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CLINICAL USE OF LENALIDOMIDE FOR THE TREATMENT OF MULTIPLE MYELOMA

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OBJECTIVES

In April 2009, lenalidomide was included in the hospital formulary for the treatment of multiple myeloma (MM) in patients who had received at least one prior therapy.

The recommended starting dose (25mg of lenalidomide) should be adjusted according to clinical and laboratory findings.

Purpose: Our objective was to assess the prescription profile of lenalidomide and the compliance with the hospital formulary criteria.

METHODS

Design: observational, longitudinal, retrospective study.

Inclusion criteria: MM patients treated with lenalidomide from January 2015 to August 2015. Recorded variables were: age, gender, diagnosis, prior chemotherapy, bone-marrow transplant, thromboprophylaxis treatment, basal paraprotein level, glomerular filtration rate (GFR), start date of treatment, starting dose of lenalidomide and reasons for dose adjustment.

RESULTS

- ✓ 52 patients with 71.5 years (61.2, 79.0)
- ✓ Median time since diagnosis was 3.1 years (1.4, 7.0).
- ✓ 100% received prior chemotherapy
- ✓ 24 patients (46.1%) underwent bone-marrow transplant
- ✓ Forty-three patients (82.7%) received thromboprophylaxis treatment
- ✓ Mean basal paraprotein level of 1.1 g/dL (SD=1.3).

