LENALIDOMIDE AND DEXAMETHASONE

INDICATION: Relapsed multiple myeloma

This protocol must be used in conjunction with the Celgene Pregnancy Prevention Programme

Prior to a course of treatment

- Patient must be counselled about the risk of birth defects with foetal exposure. See Celgene Pregnancy Prevention Programme. Prescription must be accompanied by a completed prescription authorisation form.
- Note that lenalidomide is contraindicated if there is a history of hypersensitivity or desquamating rash with thalidomide.
- Note whether lenalidomide causes infertility is unknown – offer semen cryopreservation to males.
- Assess for neuropathy – do not use lenalidomide if there is grade 3 neuropathy (sensory loss or paraesthesiae interfering with activities of daily living or causing disability) or higher
- Check FBC – neutrophils must be > 1.0, platelets >75 unless due to marrow infiltration
- Check U&Es, creat, LFTs, thyroid function tests – *see dose modifications*
- Written consent for course

Day 15 of the first 2 cycles

- Check FBC – *see dose modifications*
- Assess for neuropathy – *see dose modifications*

Prior to each cycle

- Medical review of fitness for chemotherapy – exclude active infection, major changes in organ function.
- Review necessary measures in the lenalidomide risk management programme.
- Assess for neuropathy – *see dose modifications*
- Check FBC, U&Es, creat, LFTs – *see dose modifications*
- Each prescription must be accompanied by a completed prescription authorisation form.

Lenalidomide *	25mg od PO for 21 days
Dexamethasone	20-40mg od PO days 1-4, 9-12 and 17-20 with cycles 1-4, Days 1-4 from cycle 5 onwards *Dose of dexamethasone and number of pulses may be modified according to age, performance status, tolerance and duration of treatment*

No more than 28 days to be dispensed * tablets are 5mg, 10mg, 15mg and 25mg

Repeat cycle every 28 days

Continue treatment until there is disease progression

Prophylaxis for emesis	Not required
Other medications	Ranitidine 150mg bd throughout
	Antimicrobial prophylaxis as per local policy
	Anti-thrombotic prophylaxis as per local policy

Lenalidomide dose reduction steps

Starting dose	25mg od every 21 days
Dose level 1	15mg od for 21 days
Dose level 2	10mg od for 21 days
Dose level 3	5mg od for 21 days

Dose modification for neutropenia (unless due to marrow infiltration)

• First fall to < 0.5	Stop lenalidomide
• Return to > 0.5 when neutropenia is only toxicity	Resume lenalidomide
• Return to >0.5 when other dose-dependent haematological toxicity present	Resume lenalidomide at dose level 1
• For each drop to < 0.5	Stop lenalidomide
• Return to > 0.5	Resume lenalidomide at next lower dose level. Do not dose below 5mg od

Dose modification for thrombocytopenia (unless due to marrow infiltration)

• First fall to < 30	Stop lenalidomide
• Return to > 30	Resume lenalidomide at dose level 1
• For each subsequent drop below 30	Stop lenalidomide
• Return to > 30	Resume lenalidomide at next lower dose level. Do not dose below 5mg od

Dose modification for neuropathy

• Grade 2 (sensory loss or paraesthesiae interfering with function but not activities of daily living)	Stop lenalidomide and review weekly When toxicity resolves to grade 1 or less restart at next lower dose level
• Grade 3 or 4 toxicity (sensory loss or paraesthesiae interfering with activities of daily living or causing disability)	Stop lenalidomide permanently

Dose modification impaired renal function

Creatinine clearance	Lenalidomide dose
> 50ml/min	25mg daily
30 – 49ml.min	10mg daily *
<30ml/min, not requiring dialysis	15mg every other day
<30ml/min, requiring dialysis	15mg three times a week after each dialysis

* if no response to 10mg daily after two cycles then consider increasing to 15mg daily

Dose modification for liver dysfunction

- Limited data – clinical decision

Lenalidomide Toxicities

Febrile neutropenia and thrombocytopenia	Nausea and vomiting
Venous thromboembolism	Fatigue
Rash – desquamating or erythema multiforme; often resolves with continued treatment	Arthralgia, myalgia, muscle weakness
Constipation	Peripheral neuropathy
Dizziness/sinus bradycardia/atrial fibrillation/cardiac arrythmias	Hypothyroidism
Teratogenicity	Somnolence
Digoxin toxicity	

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