

NCCN Guidelines for Uterine Neoplasms V.1.2018–Panel Meeting on 04/24/17

Guideline Page and Request	Panel Discussion/References	Vote			
		YES	NO	ABSTAIN	ABSENT
<p>Endometrial Carcinoma ENDO-4 Institutional review comment: For surgically staged: Stage I; G3 tumors, Consider adding systemic therapy to the radiation recommendations.</p>	<p>Based on a review of data and discussion, the panel consensus supported adding systemic therapy as follows:</p> <ul style="list-style-type: none"> For Stage IA (<50% myometrial invasion); Adverse risk factors present; G3: "Vaginal brachytherapy and/or EBRT ± systemic therapy (category 2B)" For Stage IB (≥50% myometrial invasion); Adverse risk factors not present; G3: "Vaginal brachytherapy and/or EBRT ± systemic therapy (category 2B)" 	11 13	8 8	2 2	7 7
<p>ENDO-4 Institutional review comment: For surgically staged: Stage IB; Adverse Risk Factors present; G3 tumors, discuss the category 2B recommendation based on GOG 249.</p>	<p>Based on a review of data and discussion, the panel consensus supported changing the systemic therapy category recommendation from category 2B to category 2A:</p> <ul style="list-style-type: none"> For Stage IB (≥50% myometrial invasion); Adverse risk factors present; G3: "EBRT and/or vaginal brachytherapy ± systemic therapy (category 2B for systemic therapy)" <ul style="list-style-type: none"> McMeekin DS, Filiaci VL, Aghajanian C, et al. Randomized phase III trial of pelvic radiation therapy (PXRT) versus vaginal cuff brachytherapy followed by paclitaxel/ carboplatin chemotherapy (VCB/C) in patients with high risk (HR), early stage endometrial cancer (EC): a Gynecologic Oncology Group trial. <i>Gynecol Oncol.</i> 2014;134:438. 	18	2	2	7
<p>ENDO-9 Institutional review comment: Suggest removing "Consider chemotherapy (category 3)" as a treatment option for isolated metastases.</p>	<p>Based on a review of data and discussion, the panel supported removing the recommendation "Consider chemotherapy (category 3)" as a treatment option for isolated metastases found after surveillance.</p>	21	0	0	7
<p>ENDO-B External Submission from Myriad Genetic Laboratories, Inc.: Suggest revising the final bullet point discussing genetic counseling and testing in the "Hysterectomy and Pathologic Evaluation" section to include patients who meet criteria for Lynch syndrome. (See submission for proposed language)</p>	<p>Based on a review of data and discussion, the panel did not use language proposed in the submission. However, the panel supported adding the following language: "For those who are MMR-negative or those who have not been screened, but who have strong family history of endometrial and/or colorectal cancer, genetic counseling and testing for patients is recommended. (See Lynch syndrome/HNPCC in the NCCN Guidelines for Genetic/Familial High-Risk Assessment: Colorectal)." See submission for references.</p>	21	0	0	7

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<p>ENDO-D Institutional review comment: Add albumin-bound paclitaxel to the list of single-agent chemotherapy options.</p>	<p>Based on a review of data and discussion the panel supported adding albumin-bound paclitaxel to the list of single agent chemotherapy regimens for recurrent, metastatic, or high-risk disease with a footnote, <i>“Albumin-bound paclitaxel is a reasonable substitute for patients with a hypersensitivity to paclitaxel if the skin testing to paclitaxel is negative. If the patient has a positive skin test to paclitaxel then the patient requires desensitization to paclitaxel. Albumin-bound paclitaxel is not a reasonable substitute for paclitaxel if the patient’s skin test is positive.”</i></p> <ul style="list-style-type: none"> • Fader AN, Rose PG. Abraxane for the treatment of gynecologic cancer patients with severe hypersensitivity reactions to paclitaxel. Int J Gynecol Cancer. 2009 Oct;19(7):1281-3 	20	1	2	6
<p>Institutional review comment: Consider adding everolimus/letrozole as a treatment option for recurrent, metastatic, or high-risk disease.</p>	<p>Based on a review of data and discussion the panel supported adding “everolimus/letrozole (for endometrioid histology)” to the list of multi-agent chemotherapy regimens preferred (if tolerated), for recurrent, metastatic, or high-risk disease.</p> <ul style="list-style-type: none"> • Slomovitz BM, Jiang Y, Yates MS, et al. Phase II Study of Everolimus and Letrozole in Patients With Recurrent Endometrial Carcinoma. Journal of Clinical Oncology. 2015;33(8):930-936 	19	0	3	6
<p>Institutional review comment: Consider adding fulvestrant to the list of hormone therapies for recurrent, metastatic, or high-risk disease.</p>	<p>Based on a review of data and discussion the panel supported adding fulvestrant to the list of hormone therapies for recurrent, metastatic, or high-risk disease.</p>	15	2	6	5
<p>Uterine Sarcoma UTSARC-B Institutional Review Request: Suggest revising the systemic therapy page to include a preferred list of therapies.</p>	<p>The panel supported reorganizing the systemic therapy page into the following categories</p> <ul style="list-style-type: none"> • Preferred therapies • Other combination regimens • Single-agent options • Other hormone therapies 	19	0	2	7