

IGHG Recommendations for prevention of anthracycline-induced myocardial dysfunction with dexrazoxane in children with cancer 2022

Who should be treated with dexrazoxane?

No recommendation can be formulated for dexrazoxane administration in children who are expected to receive a cumulative doxorubicin or equivalent dose of lower than 250 mg/m², because there is currently insufficient evidence to determine whether the reduced risk of clinical heart failure and myocardial dysfunction outweighs the possible risk of secondary neoplasms.

Administration of dexrazoxane is reasonable in children who are expected to receive a cumulative doxorubicin or equivalent dose of at least 250 mg/m² (very low to low-quality evidence, moderate recommendation). The health-care provider should discuss the balance between harms and benefits of dexrazoxane with the patients and families, and the final decision should be guided by the medical knowledge of the health-care provider.

Yellow representing a moderate recommendation to do with a higher degree of uncertainty.

Publication

de Baat EC, van Dalen EC, Mulder RL, Hudson MM, Ehrhardt MJ, Engels FK, Feijen EAM, Grotenhuis HB, Leerink JM, Kapusta L, Kaspers GJL, Merckx R, Mertens L, Skinner R, Tissing WJE, de Vathaire F, Nathan PC, Kremer LCM, Mavinkurve-Groothuis AMC, Armenian S. Primary cardioprotection with dexrazoxane in patients with childhood cancer who are expected to receive anthracyclines: recommendations from the International Late Effects of Childhood Cancer Guideline Harmonization Group. *Lancet Child Adolesc Health*. 2022;6:885-894.