<table>
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<th>Guideline Page and Request</th>
<th>Panel Discussion/References</th>
<th>Institution Vote</th>
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| **ALL-D 1 of 8** Internal request to review the data and expanded FDA label information dasatinib. | Based on a review of the data and the FDA label information, the Panel consensus supported the addition of dasatinib in combination with the EsPhALL regimen and multi-agent chemotherapy.  
- Prescribing information: [https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/021986s021lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/021986s021lbl.pdf) | YES: 25  NO: 0  ABSTAIN: 0  ABSENT: 0 |
| **ALL-D 2 of 8** Internal request to review the data and FDA label information for calaspargase pegol-mknl. | Based on a review of the data and the FDA label information, the Panel consensus supported the addition of the following footnote: Pegaspargase may be substituted with calaspargase pegol-mknl, an asparagine-specific enzyme, in patients ≤21 years for more sustained asparaginase activity. Silverman LB, et al. Blood 2016;128:175; Angiolillo AL, et al. J Clin Oncol 2014;32:3874-3882. | YES: 25  NO: 0  ABSTAIN: 0  ABSENT: 0 |
### ALL-D 4 of 8

**Internal request to review the data for the following regimen:** nelarabine, etoposide, cyclophosphamide (young and fit patients).

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<td>Based on a review of the data, the Panel consensus supported the addition of nelarabine, etoposide, cyclophosphamide for relapsed/refractory T-ALL for young and fit patients.</td>
<td>YES</td>
</tr>
</tbody>
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• Whitlock J, dalla Pozza L, Goldberg JM, et al. Nelorabine in combination with etoposide and cyclophosphamide is active in first relapse of childhood T-acute lymphocytic leukemia (T-ALL) and T-lymphoblastic lymphoma (T-LL). Blood 2014;124:795. | 25 | 0 | 0 | 0 |

### ALL-D 7 of 8

**Internal request to review the data for the following regimens:**
- ALLOLD07 regimen: vincristine, dexamethasone, idarubicin, cyclophosphamide, cytarabine, methotrexate, and L-asparaginase
- Modified DFCI 91-01 protocol: Dexamethasone, doxorubicin, vincristine, methotrexate, cytarabine, L-asparaginase, and IT chemotherapy
- GRAALL regimen (moved from Ph-positive to Ph-negative)
- EWALL: TKI (dasatinib, nilotinib) with multiagent chemotherapy (vincristine, dexamethasone, methotrexate, cytarabine, asparaginase)
- Hyper-CVAD: (dasatinib, ponatinib) with dose-reduced cytarabine to 1 g/m²

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|                           | Based on a review of the data, the Panel consensus supported the addition/modification of the following regimens for older adults (≥65 years) with ALL:  
• Induction regimens; Ph-negative  
  • Moderate intensity (added)  
    ▪ PETHHEMA-based regimens  
      ADL07 regimen: vincristine, dexamethasone, idarubicin, cyclophosphamide, cytarabine, methotrexate, and L-asparaginase  
      Modified DFCI 91-01 protocol: Dexamethasone, doxorubicin, vincristine, methotrexate, cytarabine, L-asparaginase  
      GRAALL regimen (moved from Ph-positive)  
• Induction regimens; Ph-positive  
  • Moderate intensity (added)  
    ▪ EWALL: TKI (dasatinib, nilotinib) with multiagent chemotherapy  
  • High intensity (added)  
    ▪ Hyper-CVAD: (dasatinib, ponatinib) with dose-reduced cytarabine to 1 g/m²  
• Ribera JM, Garcia O, Oriol A et al. PETHHEMA group: Feasibility and results of subtype-oriented protocols in older adults and fit patients with acute lymphoblastic leukemia: results of three prospective parallel trials from the PETHHEMA group. Leuk Res 2016;41:12-20. | YES | NO | ABSTAIN | ABSENT |
|                           | 25 | 0 | 0 | 0 |