

## You are cordially invited to attend an Overview and Case-based Clinical Dialogue

# Fixed duration treatment for chronic lymphocytic leukemia with a VENCLEXTA (venetoclax tablets) regimen

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Tuesday, June 25, 2019

6:30 PM Registration

7:00 PM Presentation

Susan Ferrone & Co-Host, Kristen Ripple

The Sea by Alexander's Steakhouse

Cortez Room

4269 West El Camino Real

Palo Alto, CA

### Presentation Objective

- Examine the clinical trial results of a VENCLEXTA regimen for chronic lymphocytic leukemia with a fixed treatment duration

### Audience

- This program is designed to facilitate discussion and participation among Nurses, Pharmacists, and other healthcare professionals

### Indication

- VENCLEXTA is indicated for the treatment of adult patients with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL)

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**Please RSVP to Susan Ferrone at [ferrone.susan@gene.com](mailto:ferrone.susan@gene.com) or directly at (650) 207-3207 by Friday, June 14, 2019**

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### Select Important Safety Information

- Concomitant use of VENCLEXTA with strong CYP3A inhibitors at initiation and during ramp-up is contraindicated in patients with CLL/SLL due to the potential for increased risk of tumor lysis syndrome (TLS).
- Anticipate TLS. Assess risk in all patients, including evaluation of tumor burden and comorbidities. Patients should receive appropriate prophylaxis for TLS, including hydration and anti-hyperuricemics. Monitor blood chemistries. Employ more intensive measures (IV hydration, frequent monitoring, hospitalization) as overall risk increases.
- Concomitant use with strong or moderate CYP3A inhibitors or P-gp inhibitors: Adjust dosage of VENCLEXTA.
- Grade 3 or 4 neutropenia occurred in patients treated with VENCLEXTA. Monitor blood counts and for signs of infection; manage as medically appropriate.
- Fatal and serious infections such as pneumonia and sepsis have occurred in patients with VENCLEXTA. Monitor patients closely for signs and symptoms of infection and treat promptly. Withhold VENCLEXTA for Grade 3 and higher infection.
- Do not administer live attenuated vaccines prior to, during, or after treatment until B-cell recovery occurs.
- VENCLEXTA may cause embryo-fetal harm. Advise females of reproductive potential to avoid pregnancy during treatment.

**Please see additional Important Safety Information on the reverse side.**

**Please see accompanying full Prescribing Information or visit [www.rxabbvie.com/pdf/venclaxta.pdf](http://www.rxabbvie.com/pdf/venclaxta.pdf).**

This is a Genentech promotional activity.



# Important Safety Information

## Contraindication

- Concomitant use of VENCLEXTA with *strong* CYP3A inhibitors at initiation and during ramp-up phase is contraindicated in patients with CLL/SLL due to the potential for increased risk of tumor lysis syndrome (TLS).

## Tumor Lysis Syndrome

- Tumor lysis syndrome, including fatal events and renal failure requiring dialysis, has occurred in patients with high tumor burden when treated with VENCLEXTA.
- In patients with CLL who followed the current (5 week) dose ramp-up and the TLS prophylaxis and monitoring measures, the rate of TLS was 2% in the VENCLEXTA CLL monotherapy studies. The rate of TLS remained consistent with VENCLEXTA in combination with obinutuzumab or rituximab. With a 2- to 3-week dose ramp-up and higher starting dose in patients with CLL/SLL, the TLS rate was 13% and included deaths and renal failure.
- VENCLEXTA poses a risk for TLS at initiation and during the ramp-up phase. Changes in blood chemistries consistent with TLS that require prompt management can occur as early as 6 to 8 hours following the first dose of VENCLEXTA and at each dose increase.
- Patients should be assessed for TLS risk, including evaluation of tumor burden and comorbidities, and should receive appropriate prophylaxis for TLS, including hydration and anti-hyperuricemics. Reduced renal function further increases the risk. Monitor blood chemistries and manage abnormalities promptly. Interrupt dosing if needed. Employ more intensive measures (IV hydration, frequent monitoring, hospitalization) as overall risk increases.
- Concomitant use of VENCLEXTA with strong or moderate CYP3A inhibitors or P-gp inhibitors may increase the risk of TLS at initiation and during the ramp-up phase, and requires dose adjustment due to increases in VENCLEXTA exposure.

