<table>
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<tr>
<th>Guideline Page and Request</th>
<th>Panel Discussion/References</th>
<th>Institution Vote</th>
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| **CSLL-D** Internal request | Panel discussion to add ± rituximab to venetoclax in relapsed/refractory for both frail patient with significant comorbidity or age ≥65 y and younger patients with significant comorbidities and Age <65 y without significant comorbidities for CLL without del(17p)/TP53 mutation. Based on the noted reference and discussion, the panel consensus was to include venetoclax as an option for the treatment of relapsed/refractory CLL without del(17p)/TP53 mutation in patients ≥65 y and younger patients with significant comorbidities. This was included as a category 2A recommendation.  
| **CSLL-D** Internal request | Consider inclusion of lenalidomide maintenance for high-risk patients as a post first-line maintenance therapy for CLL without del(17p)/TP53 mutation and CLL with del(17p)/TP53 mutation. Based on the noted reference and discussion, the panel consensus was to include lenalidomide maintenance as an option for the treatment of high-risk patients (MRD ≥10⁻² or ≥10⁻⁴ and <10⁻² with unmutated IGHV) for CLL without del(17p)/TP53 mutation and “Consider lenalidomide maintenance for high-risk patients (MRD ≥10⁻² or ≥10⁻⁴ and <10⁻² with unmutated IGHV or del(17p)/TP53 mutation) after first-line therapy” CLL with del(17p)/TP53 mutation. This was included as a category 2A recommendation.  
| **CSLL-D** Internal request | Consider inclusion of lenalidomide maintenance as a post second-line maintenance therapy for both CLL without del(17p)/TP53 mutation and CLL with del(17p)/TP53 mutation. Based on the noted reference and discussion, the panel consensus was to include lenalidomide maintenance as a post second-line maintenance therapy for both CLL without del(17p)/TP53 mutation and CLL with del(17p)/TP53 mutation.” This was included as a category 2A recommendation.  