Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
BINV-1 Internal request. Proposed changes to the following bullet under Workup: • Current bullet: "Genetic counseling if patient is high risk for hereditary breast cancer." • Consider changing language to match the NCCN Genetic/Familial High Risk Assessment: Breast and Ovarian guideline: "Genetic counseling if patient meets criteria for further genetic evaluation." External request from Illumina Inc. Proposed changes to the following bullet under the Workup for invasive breast cancer. • Current bullet: "Genetic counseling if patient is high risk for hereditary breast cancer." • New statement: "Genetic counseling and consideration of comprehensive genetic testing if patient or family member is at risk for hereditary breast cancers."	Based on a review of data and discussion, the panel did not use the language proposed in the submission. However, the panel supported adding the following language to the footnote: "*For risk criteria*, see NCCN Guidelines for Genetic/Familial High Risk Assessment: Breast and Ovarian." See Submission for References.	0	22	0	6
BINV-A External request from Foundation Medicine, Inc. Request including validated next-generation sequencing assays such as FoundationOne *CDx*™ (F1CDx) assay in the "Principles of HER2 testing" as an additional method to identify HER2 (ERBB2) amplification.	Based on a review of data and discussion, the panel consensus did not support the inclusion of F1CDx as a recommended form of HER2 testing as standard of care [due to insufficient available data]. See Submission for References.	0	21	0	7
BINV-K External request from Sanford Health Pharmacogenomics Committee. Request changing tamoxifen guidelines to state recommendation of alternate hormonal therapy such as aromatase inhibitors (plus or minus ovarian suppression) for poor metabolizers of CYP2D6.	Based on a review of data and discussion, the panel consensus did not support changing the guideline recommendation. [due to insufficient available data]. See Submission for References.	0	21	0	7
BINV-K External request from Myriad Genetic Laboratories, Inc. Request the 12-gene recurrence test (EndoPredict from Myriad Genetics) be used to identify women with a low	Based on a review of data and discussion, the panel consensus did not support the inclusion of the 12-gene recurrence test (EndoPredict) in this setting. [due to insufficient available data]. See Submission for References.	0	21	0	7

risk of recurrence in the 5-10 year range that may be spared endocrine therapy beyond 5 years.					
BINV-F, DCIS-1, and BINV-2 External request from Dune Medical, Inc. Request to recommend intraoperative margin assessment using radiofrequency spectroscopy: 1. BINV-F: Margin Status Recommendations for DCIS and Invasive Breast Cancer add: Margins should be evaluated intraoperatively on all surgical specimens from breast conserving surgery (BCS). Recommendations for optimal intraoperative specimen evaluation include intraoperative imaging, radiofrequency spectroscopy or full cavity shave. 2. DCIS-1 and BINV-2: Include in a footnote references to lumpectomy (both DCIS & invasive) Among patients undergoing lumpectomy, there is a ~ 25% rate of re-excision due to positive margins. This rate can be improved by use of intraoperative imaging, radiofrequency spectroscopy or full cavity shave.	Based on a review of data and discussion, the panel consensus did not support the inclusion of intraoperative margin assessment using radiofrequency spectroscopy to the guidelines due to insufficient available data. See Submission for References.	4	18	0	6
BINV-10, -14, -17 and IBC-1 Internal request. Consider adding a footnote “Scalp cooling has been shown to reduce the risk of chemotherapy-induced alopecia and may be considered for use with chemotherapy. Results may be better with non-anthracycline regimens.” These devices are FDA approved and this is growing in use. Also we can add “Limited data suggest hand and feet cooling may reduce the risk of taxane related peripheral neuropathy”. External request from Paxman Coolers Ltd. Request inclusion of the Paxman Scalp Cooling System as a supportive care treatment for the reduction and prevention of chemotherapy-induced alopecia (CIA). 1. Addition of “Counseling to limit chemotherapy-induced alopecia (CIA) in the preoperative	Based on a review of data in the noted references and discussion, the panel consensus was to include a footnote on the pages for Preoperative/Adjuvant Therapy Regimens (BINV-L) and Chemotherapy Regimens for Recurrent or Stage IV (M1) Disease (BINV-Q). The footnote states “Consider scalp cooling to reduce the incidence of chemotherapy-induced alopecia for patients receiving chemotherapy. Results may be less effective with anthracycline-containing regimens.” See Submission for References.	20	0	0	8

systemic therapy for operable disease: Workup (BINV-10) 2. Addition of "Counseling to limit CIA in the preoperative systemic therapy for inoperable or locally advanced disease. (BINV-14) 3. Addition of "Counseling to limit CIA with scalp cooling" in Recurrent/Stage IV (M1) Disease: Workup (BINV-17)" 4. Addition of "Counseling to limit CIA with scalp cooling" in the Inflammatory Breast Cancer: Workup (IBC-1)."					
BINV-Q Internal request. Chemotherapy regimens for recurrent or stage IV (M1) disease, consider moving carboplatin and cisplatin from "Other recommended regimens" to "Preferred" as an option for patients with triple-negative tumors and germline *BRCA* 1/2 mutation.	Based on a review of data and discussion, the panel consensus was to include carboplatin and cisplatin to the list of preferred therapeutic options for patients with triple-negative tumors and germline BRCA 1/2 mutation. https://www.ncbi.nlm.nih.gov/pubmed/20100965 https://www.ncbi.nlm.nih.gov/pubmed/25847936	20	0	0	8

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