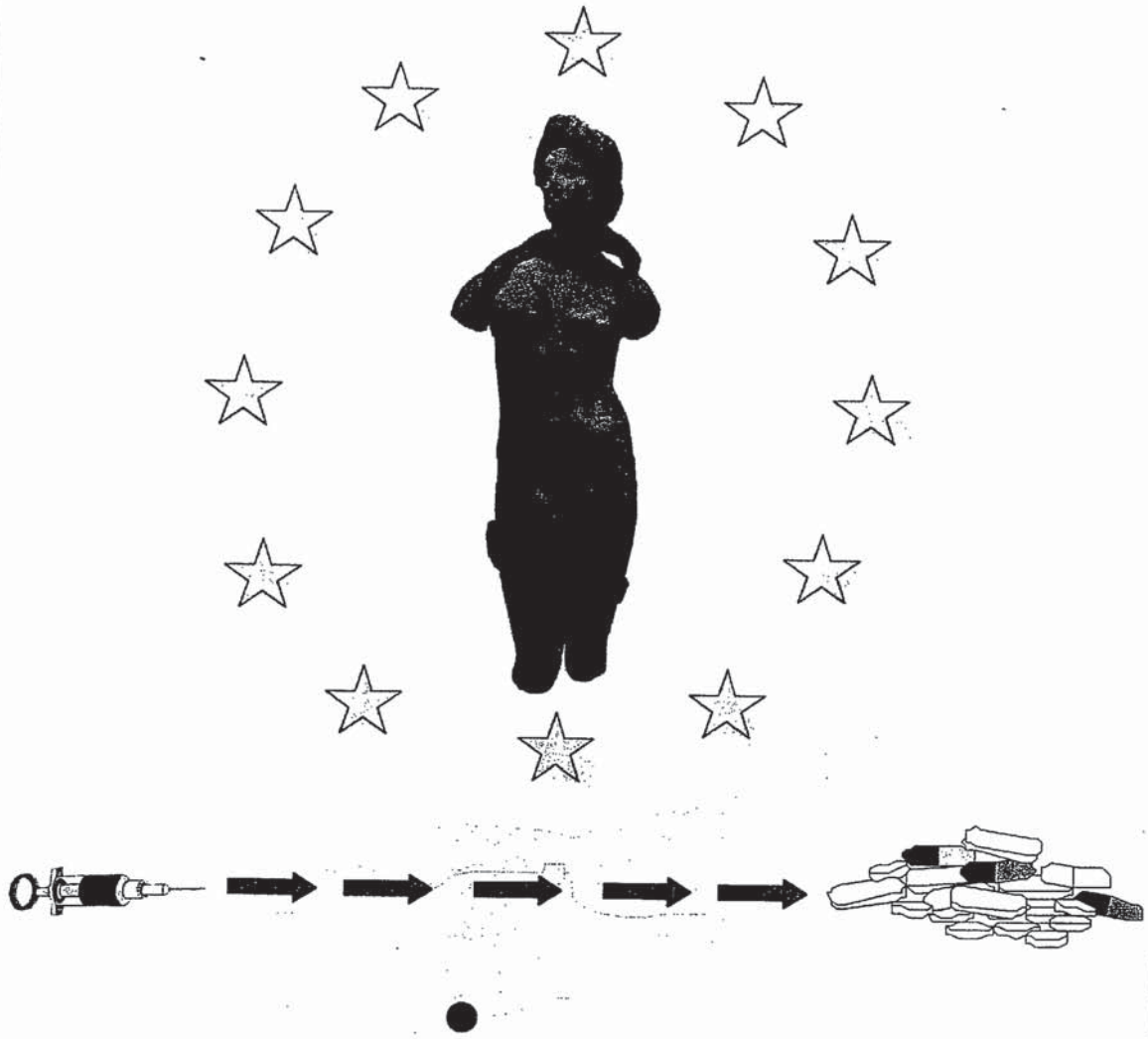
DEFERIPRONE (Kelfer)
A report of 22 patients who have taken it for over a decade

M.B. Agarwal, G. Rajadhyaksha, Sameer Munot
Department of Haematology,
LTMG Hospital & LTM Medical College, Mumbai - 400 022. India.

Since 1989, 216 transfusion dependent thalassaemia major patients have received Deferiprone (L1, Kelfer) as an iron chelator in Mumbai (India). Fifty two of these, had started Deferiprone way back in 1989 when the initial phase-II/III trial of L1 began in India. The initial results were published in 1992 in British Journal of Haematology. Twenty two of these have continued to take Deferiprone until now except for a brief period in 1994-95, when the clinical trials were over and the drug was yet not licensed for marketing (approximately 16 months). These patients are regularly monitored for efficacy and adverse effects, if any, of Deferiprone for over a decade. Hence, they form a group of probably, longest, "almost continuous" use of Deferiprone in transfusion dependent thalassaemia. The dose varied between 75 and 120 mg/kg/day with a mean of 86 ± 12 mg/kg/day. The efficacy was excellent with S. ferritin dropping from a mean of 5820 ± 2660 ng/ml to 2130 ± 1680 ng/ml. Nine of these 22 patients (40%) have had their S. ferritin below 2000 ng/ml for last 4 years or more. Eleven of these patients have entered the third decade of life. Assessment of cardiac function shows normal ejection fraction in all with mild diastolic dysfunction in two. One of them has overt diabetes while 2 have altered GTT. Seven out of eleven girls have achieved menarche and 3 have regular menses. No one has hypothyroidism or hypocalcemia. LFT shows mild alternations in liver enzymes in majority of them. Three are HCV-RNA positive and two of them have received Interferon + Ribavarin therapy. Four have complained of occasional GI symptoms, one had transient leukopenia while one had skin changes suggestive of zinc deficiency. Vague skeleto-muscular pain have occurred in six patients while frank arthralgia occurred in three patients. None required discontinuation of the therapy. Three of these patients have had sequential liver biopsies during last 3 years (2 biopsies in 2 patients and 3 biopsies in one patient). None of them have shown progressive fibrosis / cirrhosis. There have been no toxicities related to visual and auditory system. There is no evidence of immune paralysis, opportunistic infections or immune complex disorders except variable sero positivity for ANA, RA, single standed ds-DNA antibodies and Anti-histone antibody.

We conclude that very long-term use of Deferiprone during second and third decade of life in a cohort of patients who tolerated it well, has been a reasonably effective therapy without occurrence of known or unknown toxicities. This is probably the "largest and the longest" use of Deferiprone in a given set of patients of transfusion dependent thalassaemia.

Millennium ICOC



10th International Conference on Oral Chelators in the Treatment of Thalassaemia and Other Diseases and Biomed Meeting

22-26 March 2000 Limassol, Cyprus