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Oral Fludarabine
A Viewpoint by David Oscier

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Fludarabine is a purine nucleoside analogue with anti-tumour activity against a wide range of chronic lymphoproliferative disorders and against acute myeloid leukaemia. Its main clinical use is in the treatment of chronic lymphocytic leukaemia (CLL) either as initial therapy or in patients who are resistant to or who have relapsed after an alkylating agent regimen. Although initially licensed for intravenous use only, it has been known for many years that fludarabine is active when given orally. Recent pharmacokinetic studies have shown that an oral dose of 40 mg/m^2/day is comparable to an intravenous dose of 25 mg/m^2/day. Oral fludarabine can be administered before or after meals.

Most of the available data on the efficacy and adverse effects of oral fludarabine are derived from a single phase II study in 78 previously treated patients with CLL. The overall response rate and tolerability profile was similar to that reported in an historical control group who received intravenous fludarabine.

The major advantages of the oral preparation are patient convenience, lower drug administration costs and reduced demand on day-case chemotherapy units. In addition, the commonly used combination of fludarabine and cyclophosphamide can also be administered orally. A small minority of patients may be unable to tolerate oral fludarabine due to gastrointestinal adverse effects, but paradoxically the greatest drawback to the oral preparation may be its ease of administration, and it will be important to maintain the same vigilance in prescribing and monitoring oral fludarabine as when the drug is administered intravenously. ▲