

NCCN Guidelines for Bladder Cancer V.1.2020 –Meeting on 09/20/19

Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
BL-3 Submission from Merck and Co., Inc. (10/23/18) to consider adding pembrolizumab as a treatment option for patients with BCG unresponsive high-risk non-muscle invasive bladder cancer who were considered ineligible for or have refused to undergo radical cystectomy.	Based on a review of data and discussion, the panel consensus did not support the inclusion of pembrolizumab as an option for patients with BCG unresponsive high-risk non-muscle invasive bladder cancer who were considered ineligible for or have refused to undergo radical cystectomy.	1	14	0	11
BL-5 Comment to reassess the inclusion of adjuvant RT as an adjuvant treatment option for Stage II (cT2, N0) following cystectomy.	Based on the discussion, the panel consensus was that adjuvant RT has limited clinical use for the treatment of Stage II (cT2, N0) following cystectomy and the category was changed from a category 2A to a 2B recommendation.	9	8	0	9
BL-6 Comment to review the data for the use of concurrent chemoradiotherapy as a primary treatment option for Stage II (cT2, N0) non-cystectomy candidates.	Based on the discussion, the panel consensus was that concurrent chemoradiotherapy is supported by high-level evidence and the category was changed from a category 2A to a category 1 recommendation.	17	0	0	9
BL-7 Comment to review the data for the use of concurrent chemoradiotherapy as a primary treatment option for Stage IIIA (cT3, N0; cT4a, N0; cT1-T4a, N1) non-cystectomy candidates.	Based on the discussion, the panel consensus was that concurrent chemoradiotherapy is supported by high-level evidence and the category was changed from a category 2A to a category 1 recommendation.	17	0	0	9
BL-7 Comment to reassess the inclusion of adjuvant RT as an adjuvant treatment option for Stage IIIA (cT3, N0; cT4a, N0; cT1-T4a, N1) following cystectomy.	Based on the discussion, the panel consensus was that adjuvant RT has limited clinical use for the treatment of Stage IIIA (cT3, N0; cT4a, N0; cT1-T4a, N1) following cystectomy and the category was changed from a category 2A to a 2B recommendation.	9	8	0	9

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BL-7 Submission from Foundation Medicine, Inc. (08/26/19) to consider updating footnote y to include additional genes that may inform the patient's treatment, including the option to enroll in a genomically matched clinical trial.	Based on a review of data and discussion, the panel consensus did not support the addition of these specific recommendations into the Guidelines.	0	17	0	9
BL-D Submission from Genentech (08/27/19) to consider the addition of atezolizumab in combination with carboplatin and etoposide for the treatment of patients with small cell urothelial carcinoma (SCUC).	Based on a review of data and discussion, the panel consensus did not support the inclusion of atezolizumab in combination with carboplatin and etoposide for the treatment of patients with small cell urothelial carcinoma (SCUC).	0	17	0	9
BL-G (3 of 7) Submission from Genentech (06/18/19) to consider the recently published SAUL study on the use of atezolizumab in pretreated urinary tract carcinoma for inclusion into the guidelines as a reference. Submission from Bristol-Myers Squibb (07/09/19) to consider the addition of nivolumab in combination with ipilimumab and nivolumab monotherapy that has been recently published on Journal of Clinical Oncology. Submission from Janssen Scientific Affairs, Inc. (07/30/19) to consider updating the guidelines to reflect the complete efficacy and safety results from the BLC2001 study.	The panel consensus supported the inclusion of this reference for atezolizumab. See submission for reference. Based on a review of data and discussion, the panel consensus did not support the inclusion of nivolumab in combination with ipilimumab. The panel consensus supported updating the reference for erdafitinib. See submission for reference.	17	0	0	9
		0	17	0	9
		17	0	0	9