

PATIENT RISK ASSESSMENT OF TUMOR LYSIS SYNDROME (TLS)

For newly diagnosed, refractory, or relapsed patients with leukemia, lymphoma, other hematologic malignancies, or solid tumors undergoing anticancer therapy:

- Conduct patient risk assessment prior to initiating anticancer therapy
- It may be important to document one or more patient risk factors when treating with anticancer regimens with clinically significant TLS risk

Patient Name: _____ Date: _____

Laboratory Risks^{1,2}

Patient is at risk for TLS if they have at least one of the following:

- | | |
|---|--|
| <input type="checkbox"/> Uric acid >7.5 mg/dL | <input type="checkbox"/> LDH $\geq 2x$ upper limit of normal |
| <input type="checkbox"/> Creatinine ≥ 1.5 mg/dL* | <input type="checkbox"/> Reduced GFR (CKD stage 3 begins with a GFR <59 mL/min)* |

Tumor Burden and Other Patient Risks³⁻⁵

Patient is at risk for TLS if they have at least one of the following:

- | | |
|---|---|
| <input type="checkbox"/> Bone marrow involvement | <input type="checkbox"/> Bulky disease (≥ 7 cm) that is chemo-sensitive |
| <input type="checkbox"/> Organ infiltration by cancer cells | <input type="checkbox"/> Renal disease or renal involvement by tumor |

Malignancy Risks^{3,4,6}

- Non-Hodgkin's lymphoma (eg, Burkitt lymphoma, lymphoblastic lymphoma, diffuse large B-cell lymphoma)
- ALL (acute lymphoblastic leukemia) with WBC $\geq 50,000$
- AML (acute myeloid leukemia) with WBC $\geq 10,000$
- CLL (chronic lymphocytic leukemia) with WBC $\geq 10,000$ or concurrent renal disease
- Other hematologic malignancies, including chronic myeloid leukemia and multiple myeloma, with rapid proliferation and expected rapid response to therapy
- Solid tumors with high proliferative rates and rapid response to therapy

Regimen Risks⁷⁻²¹

Anticancer agents associated with a clinically significant risk of TLS[†]:

- | | | | |
|-------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Venetoclax | <input type="checkbox"/> Obinutuzumab | <input type="checkbox"/> Thalidomide | <input type="checkbox"/> Vincristine sulfate |
| <input type="checkbox"/> Imatinib | <input type="checkbox"/> Omacetaxine | <input type="checkbox"/> Pomalidomide | <input type="checkbox"/> Doxorubicin HCl |
| <input type="checkbox"/> Nilotinib | <input type="checkbox"/> Rituximab | <input type="checkbox"/> Romidepsin | <input type="checkbox"/> Ixazomib |
| <input type="checkbox"/> Cetuximab | <input type="checkbox"/> Carfilzomib | <input type="checkbox"/> Bortezomib | <input type="checkbox"/> Brentuximab vedotin |
| <input type="checkbox"/> Ibrutinib | <input type="checkbox"/> Lenalidomide | <input type="checkbox"/> Bendamustine HCl | |

Prescribe Antihyperuricemia Therapy Prior to Anticancer Therapy?

- Yes No

CKD=chronic kidney disease; GFR=glomerular filtration rate; LDH=lactate dehydrogenase; WBC=white blood cell.

*Indicators of renal impairment.

[†]This is not a comprehensive list of agents.

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