

Submitted by:

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NCCN Guidelines Panel: Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma

We wish to request your consideration of adding risk level criteria in the Supportive Care for Patients with CLL/SLL (Version 1.2021) section, Page CSLL-C, 2 of 4.

Specific Changes: Reference to Column 2, V1.2021, Page CSLL-C 2 of 4, right column; refer to "Prevention of TLS:" in place of "Treatment of TLS:".

Under "First-line and at retreatment for hyperuricemia", align prophylaxis to level of risk for TLS that is associated with CLL/SLL as follows:

- Low Risk Disease: WBC $<25 \times 10^9/L$ and LDH $<2 \times ULN$: Allopurinol or febuxostat beginning 2-3 days prior to chemotherapy and continued for 10-14 days
- Intermediate Risk Disease: Treatment with fludarabine, rituximab, or lenalidomide, or venetoclax and lymph nodes ≥ 5 cm OR absolute lymphocyte count $\geq 25 \times 10^9/L$ and/or those with high WBC $\geq 50 \times 10^9/L$: Allopurinol or febuxostat OR rasburicase* if renal dysfunction and uric acid, potassium, and/or phosphate $>ULN$
- High Risk Disease: Treatment with venetoclax and lymph node ≥ 10 cm OR lymph node ≥ 5 cm AND absolute lymphocyte count $\geq 25 \times 10^9/L$ and elevated baseline uric acid: Rasburicase*
 - *Contraindicated in patients with a history consistent with glucose-6-phosphate dehydrogenase. In these patients, rasburicase should be substituted with allopurinol.

FDA Clearance: "Elitek is a recombinant urate-oxidase indicated for initial management of plasma uric acid levels in pediatric and adult patients with leukemia, lymphoma, and solid tumor malignancies who are receiving anticancer therapy expected to result in tumor lysis and subsequent elevation of plasma uric acid. Limitations of use: Elitek is indicated only for a single course of treatment. Elitek Prescribing Information 12/2019."

Rationale: In support of this specific request for the guideline update,

- Alignment of agent management specific to conditions that define the level of risk for the development of complications of tumor lysis syndrome as referenced in the following:
 - Cairo MS, Coiffier B, Reiter A. Recommendations for the evaluation of risk and prophylaxis of tumour lysis syndrome (TLS) in adults and children with malignant diseases; an expert TLS panel consensus. Br. J Haem 2010; 149:578.
 - Howard SC, Jones DP, Pui C-H. The tumor lysis syndrome. N Engl J Med 2011; 364:1844-54.
 - Copies of the publications are included with this cover letter of request.

Sincerely,

Marian Ibrahim, PharmD