INTRODUCTION

- Dysphagia, or difficulty swallowing, affects up to 1 in 6 adults, and older adults and patients with chronic lymphocytic leukemia (CLL) with central nervous system involvement have a higher risk of experiencing swallowing difficulties.
- Dysphagia may negatively impact quality of life and treatment outcomes and can lead to additional health complications and reduced adherence to oral therapies.
- Crushing or chewing capsules can alter drug absorption and may potentially cause harm.
- About 32% of patients with myeloma, lymphoma, and chronic lymphocytic leukemia (SLL), Waldenström macroglobulinemia (WM), and previously treated chronic graft-versus-host disease (cGVHD) have a higher risk of experiencing dysphagia.

METHODS

- Bratuibin oral suspension was measured via oral syringe, administered through NG/PEG tubes with fitting syringes, and followed by 2 rinses with 3 mL of water.
- The syringe and tube types tested included:
  - Polypropylene syringes with silicone (SIL) and high-density polyethylene seals
  - NG tubes made of polyurethane (PU), SIL, and polyvinyl chloride (PVC)
  - SIL low-profile PEG tubes with balloon and ENFit connectors
- A low dose of 0.4 mL (28 mg) bruatinib was tested, as a worst-case scenario, for recovery (with a specification of 90%–110%) and particle size and was compared with a control sample.

CONCLUSIONS

- All enteral tubes achieved 90% to 110% bruatinib dose recovery with the procedure of 2 water rinses.
- No significant particle size change was observed, regardless of tubing type used for administration.
- Although most NG or PEG tubes did not require a second rinse to meet dose recovery specifications, 2 water rinses are recommended to ensure targeted dose administration.
- To avoid the potential impact to the enteral tubes due to benzyl alcohol adsorption, immediate dosing without hold time is recommended.