

**NCCN Clinical Practice Guidelines in Oncology
(NCCN Guidelines®)**

Pediatric Acute Lymphoblastic Leukemia

Overall management of Pediatric Acute Lymphoblastic Leukemia from diagnosis through recurrence is described in the full NCCN Guidelines® for Pediatric Acute Lymphoblastic Leukemia. Visit NCCN.org to view the complete library of NCCN Guidelines.

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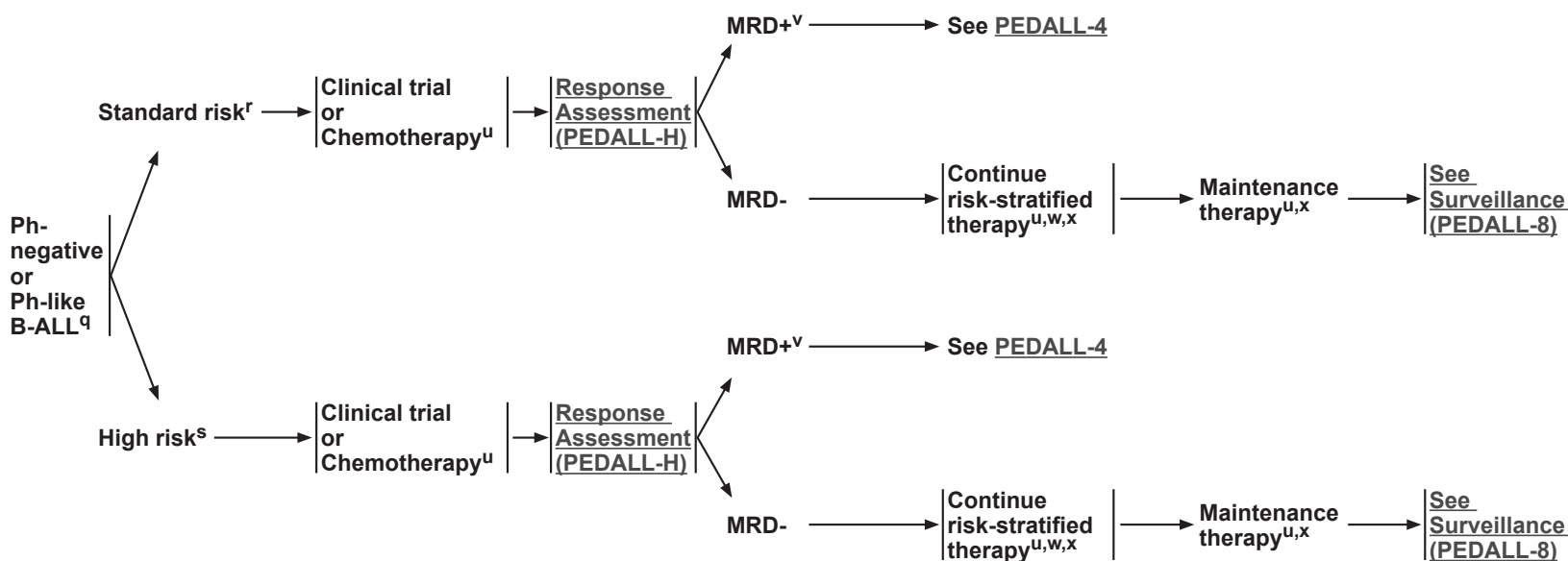
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RISK STRATIFICATION

INDUCTION THERAPY^t

CONSOLIDATION THERAPY



^q For patients with Down syndrome, see [Special Considerations for Vulnerable Populations \(PEDALL-D\)](#).

^r Standard risk criteria are consistent with NCI: WBC <50,000/mm³, ≥1 y to <10 y. For further details see the [Risk Stratification Definitions \(PEDALL-E\)](#).

^s High-risk criteria are consistent with NCI: WBC ≥50,000/mm³, <1 y to ≥10 y. For further details see the [Risk Stratification Definitions \(PEDALL-E\)](#).

^t See [Principles of Supportive Care \(PEDALL-B\)](#).

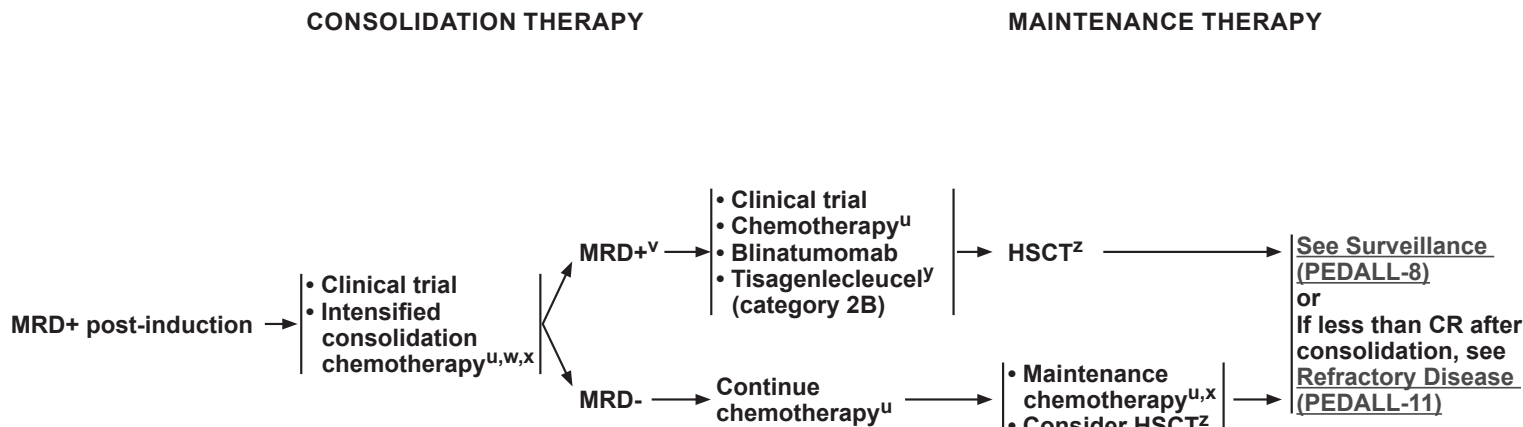
^u See [Principles of Systemic Therapy \(PEDALL-F\)](#).

