ASPARLAS™
(calaspargase pegol-mknl)
750 units/mL injection

THE ALLTERNATIVE

LIVE PROGRAM ABOUT CONFRONTING ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) WITH ASPARLAS AS PART OF A MULTIAGENT CHEMOTHERAPY REGIMEN

PROGRAM INFORMATION

Day
Thursday, March 10, 2022

Time
6:15 PM - 8:45 PM PST

Presenter
Mitchell Cairo, MD
Department of Pediatrics at New York Medical College

Location
À Côté
5478 College Ave.
Oakland, CA 94618

RSVP Deadline
Tuesday, March 8, 2022

To Register
Please contact your Servier representative, Christopher Greig, at christopher.greig@servier.com or 650.380.8934 if you would like to attend this program.

PROGRAM DESCRIPTION

Join us for an expert-led program on ASPARLAS (calaspargase pegol-mknl) for the treatment of ALL.

ASPARLAS is asparaginase with a difference. Because ASPARLAS is more stable than other pegylated asparaginase, it has a longer half-life.[1] ASPARLAS offers the option of dosing every three weeks as part of a multiagent chemotherapy regimen and has a 36-month shelf life facilitating better product management.[1,2] We hope you can attend this important program to help your patients with ALL. **Register today!**

This is a non-CME event sponsored by Servier. In accordance with state laws, we are prohibited from providing meals and food items to healthcare professionals licensed or practicing in the states of Minnesota and Vermont. Invited participants may not bring guests. Servier will collect and report healthcare professional information concerning meals and other transfers of value pursuant to the Federal Sunshine Act and state laws.

ASPARLAS (calaspargase pegol-mknl)

Indications and Usage

ASPARLAS™ (calaspargase pegol-mknl) is indicated as a component of a multi-agent chemotherapeutic regimen for the treatment of acute lymphoblastic leukemia (ALL) in pediatric and young adult patients age 1 month to 21 years.

Important Safety Information

CONTRAINDICATIONS

- History of serious hypersensitivity reactions to pegylated L-asparaginase.
- History of serious thrombosis during previous L-asparaginase therapy.
- History of serious pancreatitis related to previous L-asparaginase treatment.
- History of serious hemorrhagic events during previous L-asparaginase therapy.
- Severe hepatic impairment.

Please see additional Important Safety Information continued on the following page.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Hypersensitivity: Grade 3 and 4 hypersensitivity reactions including anaphylaxis have been reported in clinical trials with ASPARLAS with an incidence of 7% to 21%. Because of the risk of serious allergic reactions, administer ASPARLAS in a clinical setting with resuscitation equipment and other agents necessary to treat anaphylaxis. Observe patients for 1 hour after administration. Discontinue ASPARLAS in patients with serious hypersensitivity reactions.

Pancreatitis: Cases of pancreatitis have been reported in clinical trials with ASPARLAS with an incidence of 12% to 16%. Inform patients of the signs and symptoms of pancreatitis, which, if left untreated, could be fatal. Assess serum amylase and/or lipase levels to identify early signs of pancreatic inflammation. Discontinue ASPARLAS in case of suspicion of pancreatitis.

Thrombosis: Serious thrombotic events, including sagittal sinus thrombosis, have been reported in clinical trials with ASPARLAS with an incidence of 9% to 12%. Discontinue ASPARLAS in patients experiencing serious thrombotic events.

Hemorrhage: Hemorrhage associated with increased prothrombin time (PT), increased partial thromboplastin time (PTT), and hypofibrinogenemia have been reported. Evaluate patients with signs and symptoms of hemorrhage with coagulation parameters including PT, PTT, and fibrinogen. Consider appropriate replacement therapy in patients with severe or symptomatic coagulopathy.

Hepatotoxicity: Hepatotoxicity and abnormal liver function, including elevations of transaminase, bilirubin (direct and indirect), reduced serum albumin, and plasma fibrinogen can occur. Evaluate bilirubin and transaminases at least weekly during cycles of treatment that include ASPARLAS through at least 6 weeks after the last dose of ASPARLAS. In the event of serious liver toxicity, discontinue treatment with ASPARLAS and provide supportive care.

ADVERSE REACTIONS

The most common grade 3 and above adverse reactions (incidence ≥10%) for patients receiving ASPARLAS with multiagent chemotherapy observed in the DFCI clinical trial are elevated transaminase, bilirubin increased, pancreatitis, and abnormal clotting studies.

For more information, please see the Full Prescribing Information.

1. ASPARLAS [package insert]. Boston, MA: Servier Pharmaceuticals LLC; 2019.
2. US Food and Drug Administration. BLA761102: ASPARLAS biologics license application approval [letter]. December 20, 2018. https://www.accessdata.fda.gov/drugsatfda_docs/appletter/2018/761102Orig1s000Ltr.pdf. Accessed September 2, 2020.

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