Guidelines for Iron Chelation Therapy In Myelodysplasia (MDS)

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Guideline for Iron Chelation Therapy in Myelodysplasia (MDS)

The following is prepared as a guide to the use of iron chelation in MDS. It is meant to guide clinicians and commissioners in appropriate use as collated from recent reviews and guidelines.

**Indication**

1. Transfusion dependant MDS
2. 25 units or greater transfused
3. Ferritin >1000-1500
4. IPSS Low and Int-1
5. Life expectancy probably greater than one year
6. Discussed at an appropriate MCCN recognised MDT

It is inappropriate to offer iron Chelation to patients with acute leukaemia.

**Appropriate Therapy**

- The bulk of evidence of effectiveness concerns Desferrioxamine (Deferoxamine). Supportive evidence for deferiprone and deferasirox is available for thalassaemia but not for MDS. Accordingly the treatment of choice is Desferrioxamine (Deferoxamine).

- It is recognised that some patients who fulfil the criteria for chelation therapy will be unable to tolerate or comply with subcutaneous continuous infusion therapy. In determining treatment the patient must be aware that the evidence for efficacy favours desferrioxamine and that the supporting evidence for alternatives is inferred from the results in young patients with thalassaemia.

- Second line therapy should be with Deferasirox as it is oral therapy and less likely to cause neutropenia.

**Deferasirox** has been associated with

- rising creatinine levels and, in patients with multiple co-morbidities, acute renal failure. The FDA recommends monitoring creatinine levels, particularly in the elderly, those with comorbidities, those with renal conditions, and those receiving medications that depress renal function.
- Cytopenias (relationship uncertain)-monitoring recommended
References


Evidence- and consensus-based practice guidelines for the therapy of primary myelodysplastic syndromes. A statement from the Italian Society of Hematology. Haematologica 2002; 87:1286-1306

Butt NM and Clark RE Iron overload in survivors of acute myeloid leukaemia may be aggravated by prior autologous transplantation. Bone Marrow Transplantation 2003; 32: 909-914

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