## Guideline Request

<table>
<thead>
<tr>
<th>Guideline Request</th>
<th>Panel Discussion</th>
<th>References</th>
<th>Vote</th>
</tr>
</thead>
</table>
| ALL-D 1 of 4 Internal request: Review data for single agent dasatinib as an induction regimen for Ph-positive ALL | Based on the limited data to support dasatinib as a single agent, the panel consensus was to remove the recommendation as an induction therapy option for patients with Ph-positive ALL. | 1. Widemann BC, Balis FM, Kempf-Bielack B et al. High-dose methotrexate-induced nephrotoxicity in patients with osteosarcoma. Cancer 2004;100:2222¬32.  
| ALL-B 1 of 4 External request: Recommend the use of glucarpidase in patients who have received high-dose methotrexate and are experiencing delayed elimination of methotrexate due to impaired renal function | Based on the data in the noted references, the panel consensus was to add the following information: Consider use of glucarpidase if significant renal dysfunction and methotrexate levels are >10 microM beyond 42-48 h. Leucovorin remains a component in the treatment of methotrexate toxicity and should be continued for at least 2 days following glucarpidase administration. However, be aware that leucovorin is a substrate for glucarpidase, and therefore should not be administered within two hours prior to or following glucarpidase. |  | 11 0 0 |
| External request: Suggest expansion of Erwinia Asparaginase to be an initial ALL therapy, replacing the current E. coli Asparaginase (ELSPAR) indications | The panel consensus was to not make any changes to the current indications for Erwinia Asparaginase. The noted study was in a patient population that is not addressed in the Guidelines. | 1. Children's Oncology Group, Memo Dated September 24, 2012, Availability of E. coli Asparaginase (Elspar®) and use of Alternative Asparaginase Products in COG ALL and AML Trials. COG recommendations for expansion of Elspar indications to replace alternative Asparaginase products in current and ongoing trials.  