

Regimen Monograph

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A - Regimen Name

PEGA(DESEN) Regimen

Pegaspargase

Disease Site Hematologic
Leukemia - Acute Lymphoblastic (ALL)
Lymphoma - T-cell

Intent Curative

Regimen Category **Evidence-informed :**

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses

For the ambulatory administration of pegaspargase through a 12 to 16-step graduated rate infusion (as part of a desensitization protocol) in patients who have had a grade 3 or higher hypersensitivity reaction previously. Refer to NDFP criteria for funded indications.

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B - Drug Regimen

[pegaspargase](#)

Administered through a 12 to 16-step graduated rate desensitization. Total dose to be administered corresponds to the pegaspargase-containing regimen the patient is being treated with.

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K - References

Castells MC. Rapid drug desensitization for hypersensitivity reactions to chemotherapy and monoclonal antibodies in the 21st century. *J Investig Allerg Clin Immunol* 2014; 24 (2): 72-79.

Swanson HD, et al. Predicting success of desensitization after pegaspargase allergy. *Blood* 2020; 135 (1): 71-75.

February 2022 Updated funding and workload to reflect NDFP drug funding available for certain indications

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M - Disclaimer

Regimen Abstracts

A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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Regimen Monographs

Refer to the [New Drug Funding Program](#) or [Ontario Public Drug Programs](#) websites for the most up-to-date public funding information.

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Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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