;28:859-865. Cercek A, Goodman KA, Hajj C, et al. Neoadjuvant chemotherapy first, followed by chemoradiation and then surgery, in the management of locally advanced rectal cancer. J Natl Compr Canc Netw. 2014;12:513-519.</p>	17	0	0
<p>REC-6 Internal request: Consider the addition of adjuvant chemotherapy for patients with resectable synchronous metastases.</p>	<p>The panel consensus was to add the option of adjuvant chemotherapy after combination chemotherapy, chemoradiation, and surgery.</p>		17	0	0
<p>REC-E 3 of 9 Internal request: Review the category designation for FOLFOXIRI ± bevacizumab.</p>	<p>The panel consensus was to continue to recommend FOLFOXIRI ± bevacizumab as a treatment option for patients with advanced or metastatic disease. The vote supported a category change from a 2B to a 2A.</p>		17	0	0