

NCCN Guidelines for Gastric Cancer V.1.2017 –Meeting 09/07/16

Guideline Page and Request	Panel Discussion/References	Vote			
		YES	NO	ABSTAIN	ABSENT
<b>GAST-2</b> Panel member request: Consider revising the category recommendation for chemoradiation for surgically unresectable and non-surgical candidates.	Based on a review of the data and discussion the panel supported changing the primary treatment option of chemoradiation for surgically unresectable and non-surgical candidates from category 1 to category 2A.	24	0	0	4
<b>GAST-F 2 of 11</b> Panel member request: Consider adding fluoropyrimidine and oxaliplatin as a perioperative chemotherapy option.	Based on a review of the data, and discussion about further modifications to the ECF regimen, panel consensus supported adding fluoropyrimidine and oxaliplatin as a category 2A option for perioperative chemotherapy	22	0	2	4
Institutional review request: Under “Postoperative chemotherapy” consider changing “Capecitabine and oxaliplatin” to a category 1 recommendation.	Based on a review of the data and discussion the panel supported changing “capecitabine and oxaliplatin” from category 2A to category 1 for postoperative chemotherapy patients who have undergone primary D2 lymph node dissection. <ul style="list-style-type: none"> <li>Noh SH, Park SR, Yang HK, et al. Adjuvant capecitabine plus oxaliplatin for gastric cancer after D2 gastrectomy (CLASSIC): 5-year follow-up of an open-label, randomised phase 3 trial. Lancet Oncol 2014;15:1389-1396</li> </ul>	24	0	0	4
Panel member request: Consider removing “Capecitabine and cisplatin” as a postoperative chemotherapy option for patients who have undergone primary D2 lymph node dissection.	Based on a review of the data and discussion the panel supported removing “capecitabine and cisplatin” as a postoperative chemotherapy option for patients who have undergone primary D2 lymph node dissection.	2	16	5	5
<b>GAST-F 3 of 11</b> Institutional review request: Reevaluate the epirubicin containing regimens for First-Line Therapy for metastatic or locally advanced cancer.	Based on a review of the data, the panel supported making the following changes for First-Line Therapy (Other Regimens): <ul style="list-style-type: none"> <li>ECF was changed from category 1 to a category 2B recommendation</li> <li>All ECF modifications changed from category 1 to a category 2B recommendation</li> </ul>	13 13	9 9	3 3	3 3

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Guideline Page and Request	Panel Discussion/References	Vote			
		YES	NO	ABSTAIN	ABSENT
<p><b><u>GAST-F 3 of 11</u></b>                      Institutional review request:                      Under Second-Line Therapy; Other Regimens, re-evaluate the data for “Fluoropyrimidine (fluorouracil and capecitabine) and irinotecan” and consider making “fluorouracil and irinotecan” a preferred regimen for unresectable, locally advanced or metastatic cancer.</p>	Based on a review of the data and discussion, the panel supported making the following changes for unresectable, locally advanced or metastatic cancer: <u>First-Line therapy</u>	17	2	6	3
	<ul style="list-style-type: none"> <li>• “Fluorouracil and irinotecan” changed from category 1 to category 2A recommendation</li> </ul>	20	1	3	3
	<u>Second-Line Therapy</u>	17	2	6	3
	<ul style="list-style-type: none"> <li>• “Fluorouracil and irinotecan” moved from “Other Regimens” to “Preferred Regimens”</li> <li>• “Fluorouracil and irinotecan” changed from category 2B to category 2A recommendation</li> <li>• “Capecitabine and irinotecan” was removed from the list of “Other regimens”</li> </ul>	1	18	6	3
Submission from Bristol-Myers Squibb: Review the data and consider adding nivolumab as monotherapy or in combination with ipilimumab for the treatment of patients with advanced or metastatic gastric cancer.	Based on review of the data and panel discussion, the panel supported <u>not</u> to include for nivolumab as monotherapy or in combination with ipilimumab. <a href="#">See Submission for references</a>	0	24	0	4