Figure 1. LINE OF LENALIDOMIDE

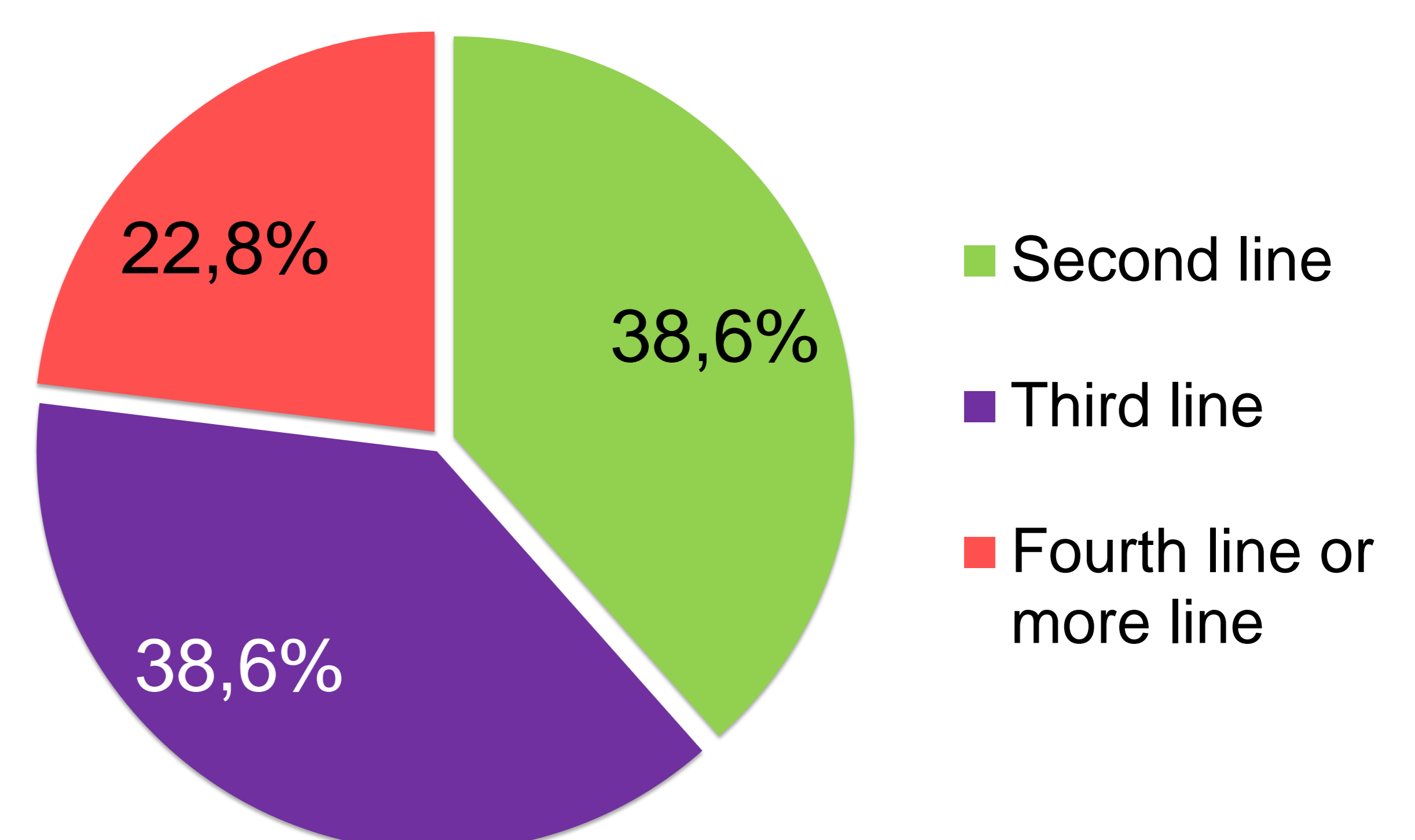
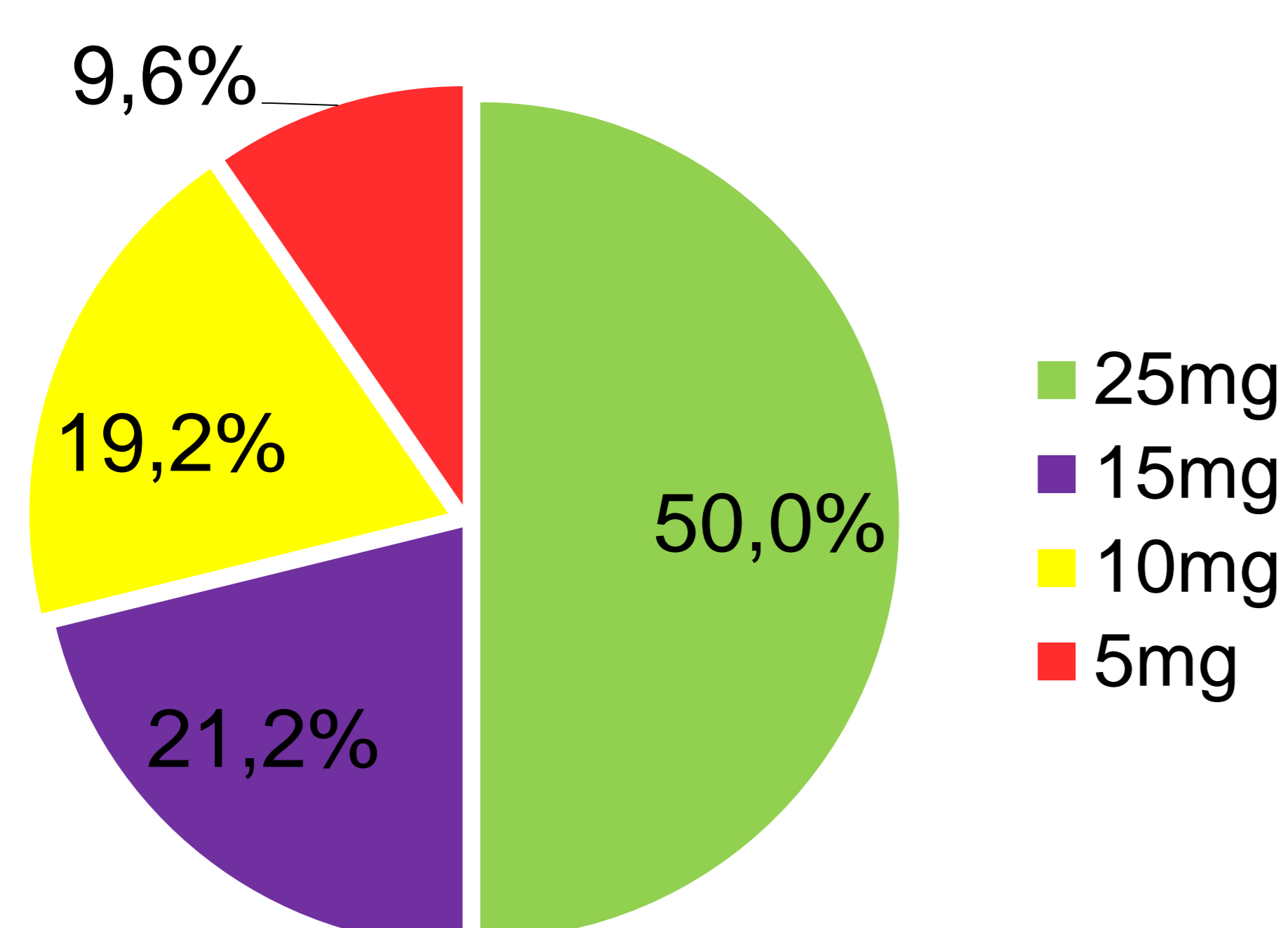


Figure 2. STARTING DOSE OF LENALIDOMIDE



Reasons for dose adjustment

- Twenty-six patients (50.0%) received 25mg (full dose).
- 15 mg were the starting dose in 11 patients (21.2%) due to neutropenia and thrombocytopenia.
- Glomerular filtration rate was diminished in 15 patients (28.8%) at the beginning of the treatment:
 - 10 patients had a moderate renal impairment (30-50mL/min): 10mg
 - 5 patients had an end stage renal disease (<30mL/min): 5mg.

CONCLUSIONS

Lenalidomide was primarily used as a second or third line treatment in clinical practice, meeting the criteria of our hospital formulary. Only 50.0% of patients started their treatment with standard dose. This highlights the importance of focusing on clinical characteristics like renal function or haematological disorders for the dose adjustment of lenalidomide.

