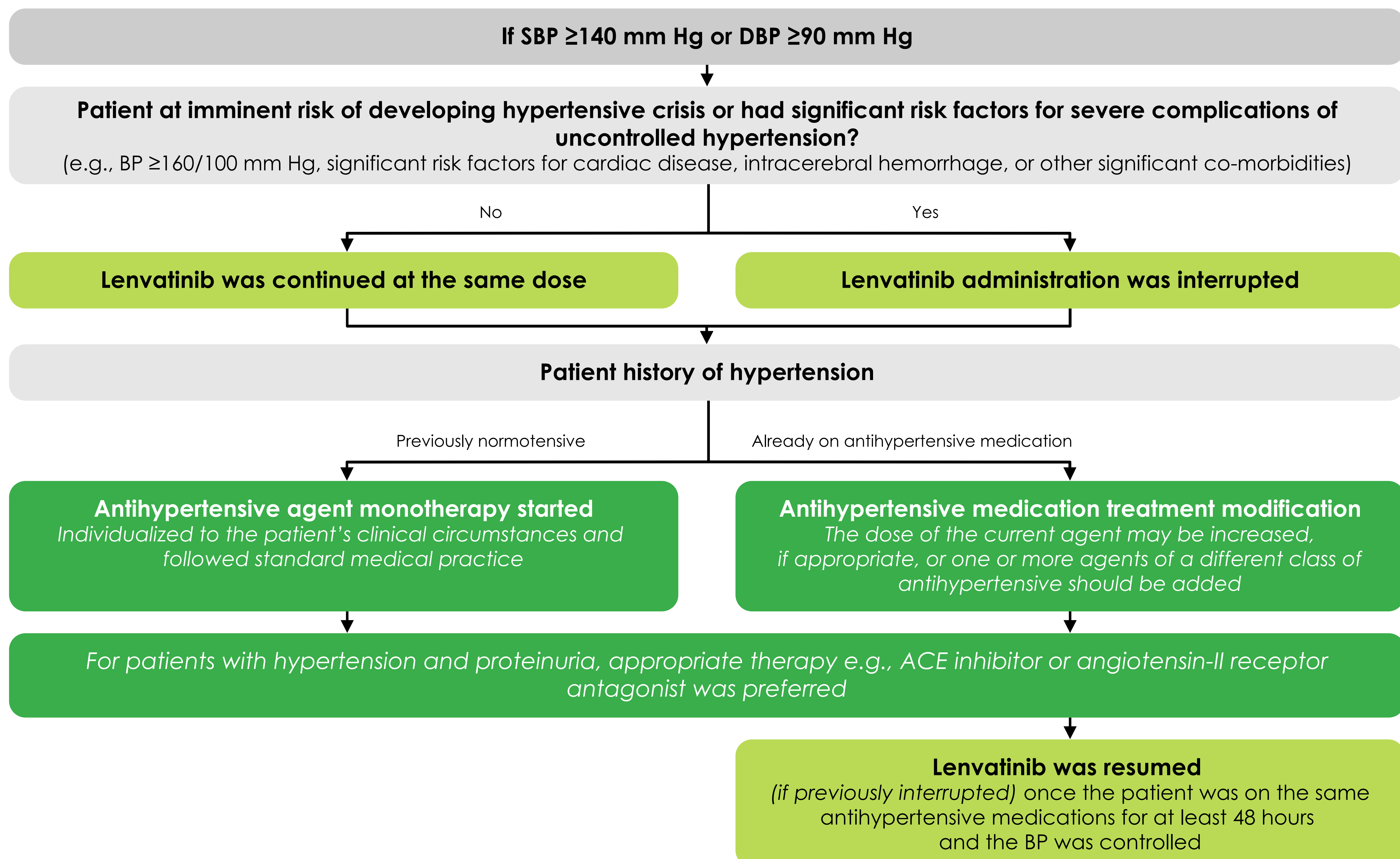
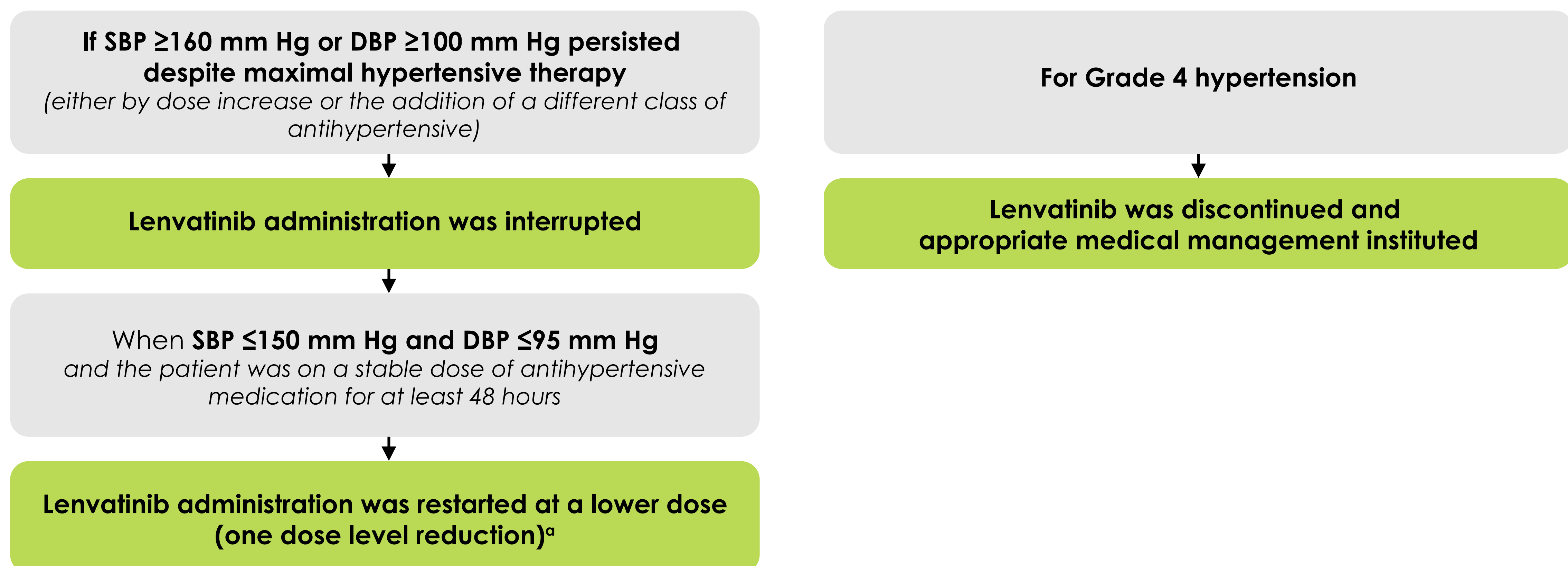


