Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
GLOT-3 Internal request: Institutional review comment to consider the data for induction chemotherapy as a primary treatment option for cancer of the glottic larynx, clinical stage T3, N0-1.	Based on the discussion, the panel consensus supported the continued listing of induction chemotherapy as an option for cancer of the glottic larynx, for patients with stage T3 requiring (amenable to) total laryngectomy, N0-1 disease. This recommendation changed from a category 2B to a category 2A.	23	0	0	4
SALI-4 External request: Submission from Merck & Co., Inc., to add pembrolizumab as an anti-PD-1 immunotherapy for previously treated patients with recurrent or metastatic, PD-L1 positive, salivary gland carcinoma.	Based on a review of data and discussion, the panel consensus did not support the inclusion of pembrolizumab as an option for patients with recurrent/metastatic, PD-L1 positive salivary gland carcinoma due to insufficient available data. See Submission for references.	1	18	2	6
ADV-1 Internal request: Institutional review comment to review the data for the use of induction chemotherapy followed by RT or systemic therapy/RT for select patients with newly diagnosed, very advanced head and neck cancer.	Based on the discussion, the panel consensus supported the continued listing of induction chemotherapy (if not previously done) followed by RT or systemic therapy/RT as an option for newly diagnosed (M0) T4b, N0-3 head and neck cancer, unresectable nodal disease, or those unfit for surgery (PS 0-1 only). This recommendation changed from a category 3 to a category 2A.	20	3	0	4
CHEM-A (1 of 6) Internal request: Institutional review comment to review the data for docetaxel/cisplatin/5-FU (TPF) as an induction option for nasopharyngeal cancer.	Based on the discussion and noted reference, the panel consensus was that TPF is supported by high-level evidence as an induction option for EBV-positive nasopharyngeal cancer, and the category was changed from a category 2A to a category 1 recommendation. TPF remains a category 2A recommendation for non-EBV-associated nasopharyngeal cancer. Reference: Sun Y, Li WF, Chen NY, et al. Induction chemotherapy plus concurrent chemoradiotherapy versus concurrent chemoradiotherapy alone in locoregionally advanced nasopharyngeal carcinoma: a phase 3, multicentre, randomised controlled trial. Lancet Oncol 2016;17:1509-1520.	17	1	4	5

CHEM-A (2 of 6) External request: Submission from Bristol-Myers Squibb Company to include the following as a footnote: “Nivolumab FDA approved dose is 240 mg IV every 2 weeks or 480 mg IV every 4 weeks administered over 30 minutes until disease progression or unacceptable toxicity.”	Based on a review of data and discussion, the panel consensus did not support the addition of the footnote with the specific dosing recommendations. See Submission for references.	1	16	3	7
CHEM-A (2 of 6) External request: Submission from Merck & Co., Inc., requesting the category of evidence and consensus for pembrolizumab be changed from a category 2A to a category 1 in patients with non-nasopharyngeal, recurrent or metastatic head and neck squamous cell carcinoma with disease progression on or after platinum-containing chemotherapy.	Based on a review of data and discussion, the panel consensus was not to change to the category of evidence for pembrolizumab for patients with non-nasopharyngeal, recurrent or metastatic head and neck squamous cell carcinoma with disease progression on or after platinum-containing chemotherapy, due to insufficient available data. See Submission for references.	0	21	0	6
CHEM-A (2 of 6) External request: Submission from Bristol-Myers Squibb Company to consider adding nivolumab to the list of first-line, single agent options for recurrent, unresectable, or metastatic head and neck cancers.	Based on a review of data and discussion, the panel consensus did not support the inclusion of nivolumab as a first-line, single agent option for recurrent, unresectable or metastatic head and neck cancers due to insufficient available data. See Submission for references.	7	9	5	6
CHEM-A (3 of 6) External request: Submission from Bristol-Myers Squibb Company to consider nivolumab monotherapy for patients with previously treated recurrent or metastatic non-keratinizing nasopharyngeal carcinoma.	Based on a review of data and discussion, the panel consensus supported the inclusion of nivolumab as an “other recommended” subsequent therapy option for previously treated recurrent or metastatic non-keratinizing nasopharyngeal carcinoma. This is a category 2B recommendation. See Submission for references.	14	4	3	6