| Guideline Page and Request | Panel Discussion/References | Institution Vote | | | |
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| | | YES | NO | ABSTAIN | ABSENT |
| AE-2<br>External request:<br>Submission from Oncology Analytics, Inc.<br>Specific changes: Request that carboplatin AUC ≥ 4 be restored to moderate emetic risk (30-90% risk of emesis) instead of high emetic risk, with the insertion of a footnote stating the additional of a NK1 receptor antagonist to a 5-HT3 receptor antagonist and dexamethasone may be beneficial. | Based on a review of data and discussion, the panel consensus was to not make changes to the current recommendations. | 0 | 24 | 0 | 3 |
| AE-5<br>Internal request:<br>Institutional review comment, consider adding rolapitant and NEPA as NK1 RA options for the 4-drug olanzapine regimen. | Based on a review of data and discussion, the panel consensus supported inclusion of rolapitant IV/PO and NEPA as NK1 RA options for the 4-drug olanzapine regimen. | 24 | 0 | 0 | 3 |
| AE-7<br>Internal request:<br>Institutional review comment regarding footnote “v”: “Some NCCN Member Institutions use a 5-HT3 RA (unless palonosetron, granisetron extended-release injection, or granisetron transdermal patch given on day 1) on days 2, 3, and 4 in addition to steroid and NK1 antagonist therapy (category 2B). | Based on the discussion the panel consensus was to remove footnote “v” from the current recommendations. | 24 | 0 | 0 | 3 |
| AE-5 and AE-6<br>External request:<br>Submission from Tesaro, Inc.<br>Specific changes: Propose inclusion of rolapitant IV bioequivalent as category 1 option for high and moderate emetic risk chemotherapy-induced nausea and vomiting.<br><br>Internal request:<br>Institutional review comment upon approval please include IV rolapitant as an option for high and moderate emetic risk chemotherapy-induced nausea and vomiting. | Based on a review of data and discussion, the panel consensus supported the inclusion of rolapitant IV bioequivalent dosing as an option for the treatment of high and moderate emetic risk chemotherapy-induced nausea and vomiting. This is a category 1 recommendation.<br>See Submission for References. | 24 | 0 | 0 | 3 |

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| AE-5, AE-8, AE-9, and AE-A<br>External request:<br>Submission from Heron Therapeutics, Inc.<br>Specific changes:<br>• (AE-5) Please specify Granisetron 10 mg SQ as preferred under all 5-HT3 RA listings.<br>• (AE-8) Recommend granisetron extended-release injection for use as a 5-HT3 RA prior to low emetic risk chemotherapy (LEC) for prevention of acute and delayed CINV;<br>• (AE-9) Recommend granisetron extended-release injection as 5-HT3 RA prior to oral chemotherapy<br>• (AE-A, p 2 of 2) Please specify the appropriate indication for "Managing Multiday Emetogenic Chemotherapy Regimens" for granisetron extended-release injection in the NCCN/Drugs/Biologics Compendium. | Based on a review of data and discussion, the panel consensus did not support the inclusion of granisetron extended-release injection as a preferred option for HEC, and for use with additional emetogenic chemotherapy regimens for the prevention of acute and delayed chemotherapy-induced nausea and vomiting associated with both the initial and repeat courses of therapy. | 0 | 24 | 0 | 3 |
| AE-5, AE-6, AE-A, and AE-C<br>External request:<br>Submission from Heron Therapeutics, Inc.<br>Specific changes:<br>• (AE-5) Add aprepitant injectable emulsion as the preferred intravenous Neurokinin 1 (NK1) receptor antagonist (RA) in combination with a 5-HT3 receptor antagonist and dexamethasone (+ / - olanzapine) with a category 1 recommendation<br>o Dose: 130mg on Day 1<br>• (AE-6) Add aprepitant injectable emulsion as the preferred intravenous NK1 RA in combination with a 5-HT3 receptor antagonist and dexamethasone with a category 1 recommendation<br>o Dose: 130mg on Day 1 based on the bioequivalence study (2, 3, 4)<br>• (AE-A) Multiday chemotherapy regimens likely to be moderately or highly emetogenic and associated with significant risk for delayed nausea and emesis – add aprepitant injectable emulsion as an option. | Based on a review of data and discussion, the panel consensus supported the inclusion of aprepitant injectable emulsion in combination with other antiemetic agents in adults for prevention and treatment of acute and delayed chemotherapy-induced nausea and vomiting. These are category 1 recommendations.<br>Based on a review of data and discussion, the panel voted to not add aprepitant injectable emulsion as a preferred agent.<br>See Submission for References. | 24 | 0 | 0 | 3 |

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| • (AE-C) Principles of managing breakthrough emesis. Add aprepitant injectable emulsion as an option. | | | | | |
| AE-10<br>External request:<br>Submission from INSYS Therapeutics, Inc.<br>Specific changes: Recommend inclusion of correct dronabinol oral solution bioequivalent dosing as compared with dronabinol capsules for "Breakthrough Treatment for Chemotherapy Induced Nausea/Vomiting" | Based on a review of data and discussion, the panel consensus supported the inclusion of dronabinol oral solution bioequivalent dosing as an option for the treatment of breakthrough chemotherapy induced nausea and vomiting (see footnote bb).<br>See Submission for References. | 24 | 0 | 0 | 3 |
| AE-12<br>Internal request:<br>Institutional review comment, consider deleting alprazolam as anxiolytic therapy. | Based on a review of data and discussion, the panel consensus supported deleting alprazolam as anxiolytic therapy. | 24 | 0 | 0 | 3 |
| AE-A, p1<br>Internal request:<br>Institutional review comment, consider adding a statement to the last bullet: "If patients cannot tolerate dexamethasone, consider replacing with olanzapine." | Based on the data in the noted reference and discussion, the panel consensus was to include that statement.<br>Chelkeba L et al. Pharm Pract (Granada) 2017;15:877-890 | 24 | 0 | 0 | 3 |