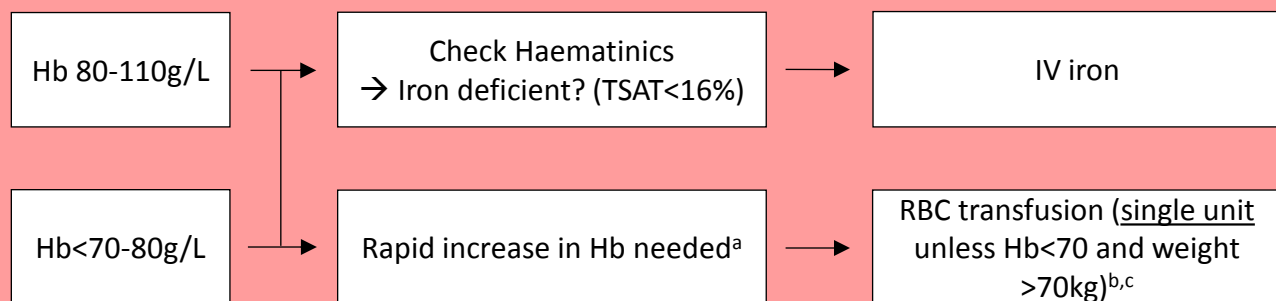


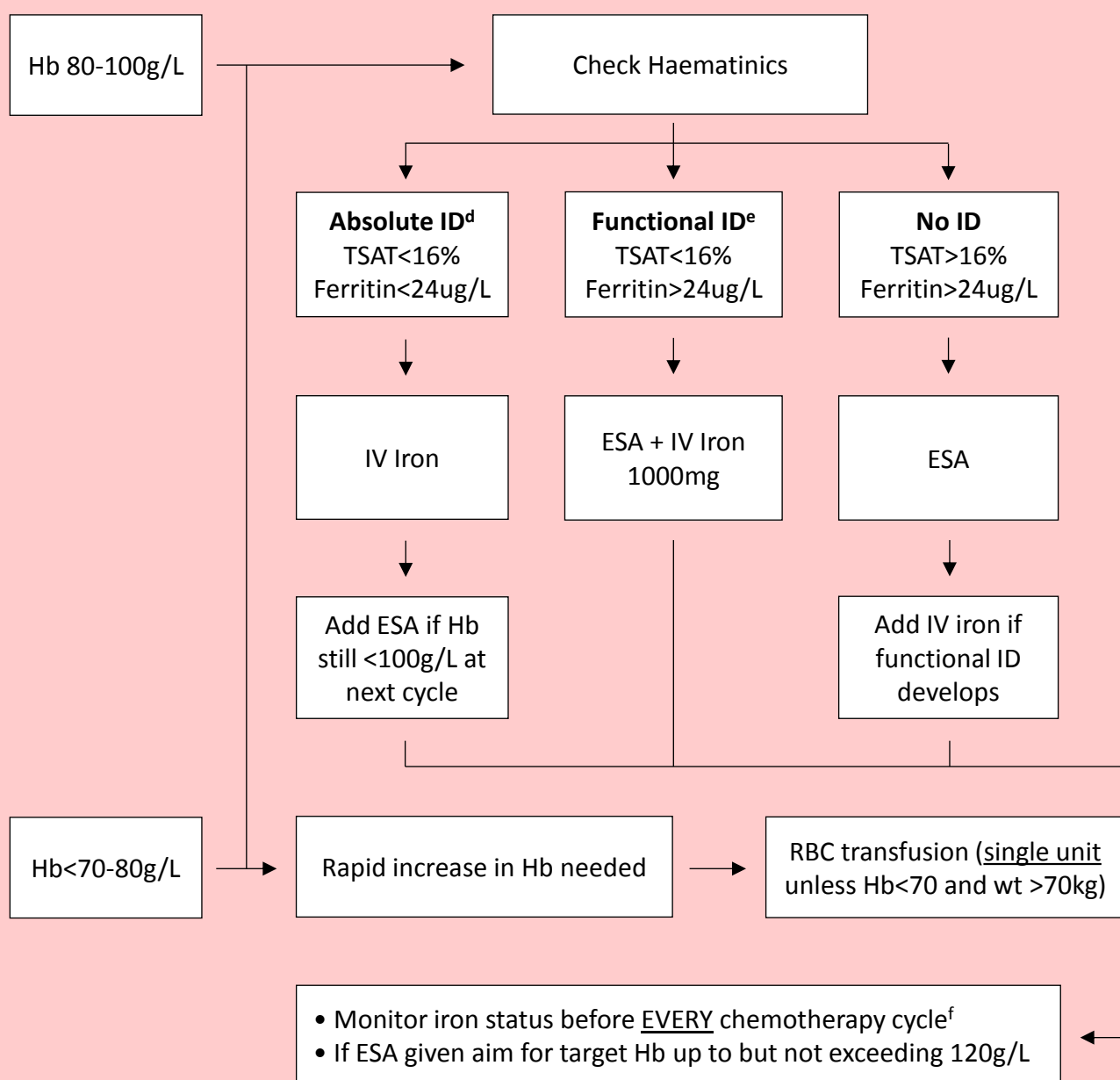
Anaemia in non-myeloid cancer patients receiving chemotherapy

