

NCCN Guidelines for Chronic Myeloid Leukemia V.4.2018 – Follow-Up on 01/16/18

Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
<p>CML-E Internal request: Based on the FDA updates regarding nilotinib discontinuation, revise the recommendations for post-discontinuation monitoring and treatment re-initiation.</p> <p>External request from Novartis:</p> <ul style="list-style-type: none"> Based on the quality and consistency of evidence, please consider modifying CML-E and related discussion sections to include nilotinib as the preferred TKI where discontinuation (or TFR) may be considered for eligible CML patients. Please consider amending the recommended criteria for patient eligibility for nilotinib discontinuation, monitoring guidelines, and when to reinitiate nilotinib in the event of loss of molecular remission based on the clinical evidence to further clarify safe and appropriate treatment discontinuation. Please consider amending the general criteria for TKI discontinuation to reflect the evidence available for each specific treatment option. 	<p>Based on the FDA updates regarding nilotinib discontinuation, the Panel consensus was to revise the recommendations for post-discontinuation monitoring and treatment re-initiation.</p> <p>Criteria for discontinuation</p> <ul style="list-style-type: none"> Bullet removed: No history of resistance to any TKI. Bullet 6 modified: Access to a reliable qPCR test with a sensitivity of detection <i>at least</i> MR4.5 ($BCR-ABL1 \leq 0.0032\%$ IS) of ≥ 4.5 logs that reports results on the IS and provides results within 2 weeks. Bullet 7 modified: Monthly molecular monitoring for <i>one year, then every 6 weeks for the second year, and every 12 weeks thereafter the first six months following discontinuation, bimonthly during months 7–24, and quarterly thereafter (indefinitely) is recommended</i> for patients who remain in MMR (MR3; $BCR-ABL1 \leq 0.1\%$ IS) <i>after discontinuation of TKI therapy.</i> Bullet 8 modified: Prompt resumption of TKI <i>within 4 weeks of a loss of MMR with a monthly molecular monitoring every 4 weeks until MMR is re-established, then every 12 weeks thereafter for the first six months following resumption of TKI and every 3 months thereafter</i> is recommended indefinitely for patients <i>who have reinitiated TKI therapy after a loss of MMR.</i> For those who fail to achieve MMR after three six months of TKI resumption, BCR-ABL1 kinase domain mutation testing should be performed, and monthly molecular monitoring should be continued for another six months. <p>See full prescribing information for nilotinib: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/022068s026lbl.pdf</p> <p>See submission for references.</p>	24	0	0	2