February 2025 Content Release Notes

February 27, 2025

Contents

Clinical Profile Documentation

Additions

The **Problems > Add Details** area is updated with applicable documentation points for the following diagnoses.

ERBB2 (HER2) mutation status is now available for **Breast** and **Cervical Cancer** with the following documentation points:

- Positive
- Negative
- Variant of uncertain significance
- Unknown

FGFR1-4 status is now available for **Breast Cancer** with the following documentation points:

- Fusion
- Mutation
- Wild type
- Other non-actionable finding
- Unknown

HER2 by IHC is now available for **Appendix Cancer** with the following documentation points:

- 3+
- 2+
- 1+
- 0
- Unknown

HER2 by IHC is now available for **Breast Cancer** with the following documentation points:

- 3+
- 2+
- 1+
- 0, faint, partial membrane staining in </=10%
- 0, no membrane staining

HER2 by ISH or NGS is now available for **Appendix Cancer** with the following documentation points:

- Positive
- Negative
- Unknown

NRG1 fusion status is now available for **Pancreatic Cancer** with the following documentation points:

- Positive
- Negative
- Other non-actionable finding
- Unknown

PALB2 status is now available for **Breast Cancer** with the following documentation points:

- Mutation
- Wild type
- Unknown

AJCC Version 9 Staging

Updates

This release contains updated **TNM values, Staging Groups,** and **Template** functionality to align with **AJCC version 9 conditions** for:

- **Nasopharyngeal Cancer**

Users will see updated values and descriptions for **Primary Tumor Type (T), Regional Lymph Nodes (N)**, and **Distance Metastasis (M)**, documentation points.

The following values are no longer available:

- **cM1**
- **pM1**

The following documentation points now have updated descriptions:

T Value	Description

T0	No evidence of primary tumor, but EBV-positive cervical nodes(s) involvement
Tis	Carcinoma *in situ*
T1	Tumor confined to nasopharynx, or extension to oropharynx and/or nasal cavity without parapharyngeal involvement (oropharynx and nasal cavity)
T2	Tumor with extension of any of the following (Parapharyngeal space, Adjacent soft tissue involvement of medial pterygoid, lateral pterygoid prevertebral muscles)
T3	Tumor with unequivocal infiltration into any of the following bony structures (skull base (including pterygoid structures), paranasal sinuses, cervical vertebrae)
T4	Tumor with any of the following (Intracranial extension, Unequivocal radiological and/or clinical involvement of cranial nerves, Involvement of hypopharynx, Involvement of orbit (including inferior orbital fissure), Involvement of parotid gland, Extensive soft tissue infiltration beyond the anterolateral surface of the lateral pterygoid muscle)
TX	Primary tumor cannot be assessed

N Value	Description
N0	No tumor involvement of regional lymph node(s)
N1	Tumor involvement of any of the following (Unilateral cervical lymph node(s), Unilateral or bilateral retropharyngeal lymph node(s)) and all of the following (<= 6 cm in greatest dimension, Above the caudal board of cricoid cartilage, Without advanced extranodal extension)
N2	Tumor involvement of bilateral cervical lymph nodes and all of the following (<= 6 cm in greatest dimension, Above the caudal boarder of cricoid cartilage, Without advanced extranodal extension)
N3	Tumor involvement of unilateral or bilateral cervical lymph node(s), and all of the following (> 6 cm in greatest dimension, Extension below the caudal boarder of cricoid cartilage, Advanced radiologic extranodal extension with involvement of adjacent muscles, skin, and/or neurovascular bundle)
NX	Regional lymph nodes cannot be assessed

M Value	Description
cM0	No distant metastasis
cM1a	<= 3 metastatic lesions in one of more organs/sites
cM1b	> 3 metastatic lesions in one of more organs/sites
pM1a	Microscopic confirmation of <= 3 metastatic lesions in one of more organs/sites
pM1b	Microscopic confirmation of > 3 metastatic lesions in one of more organs/sites

The staging calculator will display Stage values based on the changes to the staging groups. The new content does not affect previous charting documented on existing patients.

All previous charting is brought forward during a subsequent visit, just as it did prior to this release.

