

Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
<p>VTE-2 Internal requests:</p> <ul style="list-style-type: none"> • 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. <p>External request: Submission from Bristol-Myers Squibb Company (12/21/18) to consider data from the clinical trial</p>	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ Li A, Wu Q, Luo S, et al. Derivation and validation of a risk assessment model for immunomodulatory drug-associated thrombosis among patients with multiple myeloma. <i>J Natl Compr Canc Netw</i> 2019;17:840-847. • 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. <ul style="list-style-type: none"> ○ Sanfilippo KM, Luo S, Wang TF, et al. Predicting venous thromboembolism in multiple myeloma: development and validation of the IMPEDE VTE score. <i>Am J Hematol</i> 2019;94:1176-1184. • 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. <ul style="list-style-type: none"> ○ Khorana AA, Soff GA, Kakkar AK, et al. Rivaroxaban for thromboprophylaxis in high-risk ambulatory patients with cancer. <i>N Engl J Med</i> 2019;380:720-728. • 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. <ul style="list-style-type: none"> ○ Carrier M, Abou-Nassar K, Mallick R, et al. Apixaban to prevent venous thromboembolism in patients with cancer. <i>N Engl J Med</i> 2019;380:711-719. ○ See submission for additional references. 	16	2	0	9
		16	2	0	9
		15	2	1	9
		18	0	0	9

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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.					
VTE-3 Internal requests: <ul style="list-style-type: none"> • 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 [>3] score). (also on VTE-4) • 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 [>3] score). (also on VTE-4) 	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ 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. • Based on the discussion, the panel consensus was to include dalteparin as a prophylaxis option for these patients. This is a category 2B recommendation. 	14	2	2	9
		12	3	3	9

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<p>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).”</p>	<p>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.</p> <ul style="list-style-type: none"> Beyer-Westendorf J, Schellong SM, Gerlach H, et al. Prevention of thromboembolic complications in patients with superficial-vein thrombosis given rivaroxaban or fondaparinux: the open-label, randomised, non-inferiority SURPRISE phase 3b trial. Lancet Haematol 2017;4:e105-e113. 	15	1	2	9

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<p>VTE-E, 2 of 4 Internal requests:</p> <ul style="list-style-type: none"> Comment to consider if the data support UFH followed by edoxaban as a category 1 option for therapeutic anticoagulation for VTE. <p>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.</p>	<ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> Raskob GE, van Es N, Verhamme P, et al. Edoxaban for the treatment of cancer-associated venous thromboembolism. <i>N Engl J Med</i> 2018;378:615-624. Di Nisio M, van Es N, Carrier M, et al. Extended treatment with edoxaban in cancer patients with venous thromboembolism: A post-hoc analysis of the Hokusai-VTE Cancer study. <i>J Thromb Haemost</i> 2019;17:1866-1874. Raskob GE, van Es N, Segers A, et al. Edoxaban for venous thromboembolism in patients with cancer: results from a non-inferiority subgroup analysis of the Hokusai-VTE randomised, double-blind, double-dummy trial. <i>Lancet Haematol</i> 2016;3:e379-387. Vanassche T, Verhamme P, Wells PS, et al. Impact of age, comorbidity, and polypharmacy on the efficacy and safety of edoxaban for the treatment of venous thromboembolism: An analysis of the randomized, double-blind Hokusai-VTE trial. <i>Thromb Res</i> 2018;162:7-14. Hokusai-VTE Investigators, Buller HR, Decousus H, et al. Edoxaban versus warfarin for the treatment of symptomatic venous thromboembolism. <i>N Engl J Med</i> 2013;369:1406-1415. 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. <ul style="list-style-type: none"> McBane RD, 2nd, Wysokinski WE, Le-Rademacher JG, et al. Apixaban and dalteparin in active malignancy-associated venous thromboembolism: The ADAM VTE trial. <i>J Thromb Haemost</i> 2020;18:411-421. Agnelli G, Buller HR, Cohen A, et al. Oral apixaban for the treatment of venous thromboembolism in cancer patients: results from the AMPLIFY trial. <i>J Thromb Haemost</i> 2015;13:2187-2191. Agnelli G, Buller HR, Cohen A, et al. Oral apixaban for the treatment of acute venous thromboembolism. <i>N Engl J Med</i> 2013;369:799-808. See submission for additional references. 	15	1	2	9
		17	0	1	9

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VTE-H Internal requests: <ul style="list-style-type: none"> • 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). 	<ul style="list-style-type: none"> • Based on the discussion, the panel consensus was to include apixaban as a therapy option for these patients. This is a category 2B recommendation. 	13	4	1	9
	<ul style="list-style-type: none"> • Based on the discussion, the panel consensus was to include edoxaban as a therapy option for these patients. This is a category 2B recommendation. 	13	4	1	9
	<ul style="list-style-type: none"> • Based on the discussion, the panel consensus was to include rivaroxaban as a therapy option for these patients. This is a category 2B recommendation. 	12	4	2	9
	<ul style="list-style-type: none"> • Based on the discussion, the panel consensus was to include fondaparinux as a therapy option for these patients. This is a category 2A recommendation. 	17	1	0	9

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HIT-B Internal request: Comment to consider including fondaparinux as a treatment option for patients with HIT, after stabilization on initial anticoagulation.	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. <ul style="list-style-type: none"> Cuker A, Arepally GM, Chong BH, et al. American Society of Hematology 2018 guidelines for management of venous thromboembolism: heparin-induced thrombocytopenia. Blood Advances 2018;2:3360-3392. 	17	1	0	9