

# Retacrit® (epoetin zeta) is an effective treatment for chemotherapy-induced anaemia

**E**rythropoiesis-stimulating agents (ESAs) are an established, effective treatment for anaemia in patients with cancer and chemotherapy-induced anaemia [1-3]. In 2007, the European Commission gave final marketing approval for Retacrit® (epoetin zeta), a biosimilar ESA licensed for the treatment of anaemia associated with either chemotherapy (administered subcutaneously) or chronic renal failure (CRF; administered intravenously) [4]. Retacrit was approved on the basis of strong, compelling safety and efficacy data, and compliance with extensive European clinical, non-clinical and quality guidelines. New published data from Tzekova et al. [5] support the safety, tolerability and efficacy of subcutaneously administered Retacrit in patients with chemotherapy-induced anaemia.

## Retacrit phase III data

The study by Tzekova et al. presents data from an open-label, international, multiple-dose phase III study of Retacrit for the treatment of anaemia in 216 patients with solid tumour(s) or non-myeloid

haematological malignancies receiving chemotherapy and at risk of transfusion. Retacrit steadily improved mean haemoglobin (Hb) levels over 12 weeks of treatment, with a significant overall increase of 1.8 g/dL ( $p \leq 0.0001$ ; Figure 1). Within the first 8 weeks of treatment, 81.5% of patients had achieved  $\geq 1$  g/dL increase in Hb and 70.8% of patients had achieved  $\geq 2$  g/dL. These results are similar to previous reports for other epoetins [1]. A total of 81% of patients remained transfusion independent throughout the 12-week study period and quality of life improved as assessed by the Zubrod performance score.

The safety of Retacrit compared favourably with data from other studies of epoetin alfa and epoetin beta as well as darbepoetin. Within the first 12 weeks of Retacrit treatment, 4.2% of patients experienced a clinically significant thrombotic event, which was similar to the median incidence rate of 4.5% (range 0-30%) from a meta-analysis of 6,769 patients from 35 ESA trials [6]. Adverse events throughout the study were consistent with the underlying disease state and chemotherapy treatment, and were comparable with those reported in previous studies of epoetin alfa and epoetin beta in similar patient populations [1, 3].

## Summary

Comparable efficacy and safety to epoetin alfa has already been demonstrated for Retacrit in the treatment of anaemia in

patients with CRF [7-9]. Data from this recently published oncology study demonstrate that epoetin zeta is a well-tolerated and effective treatment for anaemia in patients with chemotherapy-induced anaemia who are at risk of transfusion, and are consistent with data generated in other epoetin studies of similar design [1, 3].

*Hospira is a global, independent, specialty pharmaceutical company based near Chicago, Illinois, USA. It has 70 years' service to health care and state-of-the-art technology, and is already the European leader in supplying generic injectable agents.*

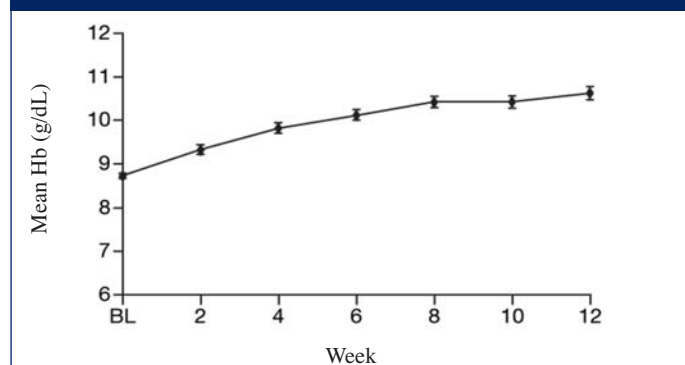
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**Figure 1: Mean (standard error of the mean) haemoglobin (Hb) levels from baseline (BL) to week 12 (safety population, n = 216)**



Missing data imputed by last observation carried forward. Reprinted from Tzekova et al. [5], with permission from Informa Healthcare.

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