

NCCN Chronic Myelogenous Leukemia V.1.2012 – Teleconference – May 17, 2011

Guideline Page and Request	Panel Discussion	References	Vote		
			YES	NO	ABSTAIN
<p>CML-3 and CML-4 Internal request: Delete imatinib as a treatment option for a minor cytogenetic response at 6 months or a partial cytogenetic response at 12 months.</p>	<p>There are no data to support a definitive treatment option for patients with a suboptimal response. Alternate treatment options should be considered. The panel consensus was to delete the option to continue imatinib for patients with a minor cytogenetic response at 6 months or a partial cytogenetic response at 12 months.</p>	<p>Alvarado Y, Kantarjian H, O'Brien S, et al. Significance of suboptimal response to imatinib, as defined by the European LeukemiaNet, in the long-term outcome of patients with early chronic myeloid leukemia in chronic phase. <i>Cancer</i> 2009;115:3709-3718. Available at: http://www.ncbi.nlm.nih.gov/pubmed/19517462.</p> <p>Breccia M, Stagno F, Vigneri P, et al. Imatinib dose escalation in 74 failure or suboptimal response chronic myeloid leukaemia patients at 3-year follow-up. <i>Am J Hematol</i> 2010;85:375-377. Available at: http://www.ncbi.nlm.nih.gov/pubmed/20306543</p> <p>Koh Y, Kim I, Yoon SS, et al. Phase IV study evaluating efficacy of escalated dose of imatinib in chronic myeloid leukemia patients showing suboptimal response to standard dose imatinib. <i>Ann Hematol</i> 2010;89:725-731. Available at: http://www.ncbi.nlm.nih.gov/pubmed/20179930.</p> <p>Yeung DT, Osborn M, White DL, et al. Selective escalation of imatinib therapy and early switching to nilotinib in de novo chronic phase CML patients: interim results from the TIDEL-II trial [abstract]. <i>Blood</i> 2010;116:Abstract 209. Available at: http://abstracts.hematologylibrary.org/cgi/content/abstract/116/21/209</p>	16	0	0

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CML-3 and CML-4 Internal request: Add the treatment option “change therapy to alternate second generation TKI” for patients with a minor cytogenetic response at 6 months or a partial cytogenetic response at 12 months.	There are no data to support a definitive treatment option for patients with a suboptimal response. Alternate treatment options should be considered. The panel consensus was to add the option of changing therapy to an alternate TKI (dasatinib or nilotinib) for patients with a minor cytogenetic response at 6 months or a partial cytogenetic response at 12 months.	<p>Shah NP, Kim D-W, Kantarjian H, et al. Potent, transient inhibition of BCR-ABL with dasatinib 100 mg daily achieves rapid and durable cytogenetic responses and high transformation-free survival rates in chronic phase chronic myeloid leukemia patients with resistance, suboptimal response or intolerance to imatinib. <i>Haematologica</i> 2010;95:232-240. Available at: http://www.ncbi.nlm.nih.gov/pubmed/20139391.</p> <p>Hochhaus A, Muller MC, Radich J, et al. Dasatinib-associated major molecular responses are rapidly achieved in patients with chronic myeloid leukemia in chronic phase (CML-CP) following resistance, suboptimal response, or intolerance on imatinib [abstract]. <i>Blood</i> 2008;112:1095. Available at: http://abstracts.hematologylibrary.org/cgi/content/abstract/112/11/1095.</p> <p>Nicolini FE, Kim D-W, Ceglarek B, et al. Impact of prior therapy and suboptimal response to imatinib on the efficacy and safety of nilotinib among 1,422 patients with imatinib-resistant or --intolerant chronic myeloid leukemia (CML) in chronic phase (CP): sub-analyses of the ENACT (Expanding Nilotinib Access In Clinical Trials) study [abstract]. <i>Blood</i> 2009;114:2201. Available at: http://abstracts.hematologylibrary.org/cgi/content/abstract/114/22/2201.</p> <p>Yang AS, Jillella A, Miller CB, et al. Nilotinib-associated molecular responses achieved in chronic myeloid leukemia in chronic phase (CML-CP) patients with a suboptimal molecular response to imatinib. <i>ASH Annual Meeting Abstracts</i> 2009;114:2206-. Available at: http://abstracts.hematologylibrary.org/cgi/content/abstract/114/22/2206</p>	16	0	0

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CML-7 Internal request: Consider recommending routine TKI therapy post HSCT in patients with a history of advanced phase CML.	Based on the data in the noted reference and panel consensus, the following footnote was added, “In patients with prior accelerated or blast phase, consider TKI therapy post HSCT for at least one year.”	Carpenter PA, Snyder DS, Flowers MED, et al. Prophylactic administration of imatinib after hematopoietic cell transplantation for high-risk Philadelphia chromosome-positive leukemia. <i>Blood</i> 2007;109:2791-2793. Available at: http://www.ncbi.nlm.nih.gov/pubmed/17119111	16	0	0
CML-I Internal request: Add treatment recommendations based on BCR-ABL KD mutation status.	The panel consensus was to add a table from the noted reference to provide treatment recommendations based on BCR-ABL KD mutation status.	Soverini S, Hochhaus A, Nicolini FE, et al. Bcr-Abl kinase domain mutation analysis in chronic myeloid leukemia patients treated with tyrosine kinase inhibitors: recommendations from an expert panel on behalf of European LeukemiaNet. <i>Blood</i> Prepublished online May 11, 2011.	16	0	0