



Stock W, Luger SM, Advani AS, et al. A pediatric regimen for older adolescents and young adults with acute lymphoblastic leukemia: results of CALGB 10403. *Blood*. 2019;133(14):1548-1559.

In Figure 1 on page 1550 in the 4 April 2019 issue, in the dosage for prednisone under "Remission Induction (Course I)," "01-28" should read, "D 1-28." The dosage for vincristine is missing under "Interim Maintenance (Course III)." Also, under "Delayed Intensification (Course IV)," the dosage for doxorubicin is missing and, in the dosage for vincristine, "D 1, 8, 43, and 50" should read, "D 1, 8, 15, 43, and 50." The corrected Figure 1 and legend are shown below. The errors have been corrected in the online version of the article.

<p>Remission Induction (Course I)</p> <ul style="list-style-type: none"> • Allopurinol –300 mg/day (unless allergic), to continue until peripheral blasts and extramedullary disease are reduced • IT-Ara-C – Ara-C 70 mg IT on D 1. • Pred –60 mg/m²/day PO or IV in two divided doses on D 1-28 • VCR –1.5 mg/m² (maximum dose 2 mg) IV on D 1, 8, 15, and 22 • DNR –25 mg/m² IV on D 1, 8, 15, and 22 • PEG –2500 IU/m² IM or IV D 4 • IT-MTX – 15 mg IT on D 8 and D 29 (also administered on D 15 and 22 for patients with CNS3) <p>Extended Remission Induction (if required)(Course IA)</p> <ul style="list-style-type: none"> • Pred –60 mg/m²/day PO or IV (methylprednisolone) in two divided doses on D 1-14 • DNR –25 mg/m² IV on D 1 • VCR – Vincristine 1.5 mg/m² (maximum 2 mg) IV on D 1 and 8 • PEG –2500 IU/m² IM or IV D 4 <p>Remission Consolidation (Course II)</p> <ul style="list-style-type: none"> • CTX –1000 mg/m² IV on D 1 and 29 • Ara-C –75 mg/m² IV or SC on D 1-4, 8-11, 29-32, and 36-39 • 6-MP –60 mg/m² PO on D 1-14 and 29-42 • VCR –1.5 mg/m² (maximum 2 mg) IV on D 15, 22, 43, and 50 • PEG –2500 IU/m² IM or IV on D 15 and 43 • IT-MTX – 15 mg IT on D 1, 8, 15, and 22 (omit doses on D 15 and 22 for patients with CNS3) <p>Interim Maintenance (Course III)</p> <ul style="list-style-type: none"> • IV-MTX –starting dose 100 mg/m² IV (escalate by 50 mg/m² /dose on D 1, 11, 21, 31, and 41 • VCR – 1.5 mg/m² (maximum dose 2 mg) IV on D 1, 11, 21, 31, and 41 • PEG –2500 IU/m² IM or IV on D 2 and 22 • IT-MTX - 15 mg IT on D 1 and 31 <p>Delayed Intensification (Course IV)</p> <ul style="list-style-type: none"> • VCR – 1.5 mg/m² (maximum dose 2 mg) IV on D 1, 8, 15, 43, and 50 • DEX – 10 mg/m² PO (or IV) divided BID on D 1-7 and 15-21 • DOX- 25 mg/m² IV on D 1, 8, and 15 • PEG – 2500 IU/m² IM or IV on D 4 (or D 5 or D 6) and D 43 • CTX – 1000 mg/m² IV on D 29 • Ara-C – 75 mg/m² IV or SC on D 29-32 and 36-39 • 6-TG – 60 mg/m²/day PO on D 29-42 • IT-MTX -- 15 mg IT on D 1, 29, and 36 <p>Maintenance (Course V)*</p> <ul style="list-style-type: none"> • VCR–1.5 mg/m² (maximum dose 2 mg) IV on D 1, 29, and 57 • DEX– 6 mg/m²/day PO (or IV) in 2 divided doses every 4 weeks on D 1-5, 29-33, and 57-61 • 6-MP– 75mg/m²/day PO on D 1-84 • IT-MTX -- 15 mg IT on D 1(also is given on D 29 of the first 4 courses of maintenance) • PO-MTX – 20 mg/m² PO weekly on D 8, 15, 22, 29, 36, 43, 50, 57, 64, 71, and 78 (held on D 29 of the first 4 courses of maintenance when IT-MTX is given)

Figure 1. Treatment schema for CALGB 10403.

*Maintenance therapy consisted of 12-week courses continuing until 3 years from initiation of interim maintenance for male and 2 years for female patients. Patients with precursor T-cell ALL received 24 Gy of prophylactic cranial irradiation during first cycle of maintenance therapy; those with CNS involvement at presentation received 18 Gy. 6-MP, 6-mercaptopurine; 6-TG, 6-thioguanine; Ara-C, cytarabine; CTX, cyclophosphamide; DEX, dexamethasone; DOX, doxorubicin; DNR, daunorubicin; IT, intrathecally; MTX, methotrexate; PEG, pegylated asparaginase; PO, orally; pred, prednisone; VCR, vincristine.

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