Acute Lymphoblastic Leukemia and Lymphoblastic Lymphoma (ALL) – Adult[1]

Disclaimer: *This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.*

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[1] Greater than or equal to 18 years old

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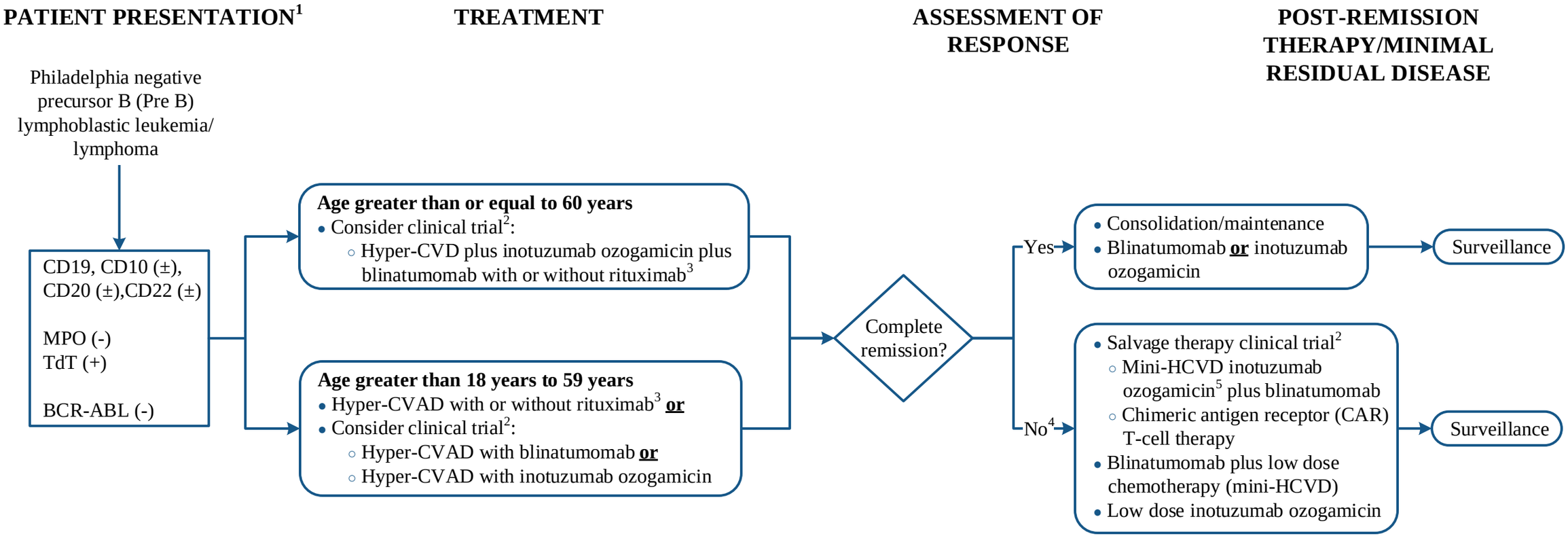
Note: Consider clinical trials as treatment options for eligible patients. Stem Cell Transplant (SCT) guidelines are not included with this algorithm. Leukemia patients should be referred and treated at a Comprehensive Cancer Center.



[1] See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
[2] Leukemia Newsletter: http://www.mdanderson.org/leukemia (available programs-treatment priorities)
[3] Hyper-CVD (hyper-fractionated cyclophosphamide, vincristine, dexamethasone) plus inotuzumab ozogamicin; rituximab if CD20 greater than or equal to 20%
Hyper-CVAD (hyper-fractionated cyclophosphamide, vincristine, doxorubicin, dexamethasone); rituximab if CD20 greater than or equal to 20%
Hyper-CVAD (hyper-fractionated cyclophosphamide, vincristine, doxorubicin, dexamethasone); ofatumumab if CD20 greater than or equal to 1%
[4] Failure after induction with hyper-CVAD based regimen means no response after 2 cycles of chemotherapy
[5] Mini-HCVD (hyper-fractionated cyclophosphamide, vincristine, dexamethasone) plus inotuzumab ozogamicin

