

Cladribine 0.14mg/kg Weekly Therapy

INDICATIONS FOR USE:

INDICATION	ICD10	Regimen Code	*Reimbursement Status
First line treatment for adult patients with Hairy Cell Leukaemia	C91	00469a	Hospital

**If the reimbursement status is not defined, the indication has yet to be assessed through the formal HSE reimbursement process*

TREATMENT:

The starting dose of the drugs detailed below may be adjusted downward by the prescribing clinician, using their independent medical judgement, to consider each patient's individual clinical circumstances.

Cladribine is usually administered for 1 cycle only. There is no dose reduction for haematological counts for this first cycle. If repeated, it should be given after recovery of blood counts to baseline.

Facilities to treat anaphylaxis MUST be present when the chemotherapy is administered.

Day	Drug	Dose	Route	Diluent & Rate
1, 8, 15, 22 and 29	Cladribine	0.14mg/kg	SC	n/a

ELIGIBILITY:

- Indications as above

EXCLUSIONS:

- Hypersensitivity to cladribine or any of the excipients.
- Creatinine Clearance \leq 50ml/min
- Moderate to severe hepatic impairment (Child–Pugh Score $>$ 6)
- Pregnancy
- Lactation

PRESCRIPTIVE AUTHORITY:

The treatment plan must be initiated by a Consultant Haematologist working in the area of haematological malignancies.

TESTS:

Baseline tests:

- FBC, renal and liver profile
- LDH, Uric acid
- Virology screen - Hepatitis B (HBsAg, HBcoreAb) & C, HIV CMV, EBV, VZV and HSV.

**See Adverse Effects/Regimen Specific Complications re Hepatitis B Reactivation*

Regular tests:

- FBC weekly during treatment and for up to 8 weeks after therapy
- Renal and liver profile and LDH as clinically indicated

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- Creatinine clearance using Cockcroft Gault equation

Disease monitoring:

Disease monitoring should be in line with the patient's treatment plan and any other test/s, as directed by the supervising Consultant.

Bone marrow reassessment post cladribine treatment should generally be delayed for 4 to 6 months to allow for delayed marrow recovery that can be associated with cladribine

DOSE MODIFICATIONS:

- Any dose modification should be discussed with a Consultant

Renal and Hepatic Impairment:

Table 1: Dose modifications based on renal and hepatic impairment

Renal impairment	Hepatic impairment
Contraindicated in patients with moderate to severe renal impairment (creatinine clearance \leq 50 ml/min)	Contraindicated in patients moderate to severe hepatic impairment (Child-Pugh score $>$ 6)

SUPPORTIVE CARE:

EMETOGENIC POTENTIAL: Minimal (Refer to local policy).

PREMEDICATIONS: None

OTHER SUPPORTIVE CARE:

- Tumour lysis syndrome prophylaxis (**Refer to local policy**)
- PJP prophylaxis (**Refer to local policy**)*
- Anti-viral prophylaxis (**Refer to local policy**)*
- Anti-fungal prophylaxis (**Refer to local policy**)
- All patients being treated with cladribine should receive irradiated blood products (**Refer to local policy**)
- Contraceptive measures for women of child-bearing potential during therapy and for at least 6 months after cessation of therapy.

***Note :** Recommended that the use of concomitant drugs should be minimised during cladribine infusions as patients often develop rashes. Co-trimoxazole and aciclovir should be started once treatment is completed

ADVERSE EFFECTS / REGIMEN SPECIFIC COMPLICATIONS

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

Cladribine is an antineoplastic and immunosuppressive substance that can induce considerable toxic adverse reactions, such as myelo- and immunosuppression, long-lasting lymphocytopenia, and opportunistic infections. Patients undergoing treatment with cladribine should be closely monitored for signs of haematological and non-haematological toxicities.

- **Progressive multifocal leukoencephalopathy (PML):** Cases of PML, including fatal cases, have been reported with cladribine. PML diagnosis has been reported 6 months to several years after treatment with cladribine. An association between cladribine and prolonged lymphopenia was reported in several of these cases. Consider PML in the differential diagnosis for patients with new or worsening neurological, cognitive or behavioural signs or symptoms. If PML is suspected, the patients should not receive further treatment with cladribine (7).

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- **Secondary malignancies:** Like other nucleoside analogues, treatment with cladribine is associated with the occurrence of second malignancies. Therefore, regular monitoring of patients treated with cladribine is required.
- **Haematological toxicity:** During the first month following treatment, myelosuppression is most notable and red blood cell or platelet transfusions may be required. An increased incidence of opportunistic infections is expected during and for 6 months following therapy with cladribine. Careful and regular monitoring of peripheral blood counts is essential during and for 2 to 4 months following treatment with cladribine.
- **Fever** of unknown origin frequently occurs in patients treated for hairy cell leukaemia and is manifested predominantly during the first 4 weeks of therapy.
- **Fertility:** Men being treated with cladribine should be advised not to father a child up to 6 months after treatment. Women of childbearing potential must use effective contraception during treatment with cladribine and for 6 months after the last cladribine dose.
- **Hepatitis B Reactivation:** Patients should be tested for both HBsAg and HBcoreAb as per local policy. If either test is positive, such patients should be treated with lamivudine 100 mg/day orally for the entire duration of chemotherapy and for six months afterwards. Such patients should also be monitored with frequent liver function tests and hepatitis B virus DNA at least every two months. If the hepatitis B virus DNA level rises during this monitoring, management should be reviewed with an appropriate specialist with experience managing hepatitis and consideration given to stopping chemotherapy.

DRUG INTERACTIONS:

- Due to a potential increase of haematological toxicity and bone marrow suppression, cladribine must not be used concomitantly with other myelosuppressive medicinal products.
- Corticosteroids have been shown to enhance the risk of severe infections when used in combination with cladribine and should not be given concomitantly with cladribine.
- Current drug interaction databases should be consulted for more information including potential for interactions with CYP3AR inhibitors/inducers.

ATC CODE:

Cladribine L01BB04

REFERENCES:

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Version	Date	Amendment	Approved By
1	24/04/2018		Dr Hilary O’Leary

Comments and feedback welcome at oncologydrugs@cancercontrol.ie.

ⁱODMS – Oncology Drug Management System

CDS – Community Drug Schemes (CDS) including the High Tech arrangements of the PCRS community drug schemes

Further details on the Cancer Drug Management Programme is available at;

<http://www.hse.ie/eng/services/list/5/cancer/profinfo/medonc/cdmp/>

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