## Neutropenia

- In patients with CLL, Grade 3 or 4 neutropenia developed in 63% to 64% of patients and Grade 4 neutropenia developed in 31% to 33% of patients treated with VENCLEXTA in combination and monotherapy studies. Febrile neutropenia occurred in 4% to 6% of patients treated with VENCLEXTA in combination and monotherapy studies.
- Monitor complete blood counts throughout the treatment period. Interrupt dosing or reduce dose for severe neutropenia. Consider supportive measures including antimicrobials for signs of infection and use of growth factors (e.g., G-CSF).

## Infections

- Fatal and serious infections such as pneumonia and sepsis have occurred in patients treated with VENCLEXTA. Monitor patients closely for signs and symptoms of infection and treat promptly. Withhold VENCLEXTA for Grade 3 and higher infection.

## Immunization

- Do not administer live attenuated vaccines prior to, during, or after treatment with VENCLEXTA until B-cell recovery occurs. Advise patients that vaccinations may be less effective.

## Embryo-Fetal Toxicity

- VENCLEXTA may cause embryo-fetal harm when administered to a pregnant woman. Advise females of reproductive potential to avoid pregnancy during treatment.

## Adverse Reactions

- **In patients with CLL receiving combination therapy with obinutuzumab**, serious adverse reactions were most often due to febrile neutropenia and pneumonia (5% each). The most common adverse reactions ( $\geq 20\%$ ) of any grade were neutropenia (60%), diarrhea (28%), and fatigue (21%).
- **In patients with CLL receiving combination therapy with rituximab**, the most frequent serious adverse reaction ( $\geq 5\%$ ) was pneumonia (9%). The most common adverse reactions ( $\geq 20\%$ ) of any grade were neutropenia (65%), diarrhea (40%), upper respiratory tract infection (39%), fatigue (22%), cough (22%), and nausea (21%).
- **In patients with CLL/SLL receiving monotherapy**, the most frequent serious adverse reactions ( $\geq 5\%$ ) were pneumonia (9%), febrile neutropenia (5%), and sepsis (5%). The most common adverse reactions ( $\geq 20\%$ ) of any grade were neutropenia (50%), diarrhea (43%), nausea (42%), upper respiratory tract infection (36%), anemia (33%), fatigue (32%), thrombocytopenia (29%), musculoskeletal pain (29%), edema (22%), and cough (22%).

## Drug Interactions

- Concomitant use with a strong or moderate CYP3A inhibitor or a P-gp inhibitor increases VENCLEXTA exposure, which may increase VENCLEXTA toxicities, including the risk of TLS. Adjust VENCLEXTA dosage and closely monitor patients for signs of VENCLEXTA toxicities. Resume the VENCLEXTA dosage that was used prior to concomitant use of a strong or moderate CYP3A inhibitor or a P-gp inhibitor 2 to 3 days after discontinuation of the inhibitor.
- Patients should avoid grapefruit products, Seville oranges, and starfruit during treatment as they contain inhibitors of CYP3A.
- Avoid concomitant use of strong or moderate CYP3A inducers.
- Avoid concomitant use of VENCLEXTA with a P-gp substrate. If concomitant use is unavoidable, separate dosing of the P-gp substrate at least 6 hours before VENCLEXTA.
- Monitor international normalized ratio (INR) closely in patients receiving warfarin.

## Lactation

- Advise nursing women to discontinue breastfeeding during treatment with VENCLEXTA.

## Females and Males of Reproductive Potential

- Advise females of reproductive potential to use effective contraception during treatment with VENCLEXTA and for at least 30 days after the last dose.
- Based on findings in animals, male fertility may be compromised by treatment with VENCLEXTA.

In accordance with the PhRMA Code on Interactions with Healthcare Professionals, attendance at this program is limited to healthcare professionals who practice in relevant specialties.

Genentech tracks and reports payments and transfers of value to healthcare professionals under applicable state and federal reporting obligations.

Visit [www.VENCLEXTAhcp.com](http://www.VENCLEXTAhcp.com) for more information.

Please see accompanying full Prescribing Information  
or visit [www.rxabbvie.com/pdf/venclerxa.pdf](http://www.rxabbvie.com/pdf/venclerxa.pdf).