

NCCN Guidelines for Esophageal and Esophagogastric Junction Cancers V.1.2019 –Follow-up 01-10-19

Guideline Page and Request	Panel Discussion/References	Vote			
		YES	NO	ABSTAIN	ABSENT
ESOPH-B 4 of 5 External request: Submission from Foundation Medicine, Inc. (09/11/18) to consider updating the “Principles of Pathologic Review” to include recommendations regarding comprehensive genomic profiling assays.	Based on a review of data and discussion, the panel did not use the language proposed in the submission. However, the panel supported adding a new section on next generation sequencing (NGS): “At present, three targeted therapeutic agents, trastuzumab, ramucirumab, and pembrolizumab, have been approved by the FDA for use in esophageal and EGJ cancers. Trastuzumab is based on testing for HER2 positivity. Pembrolizumab is based on testing for microsatellite instability and PD-L1 expression by combined positive score (CPS). Although an enhanced understanding of genomics/epigenomics of esophageal and EGJ cancers are needed, there is insufficient data to support the use of NGS at the time of initial diagnosis for clinical decision making. However, NGS-profiling can be used for the identification of treatment and/or clinical trial enrollment. NGS may be useful in patients with advanced cancer in later stages of therapy rather than in the early phases of disease.”	17	0	4	6
ESOPH-F 4 of 12 Internal request: Consider including trifluridine and tipiracil as a category 1 recommendation within the guidelines.	Based upon review of data, the panel consensus supported high-level evidence and included “Trifluridine and tipiracil (for EGJ adenocarcinoma)” as a category 1 recommendation for third-line or subsequent therapy for unresectable locally advanced, recurrent or metastatic disease. <ul style="list-style-type: none"> Shitara K, Doi T, Dvorkin M, et al. Trifluridine/tipiracil versus placebo in patients with heavily pretreated metastatic gastric cancer (TAGS): a randomised, double-blind, placebo-controlled, phase 3 trial. Lancet Oncol 2018;19:1437-1448. 	17	0	4	6