

**Table 3: Treatment Characteristics**

Study ID	Age (Years)	Ethnicity	Gender	Indication	Dose of Rasburi case	Concomitant drugs
Jung et al. (15)	75	African American	Female	NR	6mg	IV pamidronate and subcutaneous calcitonin
Bachmann et al.(22)	73	NR	NR	To Prevent TLS	NR	rituximab, cytarabine and methotrexate
Raru et al. (24)	56	Caucasian	Male	possible TLS	NR	Rituximab, cyclophosphamide, vincristine, doxorubicin, and prednisone.
Cooling et al.(11)	15	African American	Male	For TLS	6mg	NR
Ibrahim et al.(28)	60	Caucasian	Male	to prevent TLS and worsening renal failure.	15 mg IV	Rituximab, Cyclophosphamide, Doxorubicin, Prednisone, Vincristine, aspirin, oxycodone, apixaban, and allopurinol
Reeves et al.(14)	46	African American	Male	possible TLS	single dose of rasburicase 6 mg IV	zolpidem, methylphenidate, naproxen sodium, levofloxacin 750 mg orally daily for possible pneumonia,

						lenalidomide 10 mg orally daily, and dexamethasone 20 mg orally weekly
Montgomery et al.(10)	50	African American	Male	spontaneous TLS	7.5 mg IV	600 mg P.O. allopurinol
Sleutel et al.(21)	Pt 1: 73 Pt 2: 26	Pt 1: NR Pt 2: African American	Pt 1: Male Pt 2: Male	Pt 1: spontaneous TLS. Pt 2: NR	Pt 1: 0.2 mg/kg IV over 30 minutes Pt 2: Dose NR	Pt 1: allopurinol 300 mg orally daily, chemotherapy Pt 2: Chemotherapy
Sherwood et al.(5)	56	African American	Male	NR	one dose of 6 mg (0.03 mg/kg)	piperacillin/tazobactam
Alessa et al. (26)	74	African American	Male	diagnosed with TLS	a single dose of 6 mg IV over 30 min	methotrexate, methylprednisolone, cytarabine, and rituximab
Oluwasanjo et al.(25)	56	Hispanic	Male	To prevent TLS	two 6 mg doses, IV	R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, prednisone) with peg filgrastim support
Zhang et al. (30)	72		Male	diagnosed with	single dose of 6	IV fluids, allopurinol, bendamustine and

		African American		clinical TLS	mg IV	rituximab
Roberts et al.(27)	Pt 1: 43 Pt 2: 70	Pt 1: African American, Pt 2: African American	Pt 1: Female, Pt 2: Female	Pt 1: noted to be in TLS by Cairo–Bishop criteria, Pt 2: Met Cairo–Bishop criteria for TLS	Pt 1: a single dose of 6 mg IV, Pt 2: Administered, the dose is NR	Pt 1:doxorubicin, FOLFIRI, and panitumumab, Lactated Ringers intravenous fluid was started at 200 cc/h, IV furosemide, Pt 2: anti-emetics, IV fluids, allopurinol
Bucklin et al.(20)	62	NR	Male	NR	3 mg (0.038 mg/kg) IV, second dose of 3 mg	atorvastatin 80 mg daily, amlodipine 5 mg daily, lenalidomide 5 mg daily, metoprolol succinate 25 mg daily, omeprazole 20 mg daily, prednisone 60mg daily, hydromorphone 4 mg every 4 to 6 hours, and ondansetron 4 mg, 3 times daily, vancomycin, piperacillin/tazobactam, norepinephrine CRRT, cefepime, voriconazole, increasing vasopressors, norepinephrine, vasopressin, phenylephrine,

						dobutamine
Cheah et al. (23)	46	mixed Mauriti an- Chinese	Male	The patient demonstra ted biochemic al evidence of TLS with Navitoclax	single dose of 6 mg IV	proapoptotic BH3-mimetic agent Navitoclax
Sonbol et al.(16)	52	African Americ an	Male	anticipated tumor lysis	NR	High-dose IV cyclophosphamide (1,500 mg/m2) and 1,000 mg of methylprednisolone
Ng et al. (19)	16	African Americ an	Male	NR	14 mg IV (0.2 mg/ kg/dose) was given as a single dose	NR
Bauters et al.(17)	6	Caucasi an	Male	To avoid TLS	IV 0.1 mg/kg twice daily	prednisolone pre-phase 60 mg/m2/day for 7 days
Bhat et al. (12)	12	Laotian	Male	NR	10.5 mg (0.2 mg/	NR

					kg)	
Borinstein et al.(18)	14	Cambo dian	Male	NR	0.2 mg/kg IV	allopurinol, alkalinized intravenous fluid hydration, furosemide, calcitonin, reduction chemotherapy with cyclophosphamide, vincristine, and prednisone
Kizer et al. (29)	Pt 1: NR, Pt 2: NR	Pt 1: NR, Pt 2: NR	Pt 1: Male, Pt 2: Male	Pt 1: developed TLS, Pt 2: developed TLS.	Pt 1: 0.2 mg/kg (total of 15 mg) IV, Pt 2: 0.2 mg/kg(to tal of 14 mg)	Pt 1: Allopurinol, Pt 2: vancomycin, cefepime, dapson, cyclophosphamide. Primaquine and clindamycin
Browning et al.(13)	50	African Americ an	Male	undiagnos ed TLS	a single dose of 22.5 mg IV	phenytoin 100 mg and a total of 8 mg of lorazepam IV, vancomycin, and ceftriaxone

TLS: Tumour Lysis Syndrome; NR: Not Reported; IV: Intravenous; Pt: Patient; FOLFIRI:

Folinic acid, fluorouracil, and irinotecan