Request baseline haematinics (TSAT, ferritin, B12, folate) in ALL patients

All patients starting/continuing chemotherapy or chemo-RT



Patients starting/continuing palliative chemotherapy*



Abbreviations: Hb, haemoglobin; TSAT, transferrin saturation; ID, iron deficiency; ESA, erythropoiesis-stimulating agent.

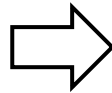
- ^a Risk of cardiovascular complications or severe anaemia-related symptoms
- ^b Hb increment after 1 unit of RBCs is weight-dependent: 10g/L if patient weighs 70-80kg; 15g/L if 45-55kg
- ^c Unless target Hb=120 for radical radiotherapy in head & neck, cervical and vulval squamous cell carcinoma
- * ASCO advises ESAs only in non-curative chemotherapy; NICE & ESMO recommend ESAs regardless of treatment intent
- ^d Use TDI dosing for absolute iron deficiency (<http://rhmwebtrack:8080/Monofer%20dose%20calculator.php>)
- ^e In functional iron deficiency, prescribe a single dose of iron isomaltoside (Monofer) 1000mg unless patient weighs < 50kg (single dose of 20mg/kg required)
- ^f IV iron may be repeated ≥ 4 weeks after the initial infusion if TSAT remains low
- IV iron should not be given on the same day as potentially cardiotoxic anthracyclines
- Iron contra-indications: bacteraemia, previous hypersensitivity reaction to parenteral iron, decompensated liver disease

Anaemia in non-myeloid cancer patients receiving chemotherapy

DARBEOETIN ALFA DOSING

FIRST DOSE:

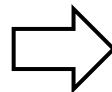
Flat dosage



500mcg SC every 3w

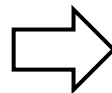
SUBSEQUENT DOSES:

Hb reaches target level
(115-120g/L) or rises by
>5g/L/week



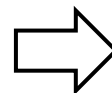
Reduce dose by 40%
(300mcg every 3w)

Hb exceeds target level
(120g/L)



Withhold and reduce
dose by 40%. Restart
once Hb<120g/L

No Hb response after
8w or chemotherapy
complete



Discontinue treatment

- Abbreviations: Hb, haemoglobin; w, weeks; SC, subcutaneous
- Do not increase dose above 500mcg every 3 weeks
- Darbepoetin can also be given weekly (2.25mcg/kg SC)
- Contra-indications: uncontrolled hypertension, recent myocardial infarction or cerebrovascular accident
- Use with caution: high thrombo-embolic risk, severe hepatic impairment, epilepsy
- Side-effects: arthralgia, rash, headache, hypertension, thrombo-embolic events, pure red cell aplasia, convulsions
- <https://www.medicines.org.uk/emc/product/6958/smpc>