

# The Medical Letter®

## On Drugs and Therapeutics

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## IN BRIEF

### Asparaginase *Erwinia chrysanthemi* (*Erwinaze*) for ALL

The FDA has approved asparaginase *Erwinia chrysanthemi* (*Erwinaze* – EUSA), an asparagine-specific enzyme derived from the gram-negative bacillus *Erwinia chrysanthemi*, for use in combination with other chemotherapeutic agents for treatment of acute lymphoblastic leukemia (ALL) in patients who have had allergic reactions to *Escherichia coli*-derived asparaginase (*Elspar* or pegaspargase [*Oncaspar*]).

ALL is the most common malignancy of childhood. Multidrug chemotherapy can cure about 80% of children with ALL.<sup>1</sup> Initial treatment (“induction”) usually includes vincristine, a glucocorticoid, and an asparaginase and/or an anthracycline. Inclusion of an asparaginase in ALL regimens improves outcomes, especially in pediatric patients, but approximately 15-20% of patients treated with *E. coli*-derived asparaginase will develop hypersensitivity to the drug.

In one study, 42 *E. coli* asparaginase-allergic children with ALL were switched to twice-weekly *Erwinia* asparaginase 25,000 IU/m<sup>2</sup> to complete 30 weeks of asparaginase treatment; 81% of patients completed ≥26 weeks of therapy. At a median follow-up of 5.4 years, event-free survival in those children was similar to that of children without *E. coli* asparaginase allergy (86% vs. 81%). Allergy to *Erwinia* asparaginase developed in 33% of patients.<sup>2</sup>

1. CH Pui and WE Evans. Treatment of acute lymphoblastic leukemia. *N Engl J Med* 2006; 354:166.
2. LM Vrooman et al. *Erwinia* asparaginase after allergy to *E. coli* asparaginase in children with acute lymphoblastic leukemia. *Pediatr Blood Cancer* 2010; 54:199.

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