

DASATINIB

INDICATION: CML refractory to or intolerant of imatinib 400mg daily

Prior to a course of treatment

- Note dasatinib is to be used in conjunction with network guidelines for management of CML
- Ensure imatinib has been discontinued at least 7 days before starting dasatinib
- Check FBC and chest X-ray
- Discuss the possible risk of teratogenicity and need for contraception with both male and female patients.
- Written consent for course

Prior to each prescription

- Medical review of fitness for chemotherapy – exclude active infection, major changes in organ function
- Assess for symptoms and signs of fluid retention and pleural effusion
- Check FBC

Chronic phase CML

Dasatinib	100mg od	PO
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Accelerated phase CML

Dasatinib	140mg od	PO
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Continue treatment until disease progression or intolerance

Prophylaxis for acute & delayed emesis None

Other medications None

Dose modifications for haematological toxicity

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| <ul style="list-style-type: none"> • Check FBC weekly for first 2 months, then monthly | |
| <ul style="list-style-type: none"> • If neuts < 0.5 or platelets < 50 | Stop until neuts ≥ 1.0, and platelets ≥ 50, then resume at 100mg od |
| <ul style="list-style-type: none"> • If platelets <25 and/or recurrence of neuts <0.5 for > 7 days | Stop until neuts ≥ 1.0, and platelets ≥ 50. Then resume treatment at a reduced dose of 80mg od |
| <ul style="list-style-type: none"> • If third episode of myelosuppression whilst on 80mg od (ie if platelets <25 and/or recurrence of neuts <0.5 for > 7 days | Stop treatment |

Dasatinib toxicities

Neutropenic sepsis & thrombocytopenia	Anaemia
Fluid retention	Pleural and pericardial effusion
Rash	Liver dysfunction
Headache	Diarrhoea

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