



NCCN QUICK GUIDE™

Acute Lymphoblastic Leukemia

This NCCN QUICK GUIDE™ sheet summarizes key points from the complete [NCCN Guidelines for Patients®: Acute Lymphoblastic Leukemia](#). These guidelines explain which tests and treatments are recommended by experts in cancer. To view and download the guidelines, visit NCCN.org/patients or, to order printed copies, visit Amazon.com

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What is ALL?



Leukemia is a cancer of blood cells. ALL (acute lymphoblastic leukemia) consists of abnormal, young white blood cells called lymphoblasts. It is found mostly within bone marrow and blood.	9
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What are the tests for ALL?

Your blood will be tested for a large number of abnormal lymphoblasts. Doctors also look for certain proteins in and on the surface of the lymphoblasts that are common to ALL. They also look for abnormal genes and chromosomes in the cells.	10
ALL can be B-cell or T-cell type.	10
ALL is called CD20-positive when many of the lymphoblasts have CD20 surface proteins.	10
When ALL has the Philadelphia chromosome, it is called Ph-positive ALL	11

What health care is given before treatment?

■ A report of your health history and an exam of your body	15
■ Blood and urine tests	16
■ A lab test for TLS (tumor lysis syndrome)	17
■ Tests for certain infections	17
■ Pictures of the insides of your body if the leukemia may have spread outside of marrow	18
■ Heart test, a tube placed in a vein, and a lumbar puncture to prepare for chemotherapy	18
■ A test of your tissue type if you will have a blood stem cell transplant	19
■ Fertility support if wanted and a pregnancy test if needed	19



What are options for initial treatment?

Induction	<ul style="list-style-type: none"> ■ Clinical trial ■ Chemotherapy <ul style="list-style-type: none"> ▶ The regimen will depend on whether ALL is B-cell or T-cell type and your age and health. ▶ Rituximab may be added if CD20-positive ALL. ▶ TKI (tyrosine kinase inhibitor) is added if Ph-positive ALL. 	23
	<ul style="list-style-type: none"> ■ Corticosteroids. <ul style="list-style-type: none"> ▶ TKI is added if Ph-positive ALL 	
Consolidation	<ul style="list-style-type: none"> ■ Keep taking chemotherapy. ■ Allogeneic stem cell transplant 	25
	<ul style="list-style-type: none"> ■ Blinatumomab to treat tiny amounts of Ph-negative, B-cell ALL 	
Maintenance	<ul style="list-style-type: none"> ■ No maintenance for Ph-negative ALL after a transplant. 	26
	<ul style="list-style-type: none"> ■ TKI for Ph-positive ALL after a transplant 	
	<ul style="list-style-type: none"> ■ More chemotherapy if chemotherapy used for consolidation <ul style="list-style-type: none"> ▶ TKI is added if Ph-positive ALL 	26

What happens after maintenance?

<ul style="list-style-type: none"> ■ If there are no signs or symptoms of ALL, start to follow your survivorship care plan. 	27
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What are options for relapsed or refractory ALL?

<ul style="list-style-type: none"> ■ Clinical trial 	
<ul style="list-style-type: none"> ■ Immunotherapy like blinatumomab, inotuzumab ozogamicin, tisagenlecleucel 	29
<ul style="list-style-type: none"> ■ Regimens similar to initial treatment 	

How can you decide between options?

<ul style="list-style-type: none"> ■ Don't be shy and ask your doctors questions. They are there to help. ■ Get a second opinion. Even doctors get second opinions. ■ Support groups can be helpful. You can learn a lot from others. ■ Compare the pros and cons of each option. 	32
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