

ALLTogether; Sampling during PEG-asparaginase treatment for patients < 25 years.

Includes:

- Minimal sampling (trough levels on infusions days)
- Recommended extra sampling in NOPHO for prediction of hypersensitivity
- Peak levels and toxicity (A2G substudy); minimum of sampling is indicated, but peak levels may be taken on *all* infusions days. Samples must be taken within one hour after infusion termination (*study only for i.v. administrations*).

No colour = no sampling

The enzyme activity measurements at the correct time-points after PEG-asparaginase infusion are essential for the recommendations of the subsequent dosing.

	Sampling day														
ALL PATIENTS	4 inf. day	11	18 inf. day	22	32 inf. day	36									
Peak levels															
SR	46 inf. day	50													
Peak levels															
IR-low	46 inf. day	50	60 inf. day												
Peak levels															
IR-high	46 inf. day	50	60 inf. day	74 inf. day	88 inf. day	102 inf. day									
Peak levels															
HR	46 inf. day	50	60 inf. day	A1 Inf. day	A1 7 d after inf.	B1 7 d after inf.	C1 Inf. day	C1 7 d after inf.	A2 7 d after inf.	B2 Inf. day	B2 7 d after inf.	C2 7 d after inf.	D1 Inf. day	316 7 d after inf.	323 inf. day
Peak levels															

In case of treatment delays, samples should be taken ≤ 14 days after the last PEG-asparaginase dose in order to make any conclusions for treatment recommendations.

Samples:

Register your patient in REDCap (redcap.au.dk) including details of the last dose and actual sample.

Sampling: **2 ml of plasma: (optimally divided in two tubes)**

4 ml EDTA blood. After centrifugation 10-15 min. at 20°C, 2000 g. Aliquote plasma into two ml tubes - (i.e. 2ml Saersted ref. 72.694, or 1.8 ml NUNC cat. No363401). Tubes must be labeled with date, name and date of birth., and Castor number

Send samples as soon as possible by standard mail to:
Aarhus Universitetshospital
ATT: Jane Knudsen. Tlf+45 30715242
Børn og Unge Forskning. Indgang G8 –krydspunkt G211
Palle Juul-Jensens Boulevard 99
8200 Aarhus N.
Denmark.

The treating centers must cover the shipment of samples by standard mail. The samples will be analysed for free.

Recommendation for the subsequent treatment (continue PEG-asparaginase/change to Erwinia asparaginase/stop asparaginase treatment) will appear in REDCap before the next planned PEG-asparaginase dose.

Questions regarding REDCap; please contact Karen Møller (research nurse), e-mail karemoel@rm.dk, mobile +45 23253994.

Questions regarding treatment recommendation; please contact Birgitte Klug Albertsen, e-mail biralber@rm.dk, mobile +45 20224643.