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DISCONTINUATION OF LENALIDOMIDE TREATMENT IN PATIENTS WITH MYELODYSPLASTIC SYNDROME ASSOCIATED WITH 5Q DELETION

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Background and importance

Myelodysplastic syndrome (MDS) associated with del(5q) is manifested by a transfusion-dependent progressive bone marrow failure, with Lenalidomide acting as the intended drug to treat this syndrome.

Objective/Purpose

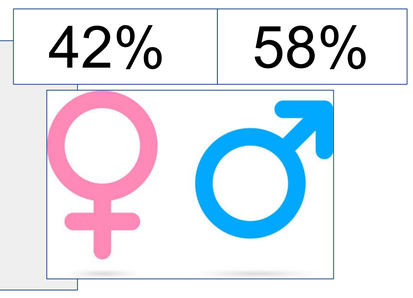
To evaluate the clinical benefit associated to the discontinuation of the Lenalidomide treatment due to side effects or intolerance.

Study Design/Methods

Five-year prospective observational study on 75 cases of MDS, 30 of them with del(5q).
An analysis of the mutational profile was performed by Next-generation sequencing (NGS).
Treatment discontinuation was studied in those candidates with side effects or intolerance.
The variables considered in this study were: beginning of treatment, Lenalidomide mean dose, ending of treatment and beginning of discontinuation, side effects, time after discontinuation, evaluation of the drug withdrawal response.

Results

75 cases of MDS by NGS.
Median age **74 years.**



30 patients with MDS (5q) (40%), of which 20% were TP53 positive

65% patients Lenalidomida

- 32% Discontinuation
- 23% reduced dose due to intolerance.

→ Maintained a **complete hematologic** and **cytogenetic** response 12 months after

The reported side effects were: Grade 4 neutropenia, rhabdomyolysis, erythematous reactions and haemolytic crisis.

Conclusion

Discontinuation of Lenalidomide in patients MDS associated with 5q deletion due to adverse reactions or intolerance is recommended and they maintain a complete hematological response. The high percentage of discontinuation could be attributed to the advanced age of the patients.