^v The threshold for MRD positivity may vary based on the protocol being followed and/or the assay being used. For further information see [Minimal Residual Disease \(PEDALL-I\)](#).

^w See [Risk Stratification Definitions for Post-Induction Therapy \(PEDALL-E, 2 of 3\)](#).

^x For Ph-like patients, TKIs may be considered. For more information see [Principles of Systemic Therapy \(PEDALL-F\)](#).

Note: All recommendations are category 2A unless otherwise indicated.
Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.



^u See Principles of Systemic Therapy (PEDALL-F).

^v The threshold for MRD positivity may vary based on the protocol being followed and/or the assay being used. For further information see Minimal Residual Disease (PEDALL-I).

^w See Risk Stratification Definitions for Post-Induction Therapy (PEDALL-E, 2 of 3).

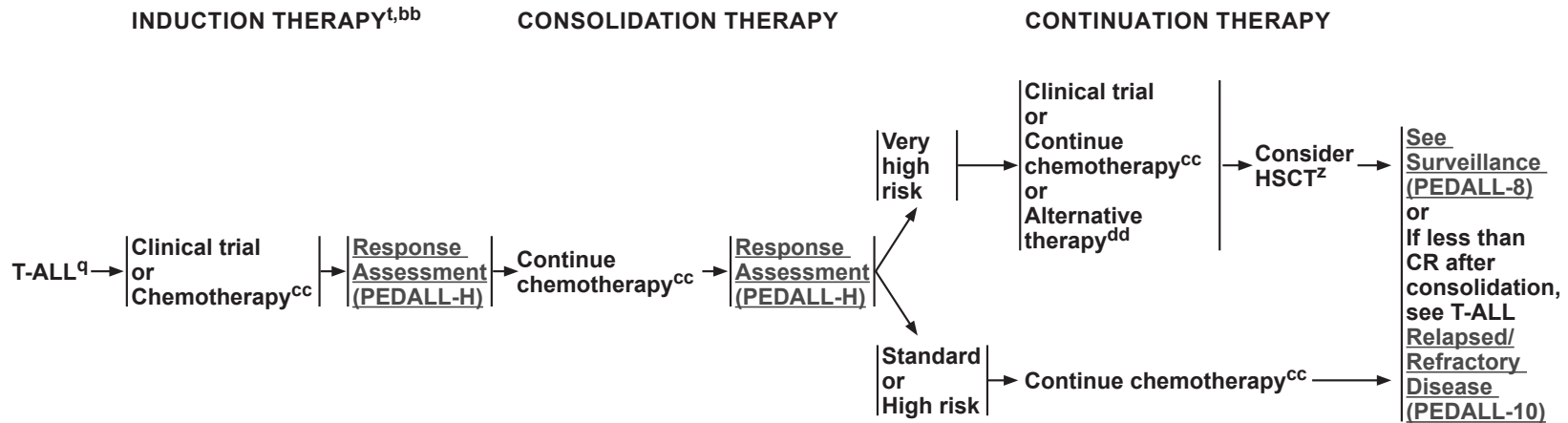
^x For Ph-like patients, TKIs may be considered. For more information see Principles of Systemic Therapy (PEDALL-F).

^y The use of tisagenlecleucel in this setting is strongly recommended in the context of a clinical trial. See Tisagenlecleucel section in the Principles of Systemic Therapy (PEDALL-F [10 of 12]).

^z See Principles of Hematopoietic Stem Cell Transplant (PEDALL-J).

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T-ALL Post-Induction Risk Group Definitions:

Risk Group	Features ^v
Very High	End consolidation MRD >0.1%
High	Absence of standard and very high features
Standard	Day 29 MRD <0.01% and CNS-1 and absence of testicular disease and no steroid pretreatment ^{ee}

^qFor patients with Down syndrome, see [Special Considerations for Vulnerable Populations \(PEDALL-D\)](#).

^t See [Principles of Supportive Care \(PEDALL-B\)](#).

^v The threshold for MRD positivity may vary based on the protocol being followed and/or the assay being used. For further information see [Minimal Residual Disease \(PEDALL-I\)](#).

^z See [Principles of Hematopoietic Stem Cell Transplant \(PEDALL-J\)](#).

^{bb} MRD and morphologic marrow response should be assessed after induction, and if not MRD negative, repeat assessment after consolidation therapy. Assess MRD at additional time points based on chemotherapy regimen and response as indicated. See [Minimal Residual Disease \(PEDALL-I\)](#).

^{cc} See regimens for T-ALL on [Principles of Systemic Therapy \(PEDALL-F, 2 of 12\)](#).

^{dd} See regimens for T-ALL on [Principles of Systemic Therapy \(PEDALL-F, 9 of 12\)](#).

^{ee} The specific definition of steroid pretreatment differs by protocol. Refer to regimen-specific definition of steroid pretreatment.

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