

Short-Term Recommendations for the Management of Chronic Myeloid Leukemia During COVID-19

(Contributions from Huntsman Cancer Institute, Massachusetts General Hospital Cancer Center, Memorial Sloan Kettering Cancer Center, The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, and UCSF Helen Diller Family Comprehensive Cancer Center)

Chronic phase chronic myeloid leukemia (CML) can be effectively managed with oral therapy, with many patients approaching normal or near normal life expectancy. For this reason, the members of the NCCN CML Guidelines Panel recommend continuing to manage chronic phase CML with tyrosine kinase inhibitors (TKIs) during the COVID-19 pandemic. There are no data to suggest that TKIs increase the risk of COVID-19 disease or COVID-19–related complications. The American Society of Hematology and the members of the NCCN CML Guidelines Panel are continuing to carefully monitor the situation and these recommendations may be modified in the future.

NEWLY DIAGNOSED CHRONIC PHASE CML:

Initial Treatment

- Initiate appropriate TKI therapy for patients with newly diagnosed chronic phase CML based on risk score.
- Consider providing initial care via virtual/telehealth visits to ensure patients are adhering to medication and to help provide support/symptom control.
- Minimize in-person visits if possible and minimize blood draws in stable patients.

Longstanding – Remain on Treatment Without Change

- If major molecular response (MMR) has been achieved, only check labs every 6 months; consider increasing the interval for patients who are asymptomatic and are in MMR for more than one year.
- For patients who are eligible for TKI discontinuation, consider postponing TKI discontinuation at this time as it requires more frequent monitoring.

Patients with Loss of Response/Progressive Disease

- Evaluate patients for adherence to medication and possible medication interaction.
- If there is no evidence for non-adherence or drug-drug interaction, proceed with in-person visit for complete blood count (CBC), quantitative reverse transcriptase polymerase chain reaction (qPCR) for *BCR-ABL1*, *BCR-ABL1* kinase domain mutation analysis, and bone marrow evaluation as recommended in the current NCCN Guidelines for CML.

ACCELERATED PHASE CML AND BLAST PHASE CML:

- Consider managing with TKI alone when possible to minimize myelosuppression and need for transfusions and inpatient hospitalization.
- If patients demonstrate signs of progression on TKI alone, follow current NCCN Guidelines algorithm for management.
- Allogeneic hematopoietic cell transplant (HCT) should be strongly considered for all patients in second chronic phase who are medically fit. Risks related to COVID-19 remain a concern and should be addressed for each individual by his/her transplant center.