Lab Analytes & Panels

Caris has refreshed their test offerings with the creation of two new CDx classified panels introduced in the January 2025 content release to iKnowMed Generation 2:

- Caris MI Cancer Seek panel
- Caris MI Cancer Seek + IHCs and Other Tests by Tumor Type panel

To ensure optimal ordering practices, Caris has requested that the older tumor seek panels no longer be ordered by providers. Following this content release the following panels will be designated as "Not Orderable" and will be excluded from search results:

- Caris MI Tumor Seek (NGS)
- Caris MI Profile (NGS + IHC)
- Caris MI tumor seek profile
- Caris MI tumor seek with MMR
- Caris MI tumor seek with PD-L1
- Caris MI tumor seek with PD-L1

Please update your order sets, favorites and any mapping for outbound orders (OLIF to LIS) and begin using the new Caris panels.

Additions

- ANA screen by IFA
- Antiparietal cell ab interpretation
- Antiphospholipid antibody, IgM, U/mL
- Artifact
- Blood culture molecular detection
- Blood culture molecular detection panel
- BRCANext
- Cannabinoids 11-nor-9-carboxy-THC, S/P, quant, ng/mL
- Catecholamine interpretation
- Ceftazimide/avibactam

- Cefuroxime/axetil
- Coxsackie Ab.,GRP.A (24)
- Coxsackie virus Ab, GRP A panel
- Dopamine, blood, pmol/L
- dsDNA AB, IgG, IU/mL
- Dysmorphic RBC
- Epinephrine, blood, pmol/L
- Flow panel: leukemia/lymphoma
- Fosfomycin
- Foundation medicine report
- FoundationOne Ventana FOLR1 (FOLR1-2.1) RxDx
- Genetic analysis overall interpretation
- High risk HPV, cervical
- HIV-1 RNA
- HIV-2 RNA
- JAK2 V617F reflex
- Lyme IgG/IgM Abs
- Myriad report
- NeoTYPE Lung Tumor Profile with reflex to InVisionFirst-Lung Liquid Biopsy if tissue NGS is insufficient panel
- NeXT Personal Dx panel
- Norepinephrine, blood, pmol/L
- Nucleated cells
- Parietal cell ab Interpratation
- Quantiferon, mitogen minus NIL
- Single-site include gene and mutation name
- TEG delta
- TEG description
- TEG G (clot strength)
- TEG lysis 30
- TEG net clot strength (net G)
- TEG split time (SP)
- Thyroglobulin tumor marker interpretation
- Trichomonas, NAAT, urine
- West nile virus IgG, CSF

Updates

We have also updated Tempus test names:

Old Test Name	Updated Test Name
Tempus xT (DNA) & xR (RNA) - solid tumor/normal panel	Tempus xT & xR (DNA & RNA) - Tumor / Normal Panel
Tempus xF+ panel	Tempus xF + Liquid Biopsy Panel
Tempus xT (DNA) & xR (RNA) panel	Tempus xT & xR (DNA & RNA) - Tumor Only Panel
Tempus xF panel	Tempus xF Liquid Biopsy Panel
Tempus xR (RNA ONLY) panel	Tempus xR (RNA Only) - Tumor Only Panel
Tempus xT (DNA only) with matched normal/tumor and normal panel	Tempus xT (DNA Only) - Tumor / Normal Panel
Tempus xT (DNA only) without matched normal or tumor only panel	Tempus xT (DNA Only) - Tumor Only Panel

Medications

Additions

- BAT8006 invest IV
- BCA101 invest IV
- BMS-986365 (CC-94676) invest Oral
- DCC-3014 invest Oral
- Sapanisertib invest Oral
- Serabelisib invest Oral
- STAR0602 invest IV
- Vimseltinib invest (DCC-3014 invest Oral)

Updates

Medications	Updates
AMG 509 invest IV	New **alias**: Xaluritamig invest New **forms**: • 0.1 mg recon soln • 0.5 mg recon soln

