

ERYTHROID STIMULATING AGENTS (ESA) FOR THE TREATMENT OF SYMPTOMATIC ANAEMIA IN ADULT MDS

GUIDANCE FOR USE IN DORSET

Patients starting an ESA must be discussed at the Network MDT and a copy of the MDT report and prescription sent to the Dorset CCG by email:

Individual.requests@dorsetccg.nhs.uk. The forms will be kept for audit purposes.

Indications for use should be in accordance with the UK MDS Guidelines 2013, available on the BCSH website.

- Patients with IPSS Low and Intermediate-1 MDS, symptomatic anaemia and who fulfil the criteria for a high or intermediate predictive score for response should be considered for a trial of therapy with an Erythroid Stimulating Agents (ESA).
- Patients with non-sideroblastic phenotypes, should be offered a trial of therapy with an ESA.
- Patients with sideroblastic phenotypes, should be offered a trial of therapy with an ESA plus G-CSF.
- The recommended starting dose for EPO (Eprex®) is 30,000 units per week for 8 weeks. If there is no response at 8 weeks, the dose can be doubled to 60,000 units per week or 30,000 units per week for a further 8 weeks
- Patients achieving a complete or partial erythroid response by accepted criteria, should continue on long term therapy until the response is lost and at the minimum dose of ESAs required to maintain the response.
- The haemoglobin concentration should not be allowed to rise above 120 g/l.

Predictive response to ESA: Score 0 = 74%, Score 1 point = 23%, Score 2 points =7%

| Transfusion need | Point | S-EPO | Point |
|--------------------|-------|----------|-------|
| <2 units RBC/month | 0 | <500 U/l | 0 |
| ≥2 units RBC/month | 1 | ≥500 U/l | 1 |

Hellstrom-Lindberg, 2003

ESA should be prescribed on the Dorset NHS ESA prescription form.

If the ferritin <200, consider oral iron (personal communication Jacobson).

A copy of the initial prescription for all patients will be kept by pharmacy for audit purposes.

Response criteria:

Complete Erythroid Response: Achievement of Hb > 115 g/l and transfusion independence

Partial Erythroid Response: > 20 g/l increment in Hb and transfusion independence, but Hb remains < 115 g/l