

DOSE CONVERSION FOR ANTHRACYCLINE EXPOSURE

Cumulative doses of anthracyclines and anthracenediones may be calculated using the following table to assess the therapeutic exposures during the patient's lifetime.

Agent	Suggested Conversion Factor to DOXOrubicin Dose	Suggested Monitoring Threshold†,¶
DAUNOrubicin	x 0.5[1,2]	450 mg/m ² [18]
DAUNOrubicin liposomal*	Unknown[4,5]	Unknown (tolerated at 1000 mg/m ²)[4,5]
DAUNOrubicin liposomal (in VYXEOS)	Same as conventional DAUNOrubicin[6]	Same as conventional DAUNOrubicin (similar incidence of cardiotoxicity to conventional DAUNOrubicin in "7+3" regimen)[6]
DOXOrubicin Pegylated liposomal	Unknown[7]	Unclear No clear relationship between cumulative dose and cardiotoxicity[5,8] up to > 1000 mg/m ² . [11-16] Routine monitoring generally is not indicated[8] but monitoring threshold at 700 mg/m ² [10] and 900 mg/m ² have been suggested.[8]
DOXOrubicin	x 1[1,2]	300 mg/m ² [17,19]
epirubicin	x 0.67[1]	600 mg/m ² [17,20]
IDAubicin	x 5[1]	150 mg/m ² [21]
mitoXANTRONE	x 10[1,2]	140 mg/m ² [23,24]

*Commercial product not available in Canada, US or EU.

† Dosing based on body weight (mg/kg) may be converted by[3]: daily dose in mg/m² = (daily dose in mg)/BSA

¶ Treatment may continue beyond these doses in selected patients, if the clinician has considered the potential risks and benefits. The addition of dexrazoxane may be considered, and monitoring should be increased. Maximum tolerated doses are variable; some patients may tolerate doxorubicin equivalent doses exceeding 1000 mg/m² while other patients exhibit symptomatic heart failure at doxorubicin equivalent doses less than 300 mg/m².

References

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