Induction of Fetal Hemoglobin with Erythropoietin

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Dear Sir,

In the recent letter by Salvati et al. [1], no induction of fetal hemoglobin (HbF) was observed in patients with chronic renal failure treated with erythropoietin (epo). We would like to propose that HbF induction was not observed for at least 3 reasons. First, reports describing the induction of HbF by epo in vivo have used doses more than 10-fold higher than the average of 24-50 U/kg reported by the authors [2, 3]. Second, intermittent erythropoietic stimulation with epo is more effective than continuous stimulation in the induction of HbF [4]. Thus, the 3 times weekly schedule used by the authors would be anticipated to be less effective than less frequent schedules of administration. Third, for reasons that remain poorly defined, HbF induction with epo likely requires the coadministration of iron [5].

Epo, administered using effective doses and schedules, is a potent inducer of HbF [2-6], and its potential therapeutic role in patients with disorders of globin chain synthesis is deserving of further study.

References


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