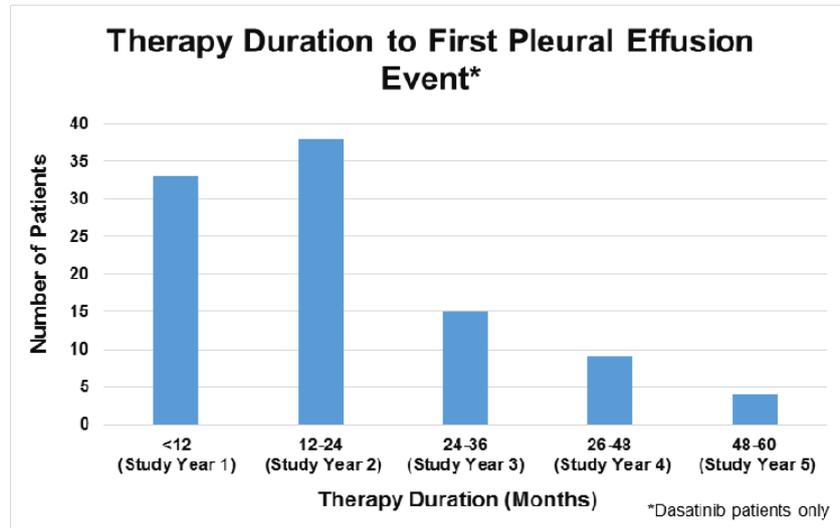


## Pleural effusions with dasatinib can occur late



Dear colleague,

1. We wanted to highlight to you the ongoing risk of patients developing **a pleural effusion on dasatinib**. We've become aware of a number of cases where patients, usually with excellent PCR response, have become breathless on dasatinib after many years of treatment and the possibility that dasatinib could be the cause of the breathlessness hasn't always been considered. Sometimes such patients are presenting to e.g. respiratory or cardiology teams who may not be aware of the potential of dasatinib to cause pleural effusion.
2. The pleural effusion rate of all patients, at all-time points in SPIRIT 2 is 25% and pleural effusion can occur for the first time many years after starting treatment (see figure). **If a patient on dasatinib develops a pleural effusion, dasatinib should be stopped**, don't use diuretics or steroids (see section 7.2.2 of the protocol). It may be possible to restart later at a lower dose – some patients have maintained major molecular response on doses as low as 20mg daily.
3. Please ask your patients on dasatinib specifically about breathlessness – the initial presentation can be subtle and sometimes only apparent as reduced exercise tolerance. If you have any patients who are breathless, and the cause is uncertain, please contact the SPIRIT trial office (0191 282 0904), investigate appropriately and consider stopping the dasatinib in the interim if PCR results are good.
4. Some patients become breathless on dasatinib with no readily demonstrable underlying cause. In these cases pulmonary arterial hypertension (incidence <0.5%) should be considered but the existing safety data on this are minimal and diagnosis of PAH is difficult.

Thank you very much for your hard work and continued contribution to the SPIRIT 2 study.

Best wishes

SPIRIT 2 TRIAL TEAM