### Guideline Page and Request

<table>
<thead>
<tr>
<th>Panel Discussion/References</th>
<th>Institution Vote</th>
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<tbody>
<tr>
<td><strong>VTE-2</strong></td>
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<tr>
<td><strong>Internal requests:</strong></td>
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| • Comment to consider including SAVED score as a risk assessment model (RAM) for patients with multiple myeloma being treated with IMiDs. (also on VTE-3)  
• Comment to consider including IMPEDE VTE as a RAM for patients with multiple myeloma being treated with IMiDs. (also on VTE-4)  
• Comment to consider including rivaroxaban 10 mg QD as a prophylaxis option for “other medical oncology patients” who are at intermediate or high risk of VTE (based on Khorana score ≥2).  
• Comment to consider including apixaban 2.5 mg BID as a prophylaxis option for “other medical oncology patients” who are at intermediate or high risk of VTE (based on Khorana score ≥2) who are starting a new treatment regimen.                                                                                                                                                               |                  |
| • Based on the review of the data in the noted reference and discussion, the panel consensus was to include SAVED score as a RAM for patients with multiple myeloma being treated with IMiDs. This is a category 2A recommendation.  
| • Based on the review of the data in the noted reference and discussion, the panel consensus was to include IMPEDE VTE as a RAM for patients with multiple myeloma being treated with IMiDs. This is a category 2A recommendation.  
| • Based on the review of the data in the noted reference and discussion, the panel consensus was to include rivaroxaban 10 mg QD as a prophylaxis option for these patients. This is a category 2A recommendation.  
| • Based on the review of the data in the noted references and discussion, the panel consensus was to include apixaban 2.5 mg BID as a prophylaxis option for these patients. This is a category 2A recommendation.  
  o See submission for additional references.                                                                                                                                                                                                                                                                                     | YES  18  NO  0  ABSTAIN  0  ABSENT  9 |
evaluating the efficacy and safety of apixaban for thromboprophylaxis in ambulatory patients with cancer at intermediate-to-high risk for venous thromboembolism who are initiating chemotherapy.

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<td>VTE-3</td>
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<td>YES</td>
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<td>• Comment to consider including apixaban as a prophylaxis option for patients who are undergoing IMID treatment for multiple myeloma and who are at high risk of VTE (based on SAVED ≥2 or IMPEDE VTE &gt;3 score). (also on VTE-4)</td>
<td>Based on the review of the data in the noted reference and discussion, the panel consensus was to include apixaban as a prophylaxis option for these patients. This is a category 2A recommendation. o Storrar NPF, Mathur A, Johnson PRE, Roddie PH. Safety and efficacy of apixaban for routine thromboprophylaxis in myeloma patients treated with thalidomide- and lenalidomide-containing regimens. Br J Haematol 2019;185:142-144.</td>
<td>14</td>
</tr>
<tr>
<td>• Comment to consider including dalteparin as a prophylaxis option for patients who are undergoing IMID treatment for multiple myeloma and who are at high risk of VTE (based on SAVED ≥2 or IMPEDE VTE &gt;3 score). (also on VTE-4)</td>
<td>Based on the discussion, the panel consensus was to include dalteparin as a prophylaxis option for these patients. This is a category 2B recommendation.</td>
<td>12</td>
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| SVT-1 | Internal request: Comment to consider revising footnote c as follows: “Anticoagulation for SVT should be administered using therapeutic dosing.  
Prophylactic dosing (rivaroxaban 10 mg daily or fondaparinux 2.5 mg daily) has been shown to be effective in some studies that included a limited number of cancer patients (Beyer-Westendorf J, al. Lancet Haematol 2017;4:e105-e113). Therapeutic dosing may be used at the clinician’s discretion. See Therapeutic Anticoagulation for Venous Thromboembolism (VTE-E).” | YES 15 NO 1 ABSTAIN 2 ABSENT 9 |

Based on the review of the data in the noted reference and discussion, the panel consensus was to include rivaroxaban and fondaparinux as shown. These are category 2A recommendations.
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| VTE-E, 2 of 4 Internal requests: | Based on the review of the data in the noted references, the panel consensus was that UFH followed by edoxaban is supported by high-level evidence and the category was changed from a category 2A to a category 1 recommendation.  
| | Based on the review of the data in the noted references and discussion, the panel consensus was to include apixaban as a preferred option for VTE in patients without gastric or gastroesophageal lesions, and remove the previous restriction on this recommendation. This is a category 2A recommendation.  
  - See submission for additional references. | 15 | 1 | 2 | 9 |
| | Comment to consider changing the recommendation for apixaban so that it is no longer restricted to "patients who refuse or have compelling reasons to avoid LMWH". External request: Submission from Bristol-Meyers Squibb (11/6/19) to consider clinical data on the efficacy and safety of apixaban versus dalteparin for the treatment of cancer-associated venous thromboembolism. | 17 | 0 | 1 | 9 |
### VTE-H

**Internal requests:**
- Comment to consider including apixaban as a therapy option for patients with anticoagulation failure while on UFH, LMWH, fondaparinux or warfarin.
- Comment to consider including edoxaban as a therapy option for patients with anticoagulation failure while on UFH, LMWH, fondaparinux or warfarin.
- Comment to consider including rivaroxaban as a therapy option for patients with anticoagulation failure while on UFH, LMWH, fondaparinux or warfarin.
- Comment to consider including fondaparinux as a therapy option for patients with anticoagulation failure while on a DOAC (apixaban, dabigatran, edoxaban or rivaroxaban).

**Panel Discussion/References**

- Based on the discussion, the panel consensus was to include apixaban as a therapy option for these patients. This is a category 2B recommendation.
  - YES: 13
  - NO: 4
  - ABSTAIN: 1
  - ABSENT: 9

- Based on the discussion, the panel consensus was to include edoxaban as a therapy option for these patients. This is a category 2B recommendation.
  - YES: 13
  - NO: 4
  - ABSTAIN: 1
  - ABSENT: 9

- Based on the discussion, the panel consensus was to include rivaroxaban as a therapy option for these patients. This is a category 2B recommendation.
  - YES: 12
  - NO: 4
  - ABSTAIN: 2
  - ABSENT: 9

- Based on the discussion, the panel consensus was to include fondaparinux as a therapy option for these patients. This is a category 2A recommendation.
  - YES: 17
  - NO: 1
  - ABSTAIN: 0
  - ABSENT: 9
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<tr>
<td>HIT-B</td>
<td></td>
<td>YES  NO  ABSTAIN ABSENT</td>
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<tr>
<td>Internal request:</td>
<td>Based on the review of the data in the noted reference, the panel consensus was to include fondaparinux as a treatment option for these patients. This is a category 2A recommendation.</td>
<td>17 1 0 9</td>
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</tbody>
</table>