

Vol. 17, No. 1, January 2010 Supplement  
Iron Overload in Myelodysplastic Syndromes:  
Diagnosis and Management

As a result of reading the supplement, *Iron Overload in Myelodysplastic Syndromes: Diagnosis and Management*, for your patients with MDS:

1. Do you utilize the IPSS system for assessing prognosis?  
 Yes     No
2. Do you evaluate serum ferritin levels in your RBC transfusion-dependent patients?  
 Yes     No
3. Do you institute chelation therapy in good-risk, transfusion-dependent patients with a serum ferritin level greater than 1,000 µg/L?  
 Yes     No

4. Do you monitor renal function in patients you treat with chelation therapy?  
 Yes     No
5. Are you aware of the recent data concerning the safety of deferasirox?  
 Yes     No
6. As a result of completing this CME activity, what changes have you made in your care of MDS patients?  
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\_\_\_\_\_  
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Please PRINT clearly:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Submit to: Steve Glass, Educational Review Systems, Inc., Fax: 678-401-0259

**IMPORTANT NOTICE CONCERNING DEFERASIROX**

*Cancer Control* recently published a supplement titled *Iron Overload in Myelodysplastic Syndromes: Diagnosis and Management*.<sup>1</sup> In this supplement, we reported an “early communication” from the US Food and Drug Administration concerning the safety of deferasirox.<sup>2</sup>

After this supplement was published, the manufacturer of deferasirox (Exjade®, Novartis Oncology) updated prescribing information for this drug.<sup>3</sup> A new boxed warning states that the product may cause renal impairment (including failure), hepatic impairment (including failure), and gastrointestinal hemorrhage. Reactions were more frequently observed in patients with advanced age, high-risk myelodysplastic syndromes, underlying renal or hepatic impairments, or low platelet counts. Fatalities have been observed.

According to the updated labeling, contraindications for deferasirox now include patients with:

- creatinine clearance < 40 mL/min or serum creatinine > 2 times the age-appropriate upper limit of normal.
- poor performance status and high-risk myelodysplastic syndromes or advanced malignancy.
- platelet counts < 50 × 10<sup>9</sup>/L.

In addition, concomitant use of cholestyramine with deferasirox should be avoided.

**References**

1. List AF. Iron overload in myelodysplastic syndromes: diagnosis and management. *Cancer Control*. 2010;17(1 suppl):2-8.
2. US Food and Drug Administration. Exjade® (deferasirox): early communication. September 25, 2009. <http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm183840.htm>. Accessed January 4, 2010.
3. Exjade® (deferasirox) [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corp; 2010. [http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2010/021882s010lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2010/021882s010lbl.pdf). Accessed February 23, 2010.