Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
GLIO-2 Internal request: Institutional Review comment to add RT + adjuvant temozolomide (12 cycles) to the recommendation for patients with newly-diagnosed 1p19q-noncodeleted anaplastic gliomas, based on the data from the phase III CATNON trial published in August 2017 showing that this regimen provides an overall survival advantage compared with RT alone.	Addition Based on the data in the noted reference and discussion, uniform panel consensus was to include fractionated RT + adjuvant temozolomide (12 cycles) for anaplastic astrocytoma and anaplastic oligoastrocytoma, NOS. (GLIO-2 and BRAIN-D) This is a category 2A recommendation. Removal Based on the discussion [and noted reference(s)], the panel consensus was to remove "Fractionated external beam RT" (alone) as an option for anaplastic astrocytoma and anaplastic oligoastrocytoma, NOS, due to recent data no longer supporting RT alone. (GLIO-2) Supporting Reference: • van den Bent MJ, Baumert B, Erridge SC, et al. Interim results from the CATNON trial (EORTC study 26053-22054) of treatment with concurrent and adjuvant temozolomide for 1p/19q non-co-deleted anaplastic glioma: a phase 3, randomised, open-label intergroup study. Lancet 2017;390:1645-1653. Available at: https://www.ncbi.nlm.nih.gov/pubmed/28801186.	20 20	0 0	0 0	7 7
GLIO-2 Internal request: Request to remove PCV as a treatment option for anaplastic astrocytomas. Based on the recent interim analysis of the CATNON data, there seems to be better data to support use of temozolomide versus PCV. Consideration of toxicity concerns of PCV vs TMZ for treatment.	Based on the discussion and noted references, panel consensus supported removal of PCV as a treatment option for anaplastic gliomas in patients with poor performance status (KPS <60). Supporting References: • Wick W, Hartmann C, Engel C, et al. NOA-04 randomized phase III trial of sequential radiochemotherapy of anaplastic glioma with procarbazine, lomustine, and vincristine or temozolomide. J Clin Oncol 2009;27:5874-5880. Available at: http://www.ncbi.nlm.nih.gov/pubmed/19901110. • van den Bent MJ, Baumert B, Erridge SC, et al. Interim results from the CATNON trial (EORTC study 26053-22054) of treatment with concurrent and adjuvant temozolomide for 1p/19q non-co-deleted anaplastic glioma: a phase 3, randomised, open-label intergroup study. Lancet 2017;390:1645-1653. Available at: https://www.ncbi.nlm.nih.gov/pubmed/28801186.	20	0	0	7

Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
GLIO-4 Internal request: For postoperative treatment of newly-diagnosed glioblastoma in patients with good performance status (KPS≥60), age >70, request to change "Hypofractionated brain RT alone" from category 1 to category 2A, and to list "Hypofractionated brain RT + concurrent and adjuvant temozolomide" as a category 1 option.	Based on the discussion and noted reference, there was panel consensus that "Hypofractionated brain RT alone" should be changed from a category 1 to a category 2A recommended option for postoperative adjuvant treatment of newly-diagnosed glioma in patients age >70 with good performance status, and regardless of MGMT promoter status (GLIO-4, top 2 pathways).	20	0	0	7
	Based on the discussion and noted reference, there was panel consensus that "Hypofractionated RT + concurrent and adjuvant temozolomide" should be included as an option for postoperative adjuvant treatment of newly-diagnosed glioblastoma in patients age >70, with good performance status (KPS ≥60), and MGMT promoter unmethylated or indeterminate (GLIO-4, second pathway).	20	0	0	7
External request: Submission from Bristol-Myers Squibb (10/16/17) to include nivolumab monotherapy as a treatment option for patients with renal cell carcinoma and non-small cell lung cancer who have brain metastases.	Based on the data in the noted reference(s) and discussion, the panel consensus was to hold this submission request until further data is available.	0	20	0	7
BRAIN-E Internal request: Request to add bevacizumab for the treatment of radiation necrosis in patients with brain metastases, as well as primary brain tumors.	Based on the discussion and noted reference, uniform panel consensus supported adding the following statement under "Medical Management", "Mass Effect, Brain Edema, Radiation Necrosis" on BRAIN-E, 2 of 3: "*Consider short-course bevacizumab for management of symptoms driven by RT necrosis, poorly-controlled vasogenic edema or mass effect, in patients with brain metastases and primary brain tumors, particularly those with deep-seeded non-resectable tumors, as it may allow overall quality of life improvements by reducing steroid dose and improving functional status*." Supporting references: • Kaley T, Nolan C, Carver A, Omuro A. Bevacizumab for acute neurologic deterioration in patients with glioblastoma. CNS Oncol 2013;2:413-418. Available at: https://www.ncbi.nlm.nih.gov/pubmed/25054664.	20	0	0	7