

Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
<p>PANC-F (3 of 12)</p> <p>External request Submission from Ipsen Biopharmaceuticals (09/12/23)</p> <p>Specific Change Requested: First Line Locally advanced disease, PS 0-1</p> <ul style="list-style-type: none"> • Please assign Category 1 to NALIRIFOX based on published Phase 3 study • Please assign NALIRIFOX as preferred based on significant OS and PFS benefits over NCCN-Preferred regimen gemcitabine and nab-paclitaxel (Gem+NabP) • Please place NALIRIFOX above Gem+NabP based on superiority in direct head-to-head comparison 	<p>Based on the review of the data in the noted reference(s), the panel consensus was to move NALIRIFOX from 'other recommended regimens' option to 'preferred regimens' option for Locally Advanced Disease (First-Line Therapy) in patients with Good PS 0-1.</p>	8	4	7	14
<p>PANC-F (4 of 12)</p> <p>External request Submission from Ipsen Biopharmaceuticals (09/12/23)</p> <p>Specific Change Requested: First Line Locally advanced disease, PS 2 (Also PANC-F (6 of 12), First-line metastatic disease, PS 2)</p> <ul style="list-style-type: none"> • Please assign Category 2A to NALIRIFOX based on benefits over Gem+NabP • Please assign NALIRIFOX as preferred based on significant OS and PFS benefits over NCCN-Preferred regimen Gem+NabP • Please place NALIRIFOX above Gem+NabP based on superiority in direct head-to-head comparison 	<p>Panel consensus from the annual meeting was to remove NALIRIFOX from First Line Locally advanced disease, PS 2 (Also PANC-F (6 of 12), First-line metastatic disease, PS 2)</p>	29	0	0	4

<ul style="list-style-type: none"> Based on publication on total cost of care related to adverse events (AEs): Modify footnote i to: “While NCCN recognizes that there is high-level evidence supporting the use of NALIRIFOX over gemcitabine and albumin-bound paclitaxel, it should be recognized that this regimen does not appear to have an advantage over FOLFIRINOX and adds considerably more expense compared to <u>has not been directly compared with FOLFIRINOX</u>” 					
<p>PANC-F (5 of 12)</p> <p>External request Submission from Ipsen Biopharmaceuticals (09/12/23)</p> <p>Specific Change Requested: First-line metastatic disease, PS 0-1</p> <ul style="list-style-type: none"> Please assign Category 1 to NALIRIFOX based on published Phase 3 study. Please assign NALIRIFOX as preferred based on significant OS and PFS benefits over NCCN-Preferred regimen gemcitabine and nab-paclitaxel (Gem+NabP). Please place NALIRIFOX above Gem+NabP based on superiority in direct head-to-head comparison 	<p>Panel consensus from the annual meeting was to assign NALIRIFOX as preferred (category 1).</p>	29	0	0	4
<p>PANC-F 7 of 12</p> <p>External request Submission from Debyani Chakravarty, PhD (05/30/23)</p> <p>Specific changes recommended:</p> <p>Footnotes: a: For oncogenic or likely oncogenic mutations in BRCA1, BRCA2 and PALB2, refer to definitions at oncoKB.org.</p>	<p>Panel consensus was to include the following footnote: For oncogenic or likely oncogenic mutations in BRCA1, BRCA2, and PALB2, refer to definitions at oncoKB.org, cBioportal.org, myCancerGenome.org, pmkb.weill.cornell.edu, genie.cBioportal.org, ckb.jax.org, cancer.sanger.ac.uk/cosmic, brcaexchange.org, ncbi.nlm.nih.gov/clinvar or sift.bii.a-star.edu.sg.</p>	12	1	6	14

<p>PANC-F 9 OF 12</p> <p>Internal request Consider including the following options as Subsequent Therapy for Locally Advanced/Metastatic Disease and Therapy for Recurrent Disease under “Useful in Certain Circumstances” in patients with Intermediate PS 2?</p> <ul style="list-style-type: none"> • Dabrafenib + trametinib (if BRAF V600E mutation positive) • Entrectinib (if NTRK gene fusion positive) • Larotrectinib (if NTRK gene fusion positive) • Pembrolizumab (if MSI-H, dMMR, or TMB-H [≥10 mut/Mb]) 	<p>Panel consensus was to include the following options as Subsequent Therapy for Locally Advanced/Metastatic Disease and Therapy for Recurrent Disease under “Useful in Certain Circumstances” in patients with Intermediate PS 2 as category 2A recommendations:</p> <ul style="list-style-type: none"> • Dabrafenib + trametinib (if BRAF V600E mutation positive) • Entrectinib (if NTRK gene fusion positive) • Larotrectinib (if NTRK gene fusion positive) • Pembrolizumab (if MSI-H, dMMR, or TMB-H [≥10 mut/Mb]) 	14	0	5	14
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