BCCA Protocol Summary for Anagrelide as Second-line Treatment of Thrombocytosis Related to Myeloproliferative Disorders

Protocol Code *LKANAG*

Tumour Group *Leukemia/BMT*

Contact Physician *Dr. Donna Hogge*

ELIGIBILITY:

- myeloproliferative disorder
- platelet count of either: greater than 400 x 10^9/L with symptoms
  greater than 1000 x 10^9/L without symptoms
- inadequate response to or intolerance of hydroxyurea and/or interferon
- May be used in combination with busulfan, dexamethasone, hydroxyUREA, interferon or melphalan

EXCLUSIONS:

- Use with great care in patients with heart disease.
- Use with caution in patients with renal and /or hepatic impairment.
- Do not use during pregnancy

TESTS:

- CBC & Diff
  - baseline
  - q1-2 weeks during dosage titration
  - q1-3 months during maintenance
- Urea, creatinine, electrolytes, total bilirubin, AST, alkaline phosphatase
  - baseline
  - regularly for patients with renal and/or hepatic impairment
- Baseline (required, but results do not have to be available to proceed with first treatment; results must be checked before proceeding with cycle 2): HBsAg, HBsAb, HBcoreAb
- If clinically indicated: HBV viral load (see protocol SCHBV)

PREMEDICATIONS:

none

TREATMENT:

Drug	Dose	BCCA Administration Guideline
anagrelide	0.5 mg qid starting dose, adjust according to platelet count Usual maintenance dose 1 to 4 mg daily in divided doses (bid to qid)	PO

In patients with satisfactory response, continue therapy indefinitely.

DOSE MODIFICATIONS:
none except titration to control platelet count

PRECAUTIONS:

1. **Headache**: Occurs in about 30% of patients; generally mild but can be more severe. Treat with acetaminophen prn.
2. **Palpitations**: Occur in about 25% of patients; may require discontinuation of anagrelide.
3. **Diarrhea**: Occurs in about 25% of patients. Supportive treatment involves adequate hydration, ingestion of low fibre foods in small amounts at frequent intervals.
4. **Fluid retention**: Occurs in about 20% of patients. Supportive treatment involves elevation of the feet and avoidance of tight clothing.
5. **Hepatitis B Reactivation:** Low risk for hepatitis B reactivation. See SCHBV protocol for monitoring requirements.

Call Dr. Donna Hogge or tumour group delegate at (604) 875-4337 with any problems or questions regarding this treatment program.

Date activated: 01 May 2001

Date revised: 1 Nov 2024 (Tests and precautions updated)

References:

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6. Petitt RM, Silverstein MN, Petrone ME. Anagrelide for control of thrombocythemia in polycythemia and other myeloproliferative disorders. Semin Hematol 1997;34:51-4.
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8. Bennett CL, Weinberg PO, Golub RM. Cost-effectiveness model of a phase II clinical trial of a new pharmaceutical for essential thrombocythemia: Is it helpful to policy makers? Semin Hematol 1999;36(1 Suppl 2):26-9.
9. Storen EC,Tefferi A. Long-term use of anagrelide in young patients with essential thrombocythemia. Blood 2001;97:863-6.