<table>
<thead>
<tr>
<th>Guideline Request</th>
<th>Panel Discussion</th>
<th>References</th>
<th>Vote</th>
</tr>
</thead>
</table>
| **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. | • 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.  
| **Internal request:** For patients aged 15-39 years with Ph-positive ALL, consider adding HyperCVAD +TKI and Multiagent chemotherapy + TKIs. | 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:  
• TKIs + hyper-CVAD: imatinib or dasatinib; and hyper-fractionated cyclophosphamide, vincristine, doxorubicin, and dexamethasone, alternating with high-dose methotrexate, and cytarabine  
• 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.  
• Yanada M, Takeuchi J, Sugiiura 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. | **YES** 10 | **NO** 0 | **ABSTAIN** 0 |
<table>
<thead>
<tr>
<th>Guideline Request</th>
<th>Panel Discussion</th>
<th>References</th>
<th>Vote</th>
</tr>
</thead>
</table>
| 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.                     | • 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.  
| 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. | • 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.  