



Submitted by:
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Dear NCCN Cancer in People Living with HIV Guidelines Panel Members:

On behalf of Bristol Myers Squibb, we respectfully request the NCCN Guidelines Panel for Cancer in People Living with HIV review the enclosed data and Prescribing Information for POMALYST® (pomalidomide).

Specific Change Requested:

We respectfully submit to the panel the enclosed prescribing information for pomalidomide with updated indications for inclusion into the NCCN Clinical Practice Guidelines in Oncology in AIDS-Related Kaposi Sarcoma. The specific change is for an added footnote to include HIV negative patients to the algorithm found on page KS-D 1 of 3 as well as an update to the discussion section. With this update, pomalidomide is now approved for the treatment of Adult patients with AIDS-related Kaposi sarcoma (KS) after failure of highly active antiretroviral therapy (HAART) and:

- Kaposi sarcoma (KS) in adult patients who are HIV-negative.

These indications are approved under accelerated approval based on overall response rate. Continued approval for these indications may be contingent upon verification and description of clinical benefit in a confirmatory trial.

FDA Clearance: On May 14, 2020 the US Food and Drug Administration (FDA) granted approval of POMALYST® (pomalidomide), a thalidomide analogue indicated for the treatment of adult patients with AIDS-related Kaposi sarcoma after failure of highly active antiretroviral therapy (HAART) and Kaposi sarcoma in adult patients who are HIV-negative.

Additionally, pomalidomide is indicated in combination with dexamethasone for adult patients with multiple myeloma who have received at least two prior therapies including lenalidomide and a proteasome inhibitor and have demonstrated disease progression on or within 60 days of completion of the last therapy.

Please see the enclosed full Prescribing Information.

Rationale for Proposed Change:

The pomalidomide in Kaposi sarcoma clinical trial 12-C-0047 (NCT01495598), was an open label, single arm clinical study that evaluated the safety, pharmacokinetics, and efficacy of pomalidomide in Kaposi sarcoma patients (both HIV-positive and HIV-negative patients). The data herein includes additional information from the full prescribing information.

A total of 28 patients (18 HIV-positive, 10 HIV-negative) received POMALYST 5 mg, once daily for 21 of 28 days, until disease progression or unacceptable toxicity. Also, patients received concomitant thromboprophylaxis. All HIV-positive patients received concomitant highly active antiretroviral therapy (HAART). The trial excluded patients with symptomatic pulmonary or visceral KS, history of venous or

arterial thromboembolism, or procoagulant disorders. Patients received thromboprophylaxis with aspirin 81 mg once daily throughout therapy.

The major efficacy endpoint was overall response rate (ORR), which included complete response (CR), clinical complete response (cCR) and partial response (PR). Response was assessed by the investigator according to the AIDS Clinical Trial Group (ACTG) Oncology Committee response criteria for KS. For all patients, the ORR was 71% (95% CI, 51, 87) and the median time to first response was 1.8 months (0.9 to 7.6). Additional efficacy data is listed in the table below.

	All Patients (N=28)	HIV-Positive Patients (N=18)	HIV-Negative Patients (N=10)
ORR ¹ , n (%) [95% CI]	20 (71) [51, 87]	12 (67) (41, 87)	8 (80) (44, 98)
CR ¹ , n (%)	4 (14)	3 (17)	1 (10)
PR, n (%)	16 (57)	9 (50)	7 (70)
Duration of Response, KS ² , Median in months [95% CI] ³	12.1 [7.6, 16.8]	12.5 [6.5, 24.9]	10.5 [3.9, 24.2]
Duration of Response, KS (%)			
Percent greater than 12 months	50	58	38
Percent greater than 24 months	20	17	25
Definition for ORR = CR+cCR+PR; CI: confidence interval; ORR: overall response rate, CR: complete response, cCR: clinical CR; PR: partial response 1 CR includes one HIV-negative patient who achieved a cCR; 2 Calculated as date of first documented response to date of first documented disease progression, receipt of new treatment or second course of treatment, or death due to any cause, whichever occurs first. Median estimate is from Kaplan-Meier analysis. 3 From Kaplan-Meier analysis			

The most common adverse reactions including laboratory abnormalities ($\geq 30\%$) are decreased absolute neutrophil count or white blood cells, elevated creatinine or glucose, rash, constipation, fatigue, decreased hemoglobin, platelets, phosphate, albumin, or calcium, increased ALT, nausea, and diarrhea. Grade 3 or 4 adverse reactions included maculopapular rash (3.6%), diarrhea (3.6%) and peripheral edema (3.6%).

Grade 3 or 4 laboratory abnormalities worsening from baseline ($\geq 5\%$) included decreased absolute neutrophil count (50%), elevated glucose (7%), decreased phosphate (25%), and elevated creatine kinase (7%).

Your consideration of this submission is greatly appreciated.

Sincerely,



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Teng Jin Ong, MD
Vice President, U.S. Medical Affairs, Hematology Oncology

REFERENCES

1. Celgene Corporation. Pomalyst (pomalidomide) [Package Insert]. Summit, NJ: Celgene Corporation.
<http://www.pomalyst.com/>.