Fludarabine: Therapy usefulness

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Chronic lymphatic leukemia of B lineage (CLL-B) is the most frequent hematology neoplasm in the western world. The clinical forms in its earlier stages do respond relatively well to the therapy with chlorambucil and prednisolone. However, the therapy options in the later stages of the condition are more limited in patients who underwent previously a therapy with alkylating agents (chlorambucil, doxorubicin and cyclosphosphamide), the risk of secondary hematology neoplasm should not be neglected.

Finding fludarabine, an adenine fluoride analogous and resistant to adenosine deaminase action lead to its therapeutic use with a good outcome in the malignant lymphoproliferative disease of B cells [1,3]. The first essays of its clinic use in the chronic lymphatic disease were published in 1986[4]. Since then several works were published pointing to a higher efficacy than conventional drugs in patients treated and in the advanced stages of the disease. In 1989, Keating published a paper on 68 patients with CLL-B with good therapeutic results in more than 50% of patients previously treated with conventional therapy[5]. In 1990, this new drug was approved by the FDA to be used in CLL-B. Its efficacy was demonstrated also in the combined use with corticoids[6]. The secondary most important effect consisted in neutropenia by medullar depression. The current use of fludarabine seems to be extremely effective in patients who do not respond to the conventional therapy with chlorambucil and corticoid.

In Portugal it has been occasionally used but to import it into Europe is still very restricted.

However it is a cytostatic to have in mind when choosing the therapy for CLL-B patients who do not respond to conventional therapy.

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