

Iron Overload in MDS: Assessment and Monitoring Protocol

<i>Patient Profile</i>	<i>Serum Ferritin</i>	<i>FerriScan (R2 MRI for LIC)</i>	<i>Liver biopsy and iron quantitation</i>
<ul style="list-style-type: none"> • MDS Transfusion-dependent patients • IPSS low or Int-1 • WHO-type RA and RARS and 5q- • Candidates for allografting • MDS patients with documented stable disease • Ferritin levels >1000–2000 ng/mL or other evidence of significant tissue iron overload • Absence of comorbidities severely limiting prognosis 	<p>Every 3 months in patients receiving transfusions</p>	<p>In selected patients at diagnosis (to screen for iron overload acquired through ineffective erythropoiesis)</p> <p>In selected transfused and non transfused patients FerriScan should be performed at diagnosis and annually thereafter.</p>	<p>Not recommended due to risk of bleeding</p>

Protocol reviewed May 2010 by Dr Jamie Cavenagh, Consultant Haematologist and Honorary Reader at Barts and The London NHS Trust . Clinical Lead for Haematology Oncology at Barts and The London, Dr Jamie Cavenagh qualified MB BS in 1985 from St Marys Hospital Medical School, London. He trained in clinical haematology at St Georges Hospital, The Royal Marsden Hospital and Barts and The London. He was a Leukaemia Research Fund Scientific Training Fellow from 1992-1994. He is the Chairman of the UK Myeloma Forum. He is the author of over 100 peer-reviewed papers, reviews and book chapters. He has a major interest in conducting clinical research into new therapies for haematological cancers

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