Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
NET-5 Internal request: Institutional Review comment to consider including systemic therapy as a treatment option for select patients with thymic neuroendocrine tumors (NETs).	Based on the discussion regarding the treatment options for thymic NETs: • The panel consensus was to include "consider RT (category 3) + systemic therapy" as an option for low grade (typical) disease following incomplete resection and/or positive margins of locoregional disease (stage IIIA/B). • The panel consensus was to include "consider systemic therapy" as an option for low grade (typical) and intermediate grade (atypical) locally unresectable disease (stage IIIA/B). • The panel consensus was to include "consider RT (category 3) + systemic therapy" as an option for low grade (typical) locally unresectable disease (stage IIIA/B).	21 21 21	0 0 0	0 0 0	6 6 6
NET-6 Internal request: Institutional Review comment to reassess the inclusion of systemic therapy as a treatment option for select patients with bronchopulmonary NETs.	Based on the discussion regarding the treatment options for bronchopulmonary NETs: • The panel consensus supported the continued listing of systemic therapy +/- RT as an option for intermediate grade (atypical) disease following resection of locoregional/resectable disease (stage IIIA). This recommendation changed from a category 2A to a category 2B. • The panel consensus was to include "consider systemic therapy" as an option for low grade (typical) and intermediate grade (atypical) locoregional/unresectable disease (stage IIIA/B).	16 21	4 0	1 0	6 6
NET-8 Internal request: Institutional Review comment to consider revising the treatment recommendations for bronchopulmonary/thymus NETs if locoregional advanced disease and/or distant metastases.	Based on the discussion, the panel consensus was to remove temozolomide from the first-line treatment options for advanced and/or metastatic bronchopulmonary/thymic NETs with low grade (typical) disease and clinically significant tumor burden, or evidence of disease progression. Temozolomide remains an option for those with disease progression on first-line therapy.	21	0	0	6

Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
NET-11 Internal request: Institutional review comment to consider revising the recommendations for the treatment of carcinoid syndrome.	Based on the discussion, the panel consensus was to include "consider other systemic therapy" as an option for disease control of carcinoid syndrome, if there are persistent symptoms after treatment with octreotide or lanreotide.	21	0	0	6
AGT-5 External request: Submission from Merck & Co., Inc., to consider the addition of pembrolizumab as a systemic treatment option for adult and pediatric patients with unresectable or metastatic, microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) solid tumors that has progressed following prior treatment and who have no satisfactory alternative treatment options.	Based on the data in the references noted in the submission, the panel consensus supported the addition of pembrolizumab as an option for consideration for mismatch repair-deficient (dMMR) or microsatellite instability-high (MSI-H) unresectable/metastatic adrenocortical tumors that have progressed following prior treatment and have no satisfactory alternative treatment options. This is a category 2A recommendation.	19	1	1	6
PDNEC-1 Internal request: Institutional review comment to consider listing more chemotherapy options for those with poorly differentiated neuroendocrine carcinoma (PDNEC).	Based on the discussion, the panel consensus was to add the following chemotherapy options for PDNEC, in addition to the small cell lung cancer regimens already recommended. These can be used as neoadjuvant or adjuvant therapy for those with resectable PDNEC, or used alone for those with resectable or locoregional unresectable disease. • FOLFOX (fluorouracil/leucovorin/oxaliplatin) • FOLFIRI (fluorouracil/leucovorin/irinotecan) • Temozolomide • Temozolomide + capecitabine	21	0	0	6

Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
NE-D External request: Submission from Novartis Pharmaceutical Corporation to consider the publication with the final overall survival data from the RADIANT-2 study regarding everolimus plus octreotide LAR for the treatment of patients with advanced NETs and carcinoid syndrome.	The panel consensus supported the addition of the following reference: Pavel ME, Baudin E, Oberg KE, et al. Efficacy of everolimus plus octreotide LAR in patients with advanced neuroendocrine tumor and carcinoid syndrome: final overall survival from the randomized, placebo-controlled phase 3 RADIANT-2 study. Ann Oncol; 2017;28(7):1569-1575. Panel consensus also supported the addition of the following footnote: “Safety and effectiveness of everolimus in the treatment of patients with carcinoid syndrome have not been established.” (Also on NET-11)	21	0	0	6