Tagraxofusp Treatment

Implications for patients with blastic plasmacytoid dendritic cell neoplasm

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BACKGROUND: Blastic plasmacytoid dendritic cell neoplasm (BPDCN) is a rare, clinically aggressive, and often fatal hematologic malignancy. BPDCN is not a new entity, but it has been renamed and reclassified, which, in part, contributes to it being underrecognized. In 2018, tagraxofusp became the first U.S. Food and Drug Administration–approved therapy for BPDCN.

OBJECTIVES: This article aims to educate oncology nurses about tagraxofusp’s dosing regimen, side effects, and how to manage patients undergoing treatment in inpatient and outpatient settings.

METHODS: The authors reviewed content related to the safety and clinical management of tagraxofusp, as well as content that supports patient and provider education.

FINDINGS: Capillary leak syndrome (CLS) is the most serious adverse event reported with tagraxofusp; therefore, nurses should stop tagraxofusp administration until all CLS-related symptoms have resolved. Hypersensitivity reactions and hepatotoxicity have also been observed in patients treated with tagraxofusp and should be monitored during treatment cycles.

KEYWORDS
capillary leak syndrome; blastic plasmacytoid dendritic cell neoplasm; tagraxofusp

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