Gloucestershire Hospitals
NHS Foundation Trust

Darbepoetin Alfa for Anaemia in Patients Receiving Chemotherapy (NICE TA323)

Indication

- Treatment of symptomatic anaemia in adult cancer patients with non-myeloid malignancies receiving myelosuppressive chemotherapy
- Recommended for use with a haemoglobin concentrations of <100 g/l
- Treatment is initiated by consultant only, and should be prescribed on ChemoCare

Contraindications

- latex allergy
- hypersensitivity to active substance or to excipients
- poorly controlled hypertension

Cautions

- exercise caution with dose escalation in patients with chronic renal failure

Dose

- The recommended initial dose is 500 µg (6.75 µg/kg) given once every three weeks
- Once weekly dosing can be given at 2.25 µg/kg
- Appropriate dose titration between 500 µg, 300 µg, and 150 µg should be considered
- If the Hb > 120 g/l the dose should be reduced by approximately 25 to 50%.
- Treatment should be temporarily discontinued if Hb > 130 g/l
- Once the therapeutic objective for an individual patient has been achieved, the dose should be reduced by 25 to 50% in order to ensure that the lowest approved dose is used to maintain Hb at a level that controls the symptoms of anaemia
- **Discontinue treatment approximately four weeks after the end of chemotherapy**

Monitoring

- It is administered to patients with anaemia in order to increase haemoglobin (Hb) to not greater than 120 g/l. A sustained Hb >120 g/l should be avoided
- Iron status should be evaluated to ensure effective erythropoiesis, prior to and during treatment and supplementary iron therapy may be necessary.
- Check ferritin, folate and B12 levels, supplement if necessary
- If clinical response is inadequate after nine weeks, further therapy may not be effective

Administration

- Allow to come to room temperature. Do NOT shake.
- Administered subcutaneously to any site
- Rotate the injection sites and inject slowly to avoid discomfort at the site of injection

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