Submitted by:
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Dear NCCN Multiple Myeloma Guidelines Panel:

On behalf of Celgene Corporation, we respectfully request that the NCCN Guidelines Panel for Multiple Myeloma review recently presented data on the maintenance use of REVLIMID® (lenalidomide) after high-dose melphalan and autologous stem cell transplant (ASCT) in patients with newly diagnosed multiple myeloma (NDMM).

Specific Changes: Update the guidelines with the recently presented meta-analysis of overall survival (OS) from 3 controlled Phase 3 studies to further support the use of lenalidomide as a preferred regimen for maintenance therapy in stem cell transplant candidates. Specifically, we respectfully request these pooled data be added to the discussion section surrounding the use of lenalidomide as maintenance therapy on pages MS-26 and MS-27 of the Multiple Myeloma Clinical Practice Guidelines.

FDA Clearance: REVLIMID is a thalidomide analogue indicated for the treatment of patients with multiple myeloma in combination with dexamethasone. See the enclosed Revlimid Prescribing information for additional approved indications (Celgene Corporation, 2015).

Rationale: A preplanned meta-analysis of 3 controlled Phase III studies (CALGB 100104, IFM 2005-02 and GIMEMA [RV-MM-PI-209]) assessed the effect of post-ASCT lenalidomide maintenance on overall survival in 1209 patients (Attal et al., 2016). All three studies, previously published in the New England Journal of Medicine, demonstrated significant improvement in progression free survival (PFS; the primary endpoint) with lenalidomide maintenance following ASCT in NDMM. The favoring of lenalidomide for OS was observed in each of the 3 individual studies. Results from the meta-analysis demonstrated a 26% reduction in risk of death, representing an estimated 2.5 year increase in median survival. Median OS was not reached with lenalidomide maintenance vs. 86.0 months in the control arm (HR=.74; *P*=.001); 7 year OS was 62% with lenalidomide maintenance vs. 50% in the control arm. The cumulative incidence of second primary malignancies (SPMs) was greater with lenalidomide maintenance vs. control for hematologic (HR=2.03; 95% CI, 1.14-3.61; *P*=.015) and solid tumors (HR=1.71; 95% CI, 1.04-2.79; *P*=.032). Data from this meta-analysis further demonstrate that lenalidomide maintenance significantly prolongs OS post-ASCT.

A copy of this study, recently presented at the American Society of Clinical Oncology Annual Meeting, is enclosed for your review.

Your consideration of this submission is greatly appreciated.

Sincerely,

Christine Dilzer, PharmD
Sr. Manager, Global Medical Information

Peg Squier, MD, MPH
Vice President, US Medical Affairs

Cited References:

1. Attal M, Palumbo A, Holstein SA, et al. Lenalidomide Maintenance After High-dose Melphalan and Autologous Stem Cell Transplant in Multiple Myeloma: A Meta-analysis of Overall Survival [Oral]. Oral presented at: 2016 Annual Meeting of the American Society of Clinical Oncology (ASCO); June 3-7, 2016; Chicago, IL, USA.
2. Celgene Corporation. Revlimid (lenalidomide) [Package Insert]. Summit, NJ: Celgene Corporation. http://www.revlimid.com/.