

NCCN Guidelines for Anal Carcinoma V.1.2020 –Meeting on 08/20/19

Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
<p>ANAL-1 External request:</p> <p>Submission from University of Michigan College of Pharmacy (07/29/19) to add information regarding the increased risk of severe toxicity from 5-FU or capecitabine treatment in carriers of <i>DYPD</i> variants, and the clinical benefit and cost-effectiveness of pre-treatment <i>DYPD</i> testing that is currently included in the NCCN Colon Guidelines (MS-36, Severe Fluoropyrimidine-Associated Toxicity). Also, recommend targeted germline <i>DYPD</i> polymorphism testing (<i>DYPD</i>*2A (rs3918290), <i>DYPD</i>*13 (rs55886062), <i>DYPD</i> D949V (rs67376798), and <i>DYPD</i> HapB3 (rs56038477)) as a routine component of pre-treatment workup for all patients likely to receive 5-FU or capecitabine containing treatment, including patients with anal canal cancer and perianal cancer. Recommend dosing according to evidence-based CPIC dosing guidelines for carriers of <i>DYPD</i> variants.</p>	<p>Based on a review of data and discussion, the panel consensus did not support the addition of these specific recommendations into the Guidelines.</p>	0	22	1	4
<p>ANAL-1 Internal request:</p> <p>Comment to consider the inclusion of modified docetaxel/cisplatin/fluorouracil (DCF) as a treatment option for metastatic anal canal cancer.</p>	<p>Based on the data in the noted reference and discussion, the panel consensus was to include modified DCF as an Other Recommended option for metastatic anal canal cancer. This is a category 2B recommendation.</p> <p>Kim S, Francois E, Andre T, et al. Docetaxel, cisplatin, and fluorouracil chemotherapy for metastatic or unresectable locally recurrent anal squamous cell carcinoma (Epitopes-HPV02): a multicentre, single-arm, phase 2 study. <i>Lancet Oncol.</i> 2018;19:1094-1106.</p>	16	3	3	4
<p>ANAL-3 and ANAL-4 Internal request:</p> <p>Comment to reassess the inclusion of RT in combination with chemotherapy for recurrent metastatic, persistent, or progressive disease.</p>	<p>Based on the discussion, the panel consensus was to remove “± RT” from the chemotherapy recommendations for recurrent, metastatic, persistent, and progressive disease.</p>	16	3	3	4