

Busulfan

Indication

Myeloproliferative neoplasms, including chronic myeloid leukaemia (CML) where hydroxycarbamide is not appropriate.

ICD-10 codes

Codes with the following prefixes; C92.0, D47.1, D47.3, D45.0, D75.81

Regimen details

Day	Drug	Dose	Route
Day 1-7 (or 14)	Busulfan	2 - 4 mg OD for 7-14 days	РО
OR Day 1	Busulfan	25 - 40 mg STAT	PO

* dose (and duration if applicable) according to magnitude of desired effect

Cycle frequency

Should not be repeated within 8 weeks of last dose.

Number of cycles

See above. Response should be assessed after 2 cycles and stopped if no effect.

Administration

Busulfan is available as 2mg tablets. Tablets should be swallowed whole with plenty of water.

Pre-medication

Nil

Emetogenicity

This regimen has low-moderate emetic potential.

Additional supportive medication

Allopurinol 300mg OD (100mg OD if creatinine clearance <20mL/min) for 4 weeks. Antiemetics as per local policy

Extravasation

N/A

Investigations – pre first cycle

Investigation	Validity period (or as per local policy)
FBC	14 days
U + E (including creatinine)	14 days
LFTs	14 days

Investigations – pre subsequent cycles

Investigation	Validity period
FBC	2 weekly during treatment
U + E (including creatinine)	2 weekly during treatment
LFTs	2 weekly during treatment

Standard limits for administration to go ahead

If blood results not within range, authorisation to administer **must** be given by prescriber/ consultant

Investigation	Limit
CrCl	> 30mL/min
ALT/AST	< ULN

Dose modifications

• Haematological toxicity

The aim of treatment is to reduce the WCC to $15 - 25 \times 10^9$ /L and platelets < 400×10^9 /L.

There is individual variation in the response to busulfan and in a small proportion of patients the bone marrow may be extremely sensitive.

The acute dose-limiting toxicity of busulfan is myelosuppression. The main effect of chronic overdose is bone marrow depression and cytopenias. If profound myelosuppression does occur, appropriate supportive treatment should be given during the period of haematological toxicity according to local policy.

• Renal impairment

Busulfan has not been studied in renal impairment. It is moderately excreted in the urine. Dose modification is not recommended, however busulfan should be used with caution.

• Hepatic impairment

Caution in severe hepatic impairment. If ALT/AST raised, consider a dose reduction (consultant decision)

• Other toxicities

Treatment should be discontinued if lung toxicity develops.

Adverse effects - for full details consult product literature/ reference texts

• Serious side effects Myelosuppression Hepatic veno-occlusive disease Acute myeloid leukaemia Pulmonary toxicity Infertility Teratogenicity Azoospermia (may be irreversible) Convulsions (high dose)

• Frequently occurring side effects

Myelosuppression Hyperuricaemia, uric acid nephropathy Nausea, vomiting Diarrhoea Alopecia Rhinitis Pharyngitis

• Other side effects

Hyperpigmentation

Significant drug interactions – for full details consult product literature/ reference texts

Itraconazole: may reduce clearance of busulfan. Monitor for signs of toxicity.

Metronidazole: co-administration is not recommended, metronidazole may reduce clearance of busulfan. **Paracetamol**: may decrease glutathione levels in blood and tissues, and may therefore decrease busulfan clearance.

Phenytoin: may increase busulfan clearance.

Additional comments

Busulfan should not be given in conjunction with radiotherapy.

Busulfan is ineffective once blast transformation has occurred.

Busulfan may be teratogenic. Adequate contraceptive measures should be taken during and for 2 years after treatment if either partner is receiving busulfan.

Busulfan should be discontinued if lung toxicity develops.

If anaesthesia is required the anaesthetist should be made aware that the patient has taken busulfan.

References

- Polycythemia vera and essential thrombocythemia: 2013 update on diagnosis, riskstratification, and management. Tefferi A. Am J Hematol. 2013 Jun; 88(6):507-16. doi: 10.1002/ajh.23417.
- Summary of Product Characteristics Busulfan (Sanofi) accessed 17 December 2014 via http://www.medicines.org.uk

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