

NCCN Acute Lymphoblastic Leukemia V.1.2013 – Web Conference – January 9, 2013

Guideline Request	Panel Discussion	References	Vote		
			YES	NO	ABSTAIN
Internal request : For patients aged ≥40 years with Ph-positive ALL, consider adding TKIs + vincristine + dexamethasone.	Based on the data in the noted references and panel consensus, TKIs + vincristine + dexamethasone was added as a treatment option for adult patients aged ≥40 years with Ph-positive ALL.	<ul style="list-style-type: none"> Chalandon Y, Thomas X, Hayette S, et al. Is less chemotherapy detrimental in adults with Philadelphia Chromosome (Ph)-positive acute lymphoblastic leukemia (ALL) treated with high-dose imatinib? Results of the Prospective Randomized Graaph-2005 Study [abstract]. Blood 2012;120:Abstract 138. Rousselot P, Coude MM, Huguet F, et al. Dasatinib and low intensity chemotherapy for first-line treatment in patients with de novo Philadelphia Positive ALL aged 55 and over: final results of the EWALL-Ph-01 study [abstract]. Blood 2012;120:Abstract 666. 	10	0	0
Internal request : For patients aged 15-39 years with Ph-positive ALL, consider adding HyperCVAD +TKI and Multiagent chemotherapy + TKIs.	<p>Based on the data in the noted references and panel consensus, the following treatment options were added for AYA patients aged 15-39 years with Ph-positive ALL:</p> <ul style="list-style-type: none"> TKIs + hyper-CVAD: imatinib or dasatinib; and hyper-fractionated cyclophosphamide, vincristine, doxorubicin, and dexamethasone, alternating with high-dose methotrexate, and cytarabine TKIs + multiagent chemotherapy: imatinib; and daunorubicin, vincristine, prednisone, and cyclophosphamide 	<ul style="list-style-type: none"> Ravandi F, O'Brien S, Thomas D, et al. First report of phase 2 study of dasatinib with hyper-CVAD for the frontline treatment of patients with Philadelphia chromosome-positive (Ph+) acute lymphoblastic leukemia. Blood. 2010;116:2070-2077. Thomas DA, Faderl S, Cortes J, et al. Treatment of Philadelphia chromosome-positive acute lymphocytic leukemia with hyper-CVAD and imatinib mesylate. Blood. 2004;103:4396-4407. Thomas DA, Kantarjian HM, Cortes J, et al. Outcome after Frontline Therapy with the Hyper-CVAD and Imatinib Mesylate Regimen for Adults with De Novo or Minimally Treated Philadelphia Chromosome (Ph) Positive Acute Lymphoblastic Leukemia (ALL) [abstract]. Blood. 2008;112(Supple 11):Abstract 2931. Thomas DA, O'Brien SM, Faderl S, et al. Long-term outcome after hyper-CVAD and imatinib (IM) for de novo or minimally treated Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph-ALL) [abstract]. J Clin Oncol. 2010;28:Abstract 6506. Mizuta S, Matsuo K, Yagasaki F, et al. Pre-transplant imatinib-based therapy improves the outcome of allogeneic hematopoietic stem cell transplantation for BCR-ABL-positive acute lymphoblastic leukemia. Leukemia. 2011;25:41-47. Yanada M, Takeuchi J, Sugiura I, et al. High complete remission rate and promising outcome by combination of imatinib and chemotherapy for newly diagnosed BCR-ABL-positive acute lymphoblastic leukemia: a phase II study by the Japan Adult Leukemia Study Group. J Clin Oncol. 2006;24:460-466. 	10	0	0

NCCN Acute Lymphoblastic Leukemia V.1.2013 – Web Conference – January 9, 2013

Guideline Request	Panel Discussion	References	Vote		
			YES	NO	ABSTAIN
Internal request and external submission: Review the data for Ponatinib in the relapsed or refractory setting.	Based on the data in the noted references and panel consensus, ponatinib was added as a treatment option for Ph-positive, relapsed or refractory ALL.	<ul style="list-style-type: none"> Kantarjian HM, Kim D-W, Pinilla-Ibarz J, et al. Efficacy and safety of ponatinib in patients with accelerated phase or blast phase chronic myeloid leukemia (AP-CML or BP-CML) or Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ ALL): 12-month follow-up of the PACE trial [abstract]. Blood 2012;120: Abstract 915. Cortes JE, Kim D-W, Pinilla-Ibarz J, et al. A pivotal phase 2 trial of ponatinib in patients with chronic myeloid leukemia (CML) and Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ALL) resistant or intolerant to dasatinib or nilotinib, or with the T315I BCR-ABL mutation: 12-month follow-up of the PACE trial [abstract]. Blood 2012;120: Abstract 163. Cortes JE, Kantarjian H, Shah NP, et al. Ponatinib in refractory Philadelphia chromosome-positive leukemias. N Engl J Med 2012;367:2075-2088. 	10	0	0
Internal request : Consider adding CEC (clofarabine, etoposide, and cyclophosphamide) in the relapsed or refractory setting.	Based on the data in the noted reference and panel consensus, the treatment option, clofarabine, was modified to clofarabine-containing regimens for Ph-positive, relapsed or refractory ALL.	<ul style="list-style-type: none"> Miano M, Pistorio A, Putti MC, et al. Clofarabine, cyclophosphamide and etoposide for the treatment of relapsed or resistant acute leukemia in pediatric patients. Leuk Lymphoma 2012;53:1693-1698. Hijiya N, Thomson B, Isakoff MS, et al. Phase 2 trial of clofarabine in combination with etoposide and cyclophosphamide in pediatric patients with refractory or relapsed acute lymphoblastic leukemia. Blood 2011;118:6043-6049. Locatelli F, Testi AM, Bernardo ME, et al. Clofarabine, cyclophosphamide and etoposide as single-course re-induction therapy for children with refractory/multiple relapsed acute lymphoblastic leukaemia. Br J Haematol 2009;147:371-378. 	10	0	0