INTERACTIVE DEBATE

Refining our asparaginase use: the quest for international consensus

Friday 21 October, 2016, 12.50–14.20

The Liffey A (Room), The Convention Centre Dublin (CCD), Dublin, Ireland

Integrated symposium wholly funded and organised by Jazz Pharmaceuticals

Lunch will be provided

Prof. Jim Whitlock
Division Head Haematology/ Oncology, The Hospital for Sick Children (SickKids), Toronto, Canada

Prof. André Baruchel
Head of the Department of Pediatric Hematology, Robert Debré University Hospital, Paris, France

Prof. Carmelo Rizzari
University of Milano-Bicocca, Department of Pediatric Hematology-Oncology, Monza, Italy

Programme

Welcome and introduction to the *Haematologica* guideline publication

Part 1: Recognising and acting upon instances of hypersensitive reactions (HSR) and the use of steroids and antihistamines

Part 2: Asparaginase Activity Monitoring (AAM)

Part 3: Silent Inactivation (SI)

Part 4: Data gaps and further clinical studies needed

Audience Q&A Session

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Jazz Pharmaceuticals®

Please note that Erwinase® (Crisantaspase) is not registered for use in all countries.
It is registered for use in Argentina, Austria, Canada, France, Germany, Ireland, Lebanon, Malaysia, Netherlands, New Zealand, Poland, Portugal, South Korea and United Kingdom.

International Prescribing Information
Erwinase® (Crisantaspase)
Please refer to the Summary of Product Characteristics before prescribing.

Pharmaceutical Form: White Freeze-dried Erwinia L-asparaginase powder for reconstitution, 10,000 IU/vial. **Indications:** Erwinase® is used in combination with other chemotherapeutic agents, for the treatment of patients, mainly children, with acute lymphoblastic leukaemia who have developed hypersensitivity (clinical allergy or silent inactivation) to native or pegylated asparaginase derived from E. coli. **Dosage and Administration:** The recommended dose is 25,000 IU/m^2 body surface area given three times a week for two weeks to replace each dose of pegylated asparaginase or each course of asparaginase treatment. The therapy can be further adjusted according to local protocol. Considering the wide range of the mean asparaginase activity observed between children, the optimal Erwinase® dose may vary between patients. Therefore, it may be advisable to monitor asparaginase levels in order to individualise dosing. Erwinase® solution can be given by intravenous or intramuscular injection, following reconstitution in 1 ml to 2 ml of Sodium Chloride (0.9%) solution for injection. **Contra-indications:** Previous allergic reaction to crisantaspase or any excipients. Previous episode of acute pancreatitis related to L-asparaginase therapy. Liver function disorders. **Warnings and Precautions:** Anaphylactic reactions have been observed after use so facilities should be available for appropriate management of anaphylaxis. Careful observation is required on re-exposure to asparaginase after any time interval, as this may increase the risk of anaphylaxis. Careful monitoring is necessary before and during therapy of: serum amylase, lipase and/or insulin; liver function tests; clotting; kidney function tests and serum uric acid levels. **Interactions:** Do not mix with other drugs prior to administration. Concomitant use of asparaginase and drugs affecting liver function may increase the risk of change in liver parameters; asparaginase and prednisone may increase the risk of a change in clotting parameters; Asparaginase may diminish or abolish the effect of methotrexate on malignant cells. Administration of asparaginase in combination or immediately before vincristine treatment may increase toxicity and risk of anaphylaxis. Can influence the interpretation of thyroid function tests through a sharp fall in the content of thyroxine-binding globulin (TBG) in the serum. Use of imatinib with L-asparaginase could be associated with increased hepatotoxicity. **Pregnancy and Lactation:** Should not be used during pregnancy unless clearly indicated. Erwinase® should not be used during breast feeding. **Side Effects: Refer to SmPC for complete information on side effects.** The two most common adverse reactions are: hypersensitivity (including urticaria, laryngeal oedema, bronchospasm, hypotension and anaphylaxis) and coagulation abnormalities (e.g. thromboses and bleeding). Acute pancreatitis occurs in less than 10% of cases. Nervous system and cardiac disorders occur but are often secondary to other adverse effects (e.g. thrombo-embolism) or synergistic to the effects of other chemotherapy drugs. Common plasma biochemical changes are elevations of serum amylases, lipase, bilirubin, liver function parameters and cholesterol. Fever, chills, peripheral oedema, pain, pallor, hepatotoxicity, diarrhoea, nausea, vomiting, abdominal pain and injection site reactions are also common. Infection and life threatening sepsis occurs rarely. Undesirable effects are generally reversible. **Overdose:** Apart from acute allergic reactions or an anaphylactic shock L-asparaginase overdose can cause chronic intoxication, characterised by impaired liver or kidney function. The administration of L-asparaginase should be stopped immediately and symptomatic treatment commenced straightaway. **Storage and Handling:** Store in a refrigerator between +2°C and +8°C. Shelf-life following reconstitution is 15 minutes in the original container or 4 hours below 25°C in a glass or polypropylene syringe. Reconstituted solution should be rejected if there are any visible particles or protein aggregates present. Does not require the special precautions needed for handling cytotoxic drugs, but should be handled the same way as other therapeutic enzymes. **Package Quantities and Cost:** 5 vials/pack, prices differ in the countries. **Legal Classification:** POM. **Marketing Authorisation Number:** 34009 550 041 6 5. **Marketing Authorisation Holder:** Jazz Pharmaceuticals, Wing B, Building 5700, Spires House, John Smith Drive, Oxford Business Park South, Oxford OX4 2RW **Date of Preparation:** July 2016.

The SmPC may differ according to country. For country specific information please refer to your local SmPC.

Adverse events should be reported. Adverse events should also be reported to Jazz Pharma by email: Drugsafetyuk@jazzpharma.com or by FAX: +44 (0) 1865 598765