## RELECT & SELECT Study Protocol: Management of Lenvatinib Related Hypertension

- Patients were required to have adequately controlled BP with or without antihypertensive medications, defined as BP  $\leq 150/90$  mm Hg at screening and no change in antihypertensive medications within 1 week prior to the Cycle 1/Day 1



**NOTE:** i) One BP assessment was defined as the mean value of 3 measurements at least 5 minutes apart. ii) BP was confirmed on 2 assessments 1 hour apart. iii) If SBP  $\geq 160$  mm Hg or DBP  $\geq 100$  mm Hg BP was monitored every 2 weeks (on Day 15 or more frequently as clinically indicated) until SBP was  $\leq 150$  mm Hg and DBP was  $\leq 95$  mm Hg for 3 consecutive months



a. Once the dose was reduced, it was not increased at a later date.

**NOTE:** i) One BP assessment was defined as the mean value of 3 measurements at least 5 minutes apart. ii) BP was confirmed on 2 assessments 1 hour apart. iii) If SBP  $\geq 160$  mm Hg or DBP  $\geq 100$  mm Hg BP was monitored every 2 weeks (on Day 15 or more frequently as clinically indicated) until SBP was  $\leq 150$  mm Hg and DBP was  $\leq 95$  mm Hg for 3 consecutive months

## Dose Adjustments for HCC

## Management of Hypertension: Dose Reductions for Adverse Reactions

- Dose reductions occurred in succession based on the previous dose level

	Recommended dose	First dosage reduction to	Second dosage reduction to	Third dosage reduction to	Fourth dosage reduction to
Actual weight ≥60 kg	12 mg once daily	8 mg once daily	4 mg once daily	4 mg every other day	Discussed with Sponsor
Actual weight <60 kg	8 mg once daily	4 mg once daily	4 mg every other day	Discussed with Sponsor	

If SBP  $\geq 160$  mm Hg or DBP  $\geq 100$  mm Hg recurred on the 4 mg QOD dose despite optimal management of hypertension with antihypertensive medications then lenvatinib administration was interrupted and a restart of study medication was discussed with the sponsor

## Dose Adjustments for DTC

## Management of Hypertension: Dose Reductions for Adverse Reactions

- Dose reductions occurred in succession based on the previous dose level

Recommended dose	First dosage reduction to	Second dosage reduction to	Third dosage reduction to	Fourth dosage reduction to
24 mg once daily	20 mg once daily	14 mg once daily	10 mg once daily	Discussed with Sponsor

If SBP  $\geq 160$  mm Hg or DBP  $\geq 100$  mm Hg recurred on the 10 mg QD dose despite optimal management of hypertension with antihypertensive medications then lenvatinib administration was interrupted and a restart of study medication was discussed with the sponsor

***Eisai is unable to suggest individualized treatment approaches or provide advice or recommendations outside of the PI for the management of patients taking lenvatinib.***