

GUIDANCE DOCUMENT

Morbidly Adherent Placenta (MAP)

SUPPLEMENTAL GUIDANCE FOR ANEMIC PATIENTS

- Example of oral therapy to be initiated:
 - Ferrous sulfate — 325 mg one to three times per day
 - Ascorbic acid (Vitamin C) — 250-500 mg with every dose of iron
 - Folic acid 400 mcg per day
 - Alternative dosing regimens exist. Consider hematology consultation if erythropoietin stimulating agents or intravenous iron are being initiated.
- Parenteral iron therapy should be considered for patients with severe iron deficiency anemia (Hgb < 8g/dl) who cannot tolerate oral therapy and those with malabsorption syndrome.
- Erythropoietin stimulating agents (Epogen) should be considered for patients with severe iron deficiency anemia (Hgb < 8g/dl). Recommended dosing as follows:
 - 30,000 to 40,000 units of Epogen given subcutaneously once per week. This dose can be increased to 60,000 units if there is no response (i.e., hemoglobin rise < 1 g/dL) at four weeks.
 - Adequate iron stores should be maintained when administering these agents. Supplement to maintain a transferrin saturation > 20% and a serum ferritin > 100 ng/mL.

Note: *Alternative dosing regimens exist. Consider hematology consultation if erythropoietin stimulating agents or intravenous iron are being initiated.*

Epogen Regimens:

Soignet S. Management of cancer-related anemia: epoetin alfa and quality of life. *Semin Hematol.* 2000;37(4 Suppl 6):9.

Cazzola M, Beguin Y, Kloczko J, Spicka I, Coiffier B. Once-weekly epoetin beta is highly effective in treating anaemic patients with lymphoproliferative malignancy and defective endogenous erythropoietin production. *Br J Haematol.* 2003;122(3):386.