

UPDATE ON TREATMENT OF ANEMIA AND NEUTROPENIA



Dr. Ursula Matulonis

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During a presentation sponsored by Amgen, Ursula Matulonis, M.D., Director, Medical Oncology, Dana-Farber Cancer Institute and Assistant Professor of Medicine, Harvard Medical School in Boston, MA discussed new treatments for anemia and neutropenia.

Dr. Matulonis discussed the importance of chemotherapy-induced anemia (CIA) and presented on the use of darbepoetin or Aranesp® for CIA. Aranesp® differs from epoetin alpha because of the additional sialic acid residues which results in a prolonged half-life compared to epoetin alpha. The use of Aranesp® results in less frequent dosing than epoetin alpha. Randomized placebo, controlled trials of Aranesp® in lung cancer patients receiving platinum-based chemotherapy have shown that Aranesp® use results in increased hemoglobin levels, reduced red blood cell transfusions, and improved quality of life. Use of 200 mcg of Aranesp® every other week results in improvements in hemoglobin and reduction in RBC transfusions comparable to weekly epoetin alpha. In addition, data was presented on

the safety of Aranesp®

Neulasta® represents an important improvement in the management of chemotherapy-induced neutropenia (CIN). Because of pegylation, a single 6 mg SQ injection of Neulasta® is comparable to a 10-day course of Neupogen® in terms of biological properties of G-CSF, duration of neutropenia, incidence of febrile neutropenia, ANC nadir, and safety. Pegylation results in reduced renal clearance and identical neutrophil clearance. During neutropenia, renal clearance is minimized causing the half-life to be prolonged during this time. The 6mg fixed dose is efficacious across a wide variety of body weights. The level of bone pain is identical when comparing Neulasta® to a course of Neupogen®.

Discussion revolved around clinical experience with the Aranesp® and Neulasta® as well as insurance coverage. The group agreed that Aranesp® and Neulasta® represented important advances in the management of chemotherapy-induced anemia and neutropenia, respectively.



“The strength of the OA group is well represented by your (physician’s) willingness to travel to this weekend meeting and forge the future through your interactions as one.”

Brent Evans,
OA Executive Vice President & General Manager