Medications	Updates
AO-252 invest Oral	New **form**: 80 mg capsule
Dacarbazine IV	New **max single dose**:1200 mg Updated **default sig**: 600 mg subcutaneously once New **instructions**: Dilute in 250-500 mL D5W or NS. Rapid infusion may cause venous irritation. If venous irritation occurs, slow the rate of infusion. Protect from light. Dacarbazine is an irritant.
Magic Mouthwash (Benadryl-Dexamethasone-Nystatin-Water)	Updated **instructions**: Shake well before use. Mix equal parts: 1) Benadryl 12.5 mg/5 mL, 2) Dexamethasone 0.5 mg/5 mL, 3) Nystatin 100,000 U/mL, 4) Water
nivolumab-hyaluronidase-nvhy Subcutaneous 600 mg-10,000 unit/5 mL	Updated **max single dose**: 3000 mg New **instructions**: FOR SUBCUTANEOUS ADMINISTRATION ONLY. Administer into the abdomen or thigh over 3 to 5 minutes. Do not inject into areas where the skin is tender, red, or bruised, or areas where there are scars or moles. Alternate injection sites. Do not administer other subcutaneous medications at the same site. NOTE: This is Opdivo Qvantig.
PRO1184 invest IV	New **form** available: 50 mg recon soln
zanidatamab-hrii IV	New **max single dose**: 3000 mg Updated **default sig**: 20 mg/kg intravenously once New **instructions**: Dilute in NS or D5W to a final concentration between 0.4 mg/mL to 6 mg/mL. Gently invert to mix. Do not shake. Administer through a 0.2 or 0.22 micron filter. First and second infusions: administer over 120-150 minutes.Third and fourth infusions: may administer over 90 minutes, if previous infusions were well-tolerated. Subsequent infusions: may administer over 60 minutes if previous infusions were well tolerated. Do not mix or infuse with other drugs.

Medications	Updates
zenocutuzumab-zbco IV	New **max single dose**: 750 mg Updated **default sig**: 750 mg intravenously once; administer over 4 hours; admixture fluid 250 mL of 0.9 % Sodium Chloride New **instructions**: Dilute with NS to a total volume of 250 mL. Gently invert to mix. Do not shake. Administer using an infusion set made of PVC, polyethylene (PE), polyurethane (PUR) or polybutadiene (PB) with an in-line, sterile, non-pyrogenic, low protein-binding polyethersulfone (PES) filter (0.2 micron). Do not mix or administer with other drugs. Monitor for signs and symptoms of infusion-related reactions during and for at least 1 hr following the infusion.
zolbetuximab-clzb IV	New **max single dose**: 2000 mg New **instructions**: Dilute to a final concentration of 5 mg/mL. Infuse through 0.2 micron in-line filter. If zolbetuximab-clzb and chemotherapy are administered on the same day, zolbetuximab-clzb must be administered first. First Infusion (800 mg/m2 dose): Administer at an initial rate of 100 mg/m2/hr. If no infusion-related events occur after 30-60 minutes, increase rate to 200-265 mg/m2/hr. Subsequent Infusions: For 400 mg/m2 every 2 week dosing, administer at an initial rate of 50 mg/m2/hr. If no infusion-related events occur after 30-60 minutes, increase to 100-200 mg/m2/hr. For 600 mg/m2 every 3 week dosing, administer at an initial rate of 75 mg/m2/hr. If no infusion-related events occur after 30-60 minutes, increase rate to 150-265 mg/m2/hr.Monitor patients during infusion and for at least 2 hrs after completion of infusion for hypersensitivity reactions and symptoms of infusion related reactions. The post-infusion

Medications	Updates
	monitoring period may be conducted during chemotherapy administration.