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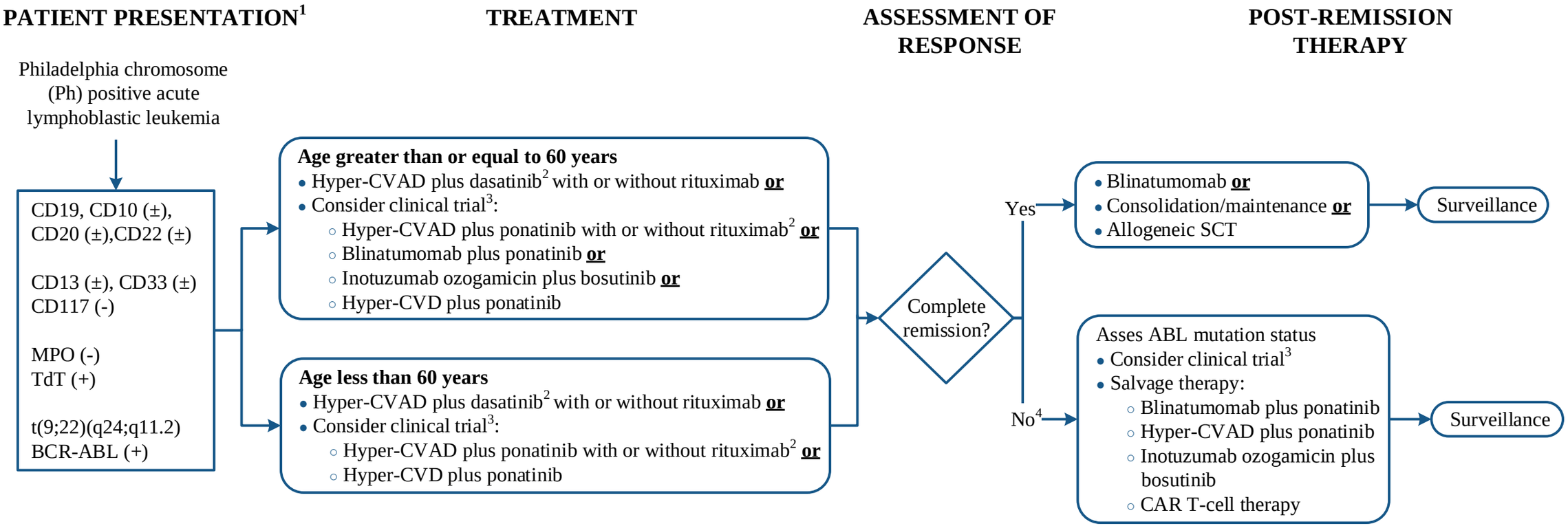

[1] See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
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Department of Clinical Effectiveness V5
Approved by the Executive Committee of the Medical Staff on 02/26/2019

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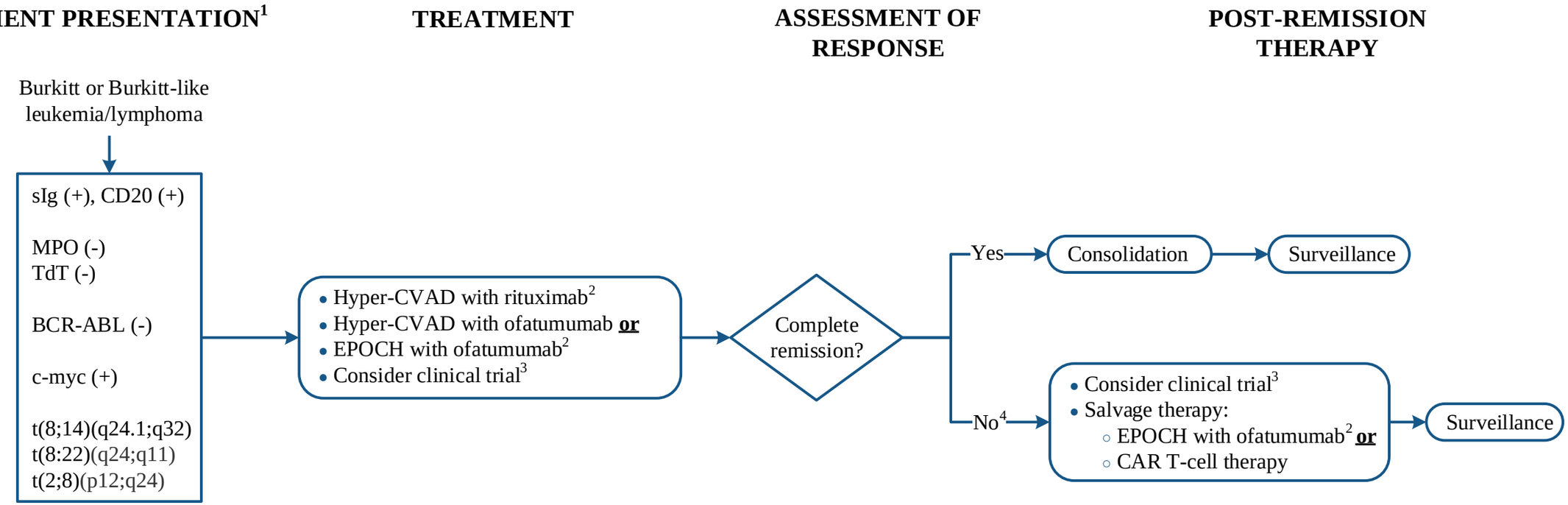

