

A decorative graphic in the top-left corner consisting of a grid of blue dots of varying sizes, arranged in a pattern that tapers to the right.

***Standards for the Clinical Care of Children and Adults with Thalassaemia in the UK (2016)***

***By UK Forum on Haemoglobin Disorders***

**(Extracts from) Monitoring and Management of Iron Overload**

**In addition to the stated Requirements the following Recommendations are made:**

***Monitoring of transfusion iron overload***

- The target level of serum ferritin (SF) is between 500 and 1000 $\mu$ g/l. It is recognised that SF may not reflect total body iron levels or organ specific levels in some patients, and SF should not be assessed independently of LIC and myocardial iron.
- LIC of 3-7 mg/g dw is an acceptable therapeutic goal in some thalassaemia major (TM) patients. It is recommended that levels are kept towards the lower end of this range.
- The frequency of LIC assessment should be guided by LIC and rate of change in LIC:
  - Stable levels in the range 3 -7 mg/g dw: one to two yearly
  - Levels >7 mg/g dw: yearly
  - Levels falling rapidly or < 3 mg/g dw: 6 - 12 monthly
- The frequency of cardiac MR scan should be guided by myocardial iron level
  - Stable T2\* >20 milliseconds: two yearly
  - T2\* 10 - 20 milliseconds: yearly
  - T2\* <10 milliseconds: 6 monthly