Submitted by:

Name: **Dr John Stinson MD**

Company/Organization: **LEO Pharma**

Address: **Medical Department, LEO Pharma, 285 Cashel Road, Crumlin, Dublin 12, Ireland**

Phone**: + 353 1 5046101,**

Email: **john.Stinson@leo-pharma.com**

Date of request: **20th October 2014**

NCCN Guidelines Panel: **Venous Thromboembolic Disease (Cancer-Associated) Version 1. 2014**

On behalf of LEO Pharma, I respectfully request the NCCN Venous Thromboembolic Disease Guidelines Panel to consider the points listed below:

These NCCN Guidelines are now referred to and followed by healthcare professionals on a Global basis.

Previously tinzaparin (manufactured by LEO Pharma) was listed amongst the treatment options in the NCCN Guideline, however, in this most recent version tinzaparin has been removed as a treatment option throughout the Guideline. I am confident this is because LEO Pharma withdrew tinzaparin from the US market last year.

Although tinzaparin was withdrawn from the US market (for commercial reasons), it remains widely available across the globe, especially in the larger countries in Europe, in Canada, in Mexico and Asia.

In the last 18 months LEO Pharma has obtained a licence for the extended use of full dose Tinzaparin for 6 months to treat DVT in patients with cancer in the following countries:

France, Germany, Spain, Portugal, Sweden and Denmark.

This indication is also under review by the competent authorities in Greece and UK, and it is very likely that this will be extended to all countries in Europe where tinzaparin is available within the next year. The move to an extended treatment period on the licence is also underway in Canada.

Oncologists and thrombosis experts in Europe have been asking LEO, why tinzaparin has been removed from the latest NCCN guideline on cancer associated thromboembolic disease, just after the indication has been granted by their regulatory authority. Furthermore, the NCCN decision to remove tinzaparin seems to be linked with the footnote regarding avoidance of tinzaparin in those aged above 70 with renal insufficiency (page 2 of the update section of the new guideline). This suggested to some readers that there was a new safety signal, although this is not the situation.

Specific Changes:

I therefore write to ask if the NCCN could consider the international readership of their guidelines and at the next opportunity update the guideline to reflect the fact that tinzaparin is widely used outside the US, and is licensed in many countries for extended treatment of VTE in cancer patients? For example, it could state something like:

"although not available in US,tinzaparin is indicated for extended treatment of cancer associated VTE (to 6 months) in some countries, please refer to the relevant national licence / labelling/monograph/data sheet".

The ASCO 2013 VTE guidelines have been able to reflect this, with tinzaparin still being mentioned in the table listing the LMWHs available to manage cancer associated VTE.

Rationale:

Given the importance of the NCCN guidelines beyond the USA, we consider this a very important point, especially as LEO Pharma have obtained the licensed indication of extended treatment (to 6 months) in 6 countries to date, with more imminent. LEO Pharma also hopes to soon publish the results of the (900 patient) CATCH study, the largest randomised clinical trial in the treatment of cancer associated thrombosis.

Yours Sincerely,

Dr John Stinson MD, FRCPI, FFPM RCP(UK)

Senior International Medical Advisor.