

NCCN Guidelines for Esophageal and Esophagogastric Junction Cancers V.1.2020 –Annual 10-22-19

Guideline Page and Request	Panel Discussion/References	Vote			
		YES	NO	ABSTAIN	ABSENT
<p><b>ESOPH-B</b>                      External Request:                      Submission from Foundation Medicine, Inc (09/05/19) to consider the following requested updates pertaining to the evaluation and management of patients with gastroesophageal cancers (GEC):</p> <ol style="list-style-type: none"> <li>1. Add comprehensive genomic profiling via a validated next-generation sequencing (NGS) assay as a valid methodology for the identification of HER2 (ERBB2) overexpression or gene amplification in the Principles of Pathologic Review section of the guidelines.</li> <li>2. Include the option for MSI testing by a validated NGS-based assay in the Principles of Pathologic Review section, as in the NCCN Guidelines for Colon Cancer (version 2.2019, COL-B pg 4 of 6), particularly for patients with metastatic disease who may benefit from more comprehensive genomic testing.</li> <li>3. Recommend testing for NTRK gene fusions to Principles of Pathologic Review and Biomarker Testing.</li> <li>4. Amend the Principles of Pathologic Review section to indicate that comprehensive genomic testing via a validated, NGS-based liquid biopsy test, such as FoundationOne® Liquid, is an acceptable testing method and may provide unique advantages over tissue-based testing alone.</li> <li>5. Recommend the option of testing using a single validated NGS-based comprehensive genomic profiling (CGP) assay, such as FoundationOne CDx (as opposed to sequential testing of single biomarkers or use of limited molecular diagnostic panels).</li> </ol>	<p>Based on a review of data and discussion, the panel did not use the language proposed in the submission. However, the panel supported addressing point #4 in the submission by adding a new section for “liquid biopsy” in the Principles of Pathologic Review and Biomarker Testing”.</p> <p>Points #1, #2, #3 and #5 in the submission are not in this form and were addressed by the panel in the 4.2019 version of the guidelines and the corresponding transparency form dated 10-22-19.</p> <p>See submission for references.</p>	24	0	0	4

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<p><b>ESOPH-F (2 of 13)</b> Internal Request Suggest listing fluorouracil and oxaliplatin as an adjuvant treatment option.</p>	<p>Based on the review of the data and discussion, the panel consensus was to include fluorouracil and oxaliplatin as a postoperative chemotherapy option. The panel consensus supported a category 2A (preferred) recommendation.</p>	24	0	0	4
<p><b>ESOPH-F (3 of 13)</b> Internal Request Reassess the data for inclusion of “Fluoropyrimidine (fluorouracil or capecitabine) and cisplatin” as a treatment option for advanced disease.</p>	<p>Based on the review of the data and discussion, the panel consensus supported the continued listing of “Fluoropyrimidine (fluorouracil or capecitabine) and cisplatin” as a first-line treatment option for unresectable locally advanced, recurrent, or metastatic disease, with a change in category from a category 2B to a category 2A.</p>	24	0	0	4
<p><b>ESOPH-F (3 of 13)</b> External Request Submission from Bristol-Myers Squibb (09/30/19) to consider the data regarding nivolumab monotherapy for the second-line treatment of patients with unresectable advanced or recurrent esophageal squamous cell carcinoma (ESCC) refractory or intolerant to one prior fluoropyrimidine/platinum-based therapy.</p>	<p>Based on a review of the data and discussion, the panel consensus did not support the inclusion of nivolumab as a second-line treatment option.</p>	0	24	0	4
<p><b>ESOPH-H</b> External Request Submission from Paxman Coolers Limited (07/26/19) to consider the enclosed data as support for the inclusion of the Paxman Scalp Cooling System as a supportive care treatment for the reduction and prevention of chemotherapy-induced alopecia (CIA).</p>	<p>Based on a review of the data and discussion, the panel consensus did not support the inclusion of the scalp cooling system in the guidelines.</p>	0	24	0	4