

Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
OV-2 and OV-A 3 of 4 Internal request: Panel comment to consider including “consider hyperthermic intraperitoneal chemotherapy (HIPEC)” at the time of interval debulking surgery (IDS) for patients undergoing neoadjuvant therapy.	Based on the data in the noted reference and discussion, the panel consensus was to include HIPEC with cisplatin (100 mg/m ²) as an option for consideration at the time of IDS with TAH/BSO for stage III disease in patients with stable disease or response to neoadjuvant chemotherapy. Reference: van Driel WJ, Koole SN, Sikorska K, et al. Hyperthermic Intraperitoneal Chemotherapy in Ovarian Cancer. N Engl J Med 2018;378:230-240.	16	1	0	11
OV-7 External request: Submission from Tesaro Inc., to consider adding the following footnote for niraparib (maintenance therapy): <ul style="list-style-type: none"> Consider starting niraparib at 200 mg, once daily, for patients with baseline body weight of <77 kg or baseline platelet counts of <150,000 cell/μL to reduce the incidence of thrombocytopenic events. 	Based on a review of data and discussion, the panel consensus did not support the addition of these specific dosing recommendations into the Guidelines. See Submission for references.	17	0	0	11
OV-7 External request: Submission from Tesaro Inc., to consider revising the recommendations for maintenance therapy following a complete or partial response to platinum-based chemotherapy (for platinum-sensitive recurrence): <ol style="list-style-type: none"> Changing “Observe” from a category 2A to a 2B recommendation. Add a footnote for “observe” stating that this option should be considered for individuals who cannot be treated with PARP inhibitors (niraparib, olaparib, or rucaparib). Elevating PARP inhibitor maintenance in this setting to a category 1 recommendation based on the current body of evidence. 	Based on a review of data and discussion, the panel consensus did not support the addition of these specific recommendations into the Guidelines due to insufficient data. See Submission for references.	0	17	0	11

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LCOH-3 Internal request: Institutional Review comment to consider including “observation” as an adjuvant option for patients with clear cell ovarian cancer stage IA/B, based on recent data showing no improvement in OS for those receiving adjuvant chemotherapy.	Based on the data in the noted reference and discussion, panel consensus supported the addition of “observe” as an adjuvant treatment option for stage IA clear cell carcinoma of the ovary. Reference: Oseledchyk A, Leitao MM, Jr., Konner J, et al. Adjuvant chemotherapy in patients with stage I endometrioid or clear cell ovarian cancer in the platinum era: a Surveillance, Epidemiology, and End Results Cohort Study, 2000-2013. Ann Oncol 2017;28:2985-2993.	17	0	0	11
LCOH-11/12 Internal request: Institutional review comment to consider including “non-gestational choriocarcinoma” as one of the histologic subtypes of malignant germ cell tumors for which the treatment algorithms apply.	Based on the discussion, the panel consensus was to include non-gestational choriocarcinoma as one of the histologic subtypes that is addressed in the recommendations for malignant germ cell tumors.	17	0	0	11
OV-7/OV-C (6 of 9)/OV-C (7 of 9) External request: Submission from Genentech Inc., to consider: <ul style="list-style-type: none"> FDA approval and data from the GOG-0218 study on the use of bevacizumab in combination with carboplatin and paclitaxel, followed by bevacizumab as a single agent for the treatment of patients with stage III or IV epithelial ovarian, fallopian tube, or primary peritoneal cancer following initial surgical resection. Results from the MITO16BMaNGO OV2B-ENGOT OV17 study on the use of bevacizumab and platinum-based chemotherapy in patients with recurrent platinum-sensitive ovarian cancer who had received first-line therapy with bevacizumab. 	Based on the data in the noted references and discussion, the panel consensus was to remove the following footnote from OV-7, OV-C (6 of 9) and OV-C (7 of 9): There are limited data on the efficacy of bevacizumab in the recurrence therapy setting for patients with platinum-sensitive or platinum-resistant disease previously treated with bevacizumab. See Submission for references.	17	0	0	11
OV-C (6 of 9) External request: Submission from Tesaro Inc., to consider including niraparib as a monotherapy recurrence treatment for patients who have been treated with 3 or more lines of	Based on a review of data and discussion, the panel consensus did not support the inclusion of niraparib as a monotherapy recurrence option for patients treated with 3 or more lines of chemotherapy, regardless of platinum status or molecular biomarkers, due to insufficient available data.	17	0	0	11

