1. **DISCUSSION:** Does the panel consider ganetespib a viable drug candidate for further study in pediatric patients? Please comment on the specific diseases where ganetespib would be of interest to the investigator community.

2. **DISCUSSION:** Please comment on potential study designs, including combinations of drugs, for clinical trials evaluating ganetespib.

3. **DISCUSSION:** Please comment on any concerns relating to the use of ganetespib in pediatric patients given the current levels of excipients PEG-300, polysorbate 80, and alcohol.
1. **DISCUSSION:** Does the panel consider etirinotecan pegol a good candidate for study in pediatric patients with solid tumors?

2. **DISCUSSION:** Please comment on potential study designs for development of etirinotecan pegol in pediatric cancers, including specific pediatric solid tumors (e.g. neuroblastoma, bone tumors, etc.).

3. **DISCUSSION:** Dosing irinotecan in children is often limited by severe diarrhea which may have an impact on efficacy. Please comment on the expected toxicities of etirinotecan pegol compared to irinotecan, and mitigation strategies.

4. **DISCUSSION:** Please comment on the potential for combination of etirinotecan pegol with other agents in the pediatric population.
1. **DISCUSSION:** Given the available data from nonclinical and adult studies of RO5503781, does the panel consider the current pediatric development plan appropriate to address the unmet medical need of pediatric patients with acute leukemias and solid tumors?

2. **DISCUSSION:** Pre-clinical data generated with MDM2 antagonists, including RO5503781, suggests that this product may be effective in the treatment of some pediatric cancers. Does the panel have any suggestions for how appropriate subpopulations in pediatric patients may be selected?

3. **DISCUSSION:** Please comment on any theoretic concerns regarding normal growth and development in younger children with the use of RO5503781.

4. **DISCUSSION:** Given the "on target" cytopenias, does the panel have any suggestions for how best to develop combination strategies that insure patient safety; particularly in pediatric tumors where treatment also causes marrow suppression?