[1] See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
[2] Hyper-CVAD (hyper-fractionated cyclophosphamide, vincristine, doxorubicin, dexamethasone) plus rituximab
Hyper-CVAD (hyper-fractionated cyclophosphamide, vincristine, doxorubicin, dexamethasone) plus ofatumumab
EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin) plus ofatumumab
[3] Leukemia Newsletter: http://www.mdanderson.org/leukemia (available programs-treatment priorities)
[4] Failure after induction with hyper-CVAD based regimen means no response after 2 cycles of chemotherapy

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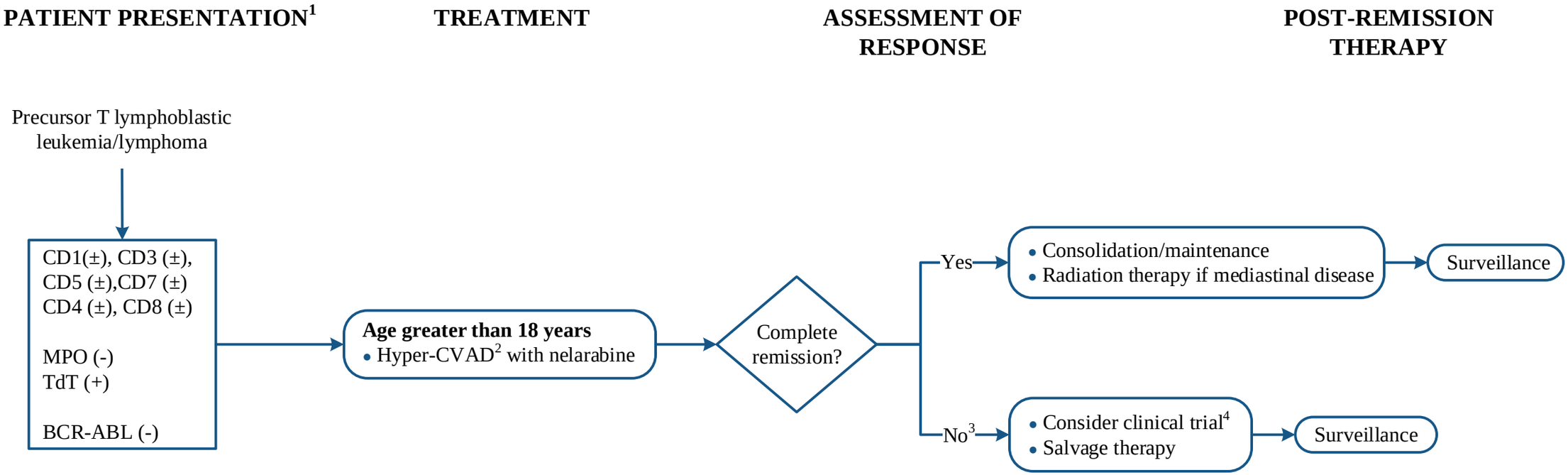

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Acute Lymphoblastic Leukemia and Lymphoblastic Lymphoma (ALL) – Adult

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