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chemotherapy, regardless of platinum status or molecular biomarkers.	See Submission for references.				
OV-C (6 of 9) Internal request: Panel comment to consider including carboplatin/liposomal doxorubicin/bevacizumab as a preferred recurrence therapy option for platinum-sensitive ovarian cancer (including LCOH), Fallopian tube cancer, and primary peritoneal cancer.	Based on the data in the noted reference and discussion, the panel consensus was to include carboplatin/liposomal doxorubicin/bevacizumab as a “preferred” recurrence therapy option for platinum-sensitive ovarian cancer (including LCOH), Fallopian tube cancer, and primary peritoneal cancer This is a category 2A recommendation. Reference: Pfisterer J, Dean AP, Baumann K, et al. Carboplatin/pegylated liposomal doxorubicin/bevacizumab (CD-BEV) vs. carboplatin/gemcitabine/bevacizumab (CG-BEV) in patients with recurrent ovarian cancer. A prospective randomized phase III ENGOT/GCIG-Intergroup study (AGO Study Group, AGO-Austria, ANZGOG, GINECO, SGCTG). Presented at: 2018 ESMO Congress; October 19-23, 2018; Munich, Germany. Abstract 933O.	17	0	0	11
OV-C (6 of 9) Internal request: Institutional review comment to consider including irinotecan as a recurrence therapy option for clear cell carcinoma.	Based on the data in the noted reference and discussion, the panel consensus was to include irinotecan/cisplatin as a recurrence therapy option that is “useful in certain circumstances” for clear cell carcinoma. Reference: Sugiyama T, Okamoto A, Enomoto T, et al. Randomized Phase III Trial of Irinotecan Plus Cisplatin Compared With Paclitaxel Plus Carboplatin As First-Line Chemotherapy for Ovarian Clear Cell Carcinoma: JGOG3017/GCIG Trial. J Clin Oncol 2016;34:2881-2887.	17	0	0	11

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OV-C (6 of 9)/(7 of 9) Internal request: Panel comment to consider including fulvestrant as a hormone therapy option for recurrent, low-grade serous carcinoma.	Based on the discussion, the panel consensus was to include fulvestrant as a hormone therapy option that is “useful in certain circumstances” for platinum-sensitive and platinum-resistant recurrent, low-grade serous carcinoma. This regimen has been added as a category 2A recommendation.	17	0	0	11
OV-C (7 of 9) Internal request: Institutional review comment to consider adding sorafenib/topotecan as an acceptable recurrence therapy option for platinum-resistant/platinum-refractory ovarian cancer.	Based on the data in the noted reference and discussion, the panel consensus was to add sorafenib/topotecan as an acceptable recurrence therapy option for platinum-resistant ovarian cancer (including LCOH), Fallopian tube cancer, and primary peritoneal cancer. This has been added as an “other recommended regimen” as a category 2A recommendation. Reference: Chekerov R, Hilpert F, Mahner S, et al. Sorafenib plus topotecan versus placebo plus topotecan for platinum-resistant ovarian cancer (TRIAS): a multicentre, randomised, double-blind, placebo-controlled, phase 2 trial. Lancet Oncol 2018; 19:1247-1258.	17	0	0	11
OV-C (7 of 9) Internal requests: Institutional review comments to consider including metronomic oral cyclophosphamide plus IV bevacizumab as a recurrence therapy option for platinum-resistant ovarian cancer.	Based on the data in the noted reference and discussion, the panel consensus was to include cyclophosphamide (oral)/bevacizumab as a preferred recurrence therapy option for platinum-resistant ovarian cancer (including LCOH), Fallopian tube cancer, and primary peritoneal cancer. Reference: Barber EL, Zsiros E, Lurain JR, et al. The combination of intravenous bevacizumab and metronomic oral cyclophosphamide is an effective regimen for platinum-resistant recurrent ovarian cancer. J Gynecol Oncol 2013;24:258-264.	17	0	0	11