Regimen Library

Additions

Regimen Name	Diagnosis
Datopotamab deruxtecan-dlnk Q21D	Breast Cancer
Durvalumab + Gemcitabine D1,8 + Cisplatin Q21D (Neoadjuvant Bladder)	Bladder Cancer; Renal Pelvis and Ureter Cancer; Urethral Cancer
Durvalumab Q28D (Flat Dose) (Perioperative Bladder)	Bladder Cancer; Renal Pelvis and Ureter Cancer; Urethral Cancer
Ensartinib Q30D	
Fluorouracil (Bolus + CIV) D1-2 + Leucovorin + Oxaliplatin (FOLFOX 6, Modified) D1,15 + Nivolumab (3 mg/kg) + Ipilimumab (1 mg/kg) Q21D (Neoadjuvant Melanoma)	Colon Cancer, Rectal Cancer
Fluorouracil (Bolus + CIV) D1-2 + Leucovorin + Oxaliplatin (FOLFOX 6, Modified) + Nivolumab SQ Q14D	Esophageal Cancer, Gastric Cancer
Gemcitabine 1000 mg/m2 D1,8 + Cisplatin Q21D (Neoadjuvant/Adjuvant Bladder)	Bladder Cancer; Renal Pelvis and Ureter Cancer; Urethral Cancer
Nivolumab SQ Q28D	Anal Cancer, Bile Duct Cancer, Bladder Cancer, Colon Cancer, Esophageal Cancer, Gallbladder Cancer, Head and Neck Cancer, Hepatocellular Carcinoma (HCC), Lung Cancer, Non-small Cell (NSCLC), Lung Cancer, Small Cell (SCLC), Melanoma, Skin, Rectal Cancer, Renal Cell Carcinoma (RCC), Renal Pelvis and Ureter Cancer, Urethral Cancer, Uterine Cancer
Nivolumab SQ + Cabozantinib Q28D	Renal Cell Carcinoma (RCC)

Regimen Name	Diagnosis
Nivolumab SQ Q28D (Adjuvant Melanoma, Esophageal, Bladder, NSCLC)	Bladder Cancer, Esophageal Cancer, Lung Cancer, Non-small Cell (NSCLC), Melanoma, Skin, Renal Pelvis and Ureter Cancer, Urethral Cancer
Nivolumab SQ + Paclitaxel + Carboplatin Q21D (Neoadjuvant NSCLC)	Lung Cancer, Non-small Cell (NSCLC)
Nivolumab SQ Q14D	Anal Cancer, Bile Duct Cancer, Bladder Cancer, Cervical Cancer, Colon Cancer, Esophageal Cancer, Gallbladder Cancer, Head and Neck Cancer, Hepatocellular Carcinoma (HCC), Lung Cancer, Non-small Cell (NSCLC), Lung Cancer, Small Cell (SCLC), Melanoma, Skin, Merkel Cell Carcinoma, Rectal Cancer, Renal Cell Carcinoma (RCC), Renal Pelvis and Ureter Cancer, Urethral Cancer, Uterine Cancer
Nivolumab SQ + Cabozantinib Q14D	Renal Cell Carcinoma (RCC)
Nivolumab (240 mg) + Ipilimumab (80 mg) Q21D (Neoadjuvant Melanoma)	Melanoma, Skin
Obinutuzumab Q21D (Waldenstroms)	Waldenstrom's Macroglobulinemia

Updates

Regimens for the following diagnoses have been updated based on the Collaborative Care Committee voting. Changes include but are not limited to reference update, drug infusion instruction updates, renaming of regimens, premedication template updates and number of cycles.

- All Problems
- Bladder Cancer
- Bile Duct Cancer (Parent)
- Breast Cancer
- Colon Cancer
- Esophageal Cancer (Parent)
- Gallbladder Cancer
- Gastric Cancer

- Multiple Myeloma (MM)
- Neuroendocrine Tumor, Carcinoid (Parent)
- Pancreatic Cancer
- Rectal Cancer
- Renal Pelvis and Ureter Cancer
- Urethral Cancer
- Uterine Cancer (Parent)

Removals

Previous Name	Diagnosis
Bezlotoxumab	All Problems
BEACOPP (Escalated) Q21D	Lymphoma, Hodgkins (HL)

Billing & HCPCS Codes

Updates

Medication	HCPCS Codes
atezolizumab-hyaluronidase-tqjs Subcutaneous 1,875 mg-30,000 unit/15 mL	J9999 per 1,875 mg
axatilimab-csfr IV	J3590 per 9 mg
datopotamab deruxtecan-dlnk IV	J9999 per 100 mg
nivolumab-hyaluronidase-nvhy Subcutaneous 600 mg-10,000 unit/5 mL	J9999 per: • 5 mL • 600 mg
ustekinumab-auub IV	Q5138 per 1 mg
Ustekinumab-auub Subcutaneous	Q5137 per 1 mg

Removals

The following regimens have been inactivated as part of the Reference Regimen / Biosimilar Merge initiative.

- Bezlotoxumab
- BEACOPP (Escalated) Q21D