<table>
<thead>
<tr>
<th>Guideline Page and Request</th>
<th>Panel Discussion/References</th>
<th>Institution Vote</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CSLL-D</strong></td>
<td></td>
<td></td>
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<tr>
<td>Internal request</td>
<td></td>
<td></td>
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<tr>
<td>Panel discussion to reassess the inclusion of rituximab for frail patients with significant comorbidities.</td>
<td>The panel discussion and consensus was that single agent rituximab has limited use for the treatment of CLL in frail patients with significant comorbidities and the category was changed from 2B to a 3 recommendation.</td>
<td>6 16 4 1</td>
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<tr>
<td>Internal request</td>
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<td></td>
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<tr>
<td>Panel discussion to reassess the inclusion of chlorambucil for frail patients with significant comorbidities.</td>
<td>The panel discussion and consensus was that single agent chlorambucil has limited use for the treatment of CLL in frail patients with significant comorbidities and the category was changed from 2B to a 3 recommendation.</td>
<td>4 18 4 1</td>
</tr>
<tr>
<td>Internal request</td>
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<tr>
<td>Panel discussion to reassess the inclusion of pulse corticosteroids for frail patients with significant comorbidities.</td>
<td>The panel discussion and consensus was that pulse corticosteroids should not be included for the treatment of CLL in frail patients with significant comorbidities due to limited clinical use.</td>
<td>2 20 3 2</td>
</tr>
<tr>
<td>Internal request</td>
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<tr>
<td>Panel discussion to reassess the inclusion of fludarabine ± rituximab as a first-line therapy option for age ≥65 y and younger patients with significant comorbidities for CLL without del(17p)/TP53 mutation.</td>
<td>Based on the discussion, the panel consensus was to remove fludarabine ± rituximab as a first-line therapy option for CLL without del(17p)/TP53 mutation in patients ≥65 y and younger patients with significant comorbidities due to limited clinical use.</td>
<td>0 22 3 2</td>
</tr>
<tr>
<td>Internal request</td>
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<td></td>
</tr>
<tr>
<td>Panel discussion to reassess the inclusion of chlorambucil as a first-line therapy option for age ≥65 y and younger</td>
<td>The panel discussion and consensus was that single agent chlorambucil has limited use as a first-line therapy option for CLL without del(17p)/TP53 mutation in patients ≥65 y and younger patients with significant comorbidities and the category was changed from 2B to a 3 recommendation.</td>
<td>3 19 3 2</td>
</tr>
</tbody>
</table>
| CSLL-D              | External request                                                                 | Based on the submitted reference and discussion, the panel consensus was to include ibrutinib as a first-line therapy option for CLL without del(17p)/TP53 mutation in patients <65 y without significant comorbidities. This was included as a category 2A recommendation.  
|                    |                                                                                   |  
|                    | • See Submission for references.                                                  | 19  
|                    |                                                                                   | 2  
|                    |                                                                                   | 4  
|                    |                                                                                   | 2  
| CSLL-D              | Internal request                                                                 | 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.  
|                    |                                                                                   |  
|                    |                                                                                   | 0  
|                    |                                                                                   | 4  
|                    |                                                                                   | 1  
| CSLL-D              | Internal request                                                                 | 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 without significant comorbidities.  
|                    |                                                                                   |  
|                    |                                                                                   | 0  
|                    |                                                                                   | 3  
|                    |                                                                                   | 2  
| CSLL-D              | Internal request                                                                 | Based on the discussion, the panel consensus was to remove fludarabine + alemtuzumab as an option for the treatment of relapsed/refractory CLL without del(17p)/TP53 mutation in patients <65 y without significant comorbidities due to limited clinical use.  
|                    |                                                                                   | 1  
|                    |                                                                                   | 23  
|                    |                                                                                   | 2  
|                    |                                                                                   | 1  

Patients with significant comorbidities for CLL without del(17p)/TP53 mutation.
| CSLL-D | **External request** | Submission from Pharmacycics LLC and Janssen Biotech, Inc to recommend ibrutinib in combination with bendamustine and rituximab for the treatment of patients with relapsed/refractory CLL. | Based on the submitted references and discussion, the panel consensus was to include ibrutinib in combination with bendamustine and rituximab for relapsed/refractory CLL without del(17p)/TP53 mutation for patients <65 y without significant comorbidities. This was included as a category 2B recommendation.  
• patients ≥65 y and younger patients with significant comorbidities. This was included as a category 3 recommendation.  
• See Submission for references | 14 | 10 | 2 | 1 |
| CSLL-D | **Internal request** | Panel discussion to include idelalisib in combination with bendamustine and rituximab for the treatment of patients with relapsed/refractory CLL. | Based on the noted reference and discussion, the panel consensus was to include idelalisib in combination with bendamustine and rituximab for relapsed/refractory CLL without del(17p)/TP53 mutation for patients <65 y without significant comorbidities. This was included as a category 2B recommendation.  
• patients ≥65 y and younger patients with significant comorbidities. This was included as a category 3 recommendation.  
| CSLL-D | **External request** | Submission from Pharmacycics LLC and Janssen Biotech, Inc to recommend ibrutinib in combination therapy with ofatumumab for the treatment of patients with relapsed/refractory CLL. | Based on the submitted references and discussion, the panel consensus was not to include ibrutinib in combination with ofatumumab for the treatment of patients with relapsed/refractory CLL due to limited available data.  
• See Submission for references | 1 | 20 | 4 | 2 |
<table>
<thead>
<tr>
<th>CSLL-D Internal request</th>
<th>Based on the discussion, the panel consensus was to remove fludarabine, cyclophosphamide, rituximab as a first-line therapy option for CLL with del(17p)/TP53 mutation due to limited use as a first-line therapy.</th>
<th>2</th>
<th>20</th>
<th>4</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSLL-D Internal request</td>
<td>Based on the discussion, the panel consensus was to remove fludarabine and rituximab as a first-line therapy option for CLL with del(17p)/TP53 mutation due to limited use as a first-line therapy.</td>
<td>2</td>
<td>20</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>CSLL-D Internal request</td>
<td>The panel discussion and consensus was that obinutuzumab + chlorambucil has limited use as a first-line therapy option for CLL with del(17p)/TP53 mutation and the category was changed from 2A to a 3 recommendation.</td>
<td>4</td>
<td>18</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>CSLL-D Internal request</td>
<td>Based on panel discussion and consensus, the data is not sufficient to warrant a category 1 designation and the category for idelalisib + rituximab was changed from 1 to a 2A recommendation.</td>
<td>1</td>
<td>22</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>