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Erythropoietins in oncology – an interactive review of current thinking

Cancer experts urge adherence to revised international guidelines on use of erythropoiesis-stimulating agents (ESAs) in treatment of chemotherapy-induced anaemia (CIA).

Adherence to new international guidelines on the use of ESAs in the management of CIA can improve the quality of life of cancer patients, while minimising the risks of ESA-associated side effects.

Speakers at the Hospira-sponsored symposium at the joint ECCO 15–34th ESMO Congress in Berlin, Germany, urged colleagues to stick to the revised haemoglobin (Hb) thresholds recommended in the guidelines [1-3], and to target ESA treatment at cancer patients undergoing chemotherapy who have been shown to gain the most benefit.

“International guidelines now recommend initiating ESA treatment in patients with Hb levels less than 10 g/dL and to stop once they have become transfusion independent or when their Hb levels reach 12 g/dL. If oncologists follow these recommendations in whichever country they practise, I am confident that we will see lower levels of the venous thromboembolic events reported with ESAs in earlier trials,” explained Dr Jim Janinis, Director of the Department of Medical Oncology, Athens Medical Center, Athens, Greece. Indeed, at the end of the symposium the majority of the audience reported they would continue to manage

CIA with an ESA using current guidelines until informed otherwise (see Figure 1).

Dr Janinis presented data from three meta-analyses of ESA studies, which linked increased rates of venous thromboembolic events (VTEs) with reduced survival [4-6]. However, he commented that “in many of the trials evaluated, ESA treatment had been initiated at relatively high baseline Hb levels of 11-12 g/dL and continued until patients achieved target levels of 14-15 g/dL. More controlled use of ESAs, in line with the new international guidelines, would have beneficial effects on mortality as well as VTE risk.”

Two thirds of delegates using biosimilar ESAs

Sixty-eight per cent of delegates attending the symposium reported that their clinics were now using a biosimilar ESA, according to results of interactive questions posed by Professor Stefan Fruehauf from the Department of Hematology/Oncology at the Center for Tumor Diagnostics and Therapy, Osnabrück, Germany.

During a case-study discussion of optimal ESA use in clinical practice, Professor Fruehauf explained that appropriate CIA management was an important part of sup-

ported at the symposium, confirmed its tolerability and efficacy in the management of CIA, adding to existing data demonstrating comparable biological activity, dose and Hb response.

Retacrit (epoetin zeta) has been approved for the management of CIA in cancer patients [7] and may provide a cost-effective alternative to other established erythropoietins in this setting. “Not only do biosimilars provide a well-tolerated and effective alternative from their originators, but they also have the potential to provide a significant and much needed release of healthcare funds across Europe – it is estimated that over Euros 1.6 billion per year could be saved from the use of five biosimilar products,” said Dr Paris Kosmidis, President of the Scientific Committee, Hygeia Hospital, Athens, Greece, who chaired the symposium.

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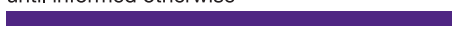


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Figure 1: Symposium audience responses

In light of what you have heard in this symposium regarding the management of chemotherapy-induced anaemia

1. I will continue to use ESAs according to current guidelines until informed otherwise  85%
2. I will stop using ESAs in clinical practice  7%
3. I will start using ESAs in clinical practice
4. I do not use ESAs in my clinic and will not start  8%

portive care, which could significantly impact on patients' quality of life. He commented that his clinical experience has shown the biosimilar ESA epoetin zeta (Retacrit®) to be effective and well tolerated by patients.

Latest clinical trial data on epoetin zeta,