

NCCN Central Nervous System Cancers Guidelines V.1.2014 – Follow-up –02/28/14

| Guideline Page and Request<br>Principles of Systemic Therapy (BRAIN-D)   | Panel Discussion   | References   | Vote |    |         |
|--|--|--|------|----|---------|
|  |  |  | YES  | NO | ABSTAIN |
| <p><b>Page 1 of 7</b><br/><b><u>Anaplastic gliomas</u></b><br/><b>Internal request:</b><br/>Institutional review suggestion to add carboplatin to the recommendation of “bevacizumab + chemotherapy” for recurrence/salvage therapy.</p> <p><b><u>Glioblastoma</u></b><br/><b>Internal request:</b><br/>Institutional review suggestion to add carboplatin to the recommendation of “bevacizumab + chemotherapy” for recurrence/salvage therapy.</p> | <p>Based on discussion and the noted references, the panel consensus was to make the following change for anaplastic gliomas: For “Bevacizumab + chemotherapy” the panel added carboplatin as a category 2B recommendation to the list of chemotherapy options for recurrence/salvage therapy.</p> | <ol style="list-style-type: none"> <li>1. Mrugala MM, Crew LK, Fink JR, et al. Carboplatin and bevacizumab for recurrent malignant glioma. <i>Oncol Lett.</i> 2012;4:1082–1086.</li> <li>2. Thompson EM, Dosa E, Kraemer DF, et al. Treatment with bevacizumab plus carboplatin for recurrent malignant glioma. <i>Neurosurgery.</i> 2010;67:87-93.</li> </ol> | 15   | 7  | 4       |
|  | <p>Based on discussion and the noted references, the panel consensus was to make the following change for glioblastoma: For “Bevacizumab + chemotherapy” the panel added carboplatin as a category 2B recommendation to the list of chemotherapy options for recurrence/salvage therapy.</p>       |  |      | 16 | 6       |
| <p><b>Page 3 of 7</b><br/><b><u>Limited (1-3) Metastatic or Multiple (&gt;3) Metastatic Lesions</u></b><br/><b>Internal Request:</b><br/>Institutional review suggestion to consider adding immunotherapy (ipilimumab and BRAF inhibitors [dabrafenib and vemurafenib]) for melanoma to the list of options for recurrent disease.</p>   | <p>Based on discussion and the noted reference, the panel consensus was to add “ipilimumab (melanoma)” to the list of systemic therapy options for recurrent disease.</p>  | <p>Margolin K, Ernstoff MS, Hamid O, et al. Ipilimumab in patients with melanoma and brain metastases: an open-label, phase 2 trial. <i>Lancet Oncol</i> 2012;13:459-465.</p>  | 25   | 0  | 1       |
|  | <p>Based on discussion and the noted reference, the panel consensus was to add “dabrafenib” to the list of systemic therapy options for recurrent disease.</p>   | <p>Long GV et al. Dabrafenib in patients with Val600Glu or Val600Lys BRAF-mutant melanoma metastatic to the brain (BREAK-MB): a multicentre, open-label, phase 2 trial. <i>Lancet Oncol</i> 2012;13:1087-95.</p>   | 24   | 1  | 1       |
|  | <p>Based on discussion and the noted reference, the panel consensus was to add “vemurafenib” to the list of systemic therapy options for recurrent disease.</p>  | <p>Dummer R, Goldinger SM, Turtschi CP, et al. Vemurafenib in patients with BRAF(V600) mutation-positive melanoma with symptomatic brain metastases: Final results of an open-label pilot study. <i>Eur J Cancer</i> 2014;50:611-621.</p>  | 23   | 1  | 2       |

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|---|--|--|------|----|---------|
|   |  |  | YES  | NO | ABSTAIN |
| <p><b>Page 3 of 7</b><br/><b><u>Leptomeningeal Metastases</u></b><br/><b><i>Internal Request:</i></b><br/>Institutional review suggestion to consider adding trastuzumab for HER-2 positive breast cancer to the list of Intra-CSF chemotherapy options for the treatment of leptomeningeal metastases.</p> <p><b><i>Internal Request:</i></b><br/>Suggestion made to add erlotinib (non-small cell lung cancer) to the list of options for the treatment of leptomeningeal metastases.</p> | <p>Based on discussion and the noted reference, the panel consensus was to add “trastuzumab (breast)” to the list of Intra-CSF chemotherapy options for the treatment of leptomeningeal metastases.</p> <p>Based on discussion and the noted reference, the panel consensus was to add “Weekly pulse erlotinib for EGFR exon 19 deletion or exon 21 L858R mutation (non-small cell lung cancer)” as a category 2B recommendation to the list of chemotherapy options for the treatment of leptomeningeal metastases.</p> | <p>Zagouri F, Sergentanis TN, Bartsch R, et al. Intrathecal administration of trastuzumab for the treatment of meningeal carcinomatosis in HER2-positive metastatic breast cancer: a systematic review and pooled analysis. Breast Cancer Res Treat 2013;139:13-22.</p> <p>Grommes C, Oxnard GR, Kris MG, et al. "Pulsatile" high-dose weekly erlotinib for CNS metastases from EGFR mutant non-small cell lung cancer. Neuro Oncol 2011;13:1364-1369.</p> | 20   | 3  | 3       |
|   |  |  | 19   | 4  | 3       |