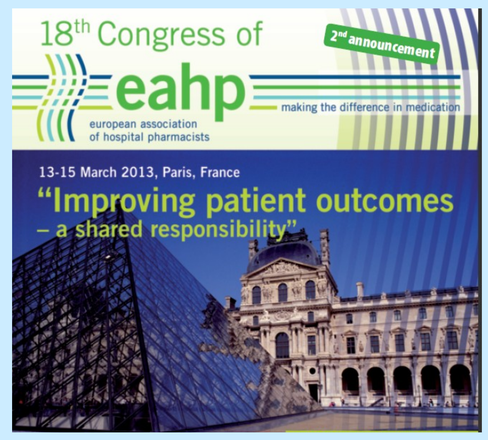
MANAGEMENT OF MYELODYSPLASTIC SYNDROMES AND LYMPHOMAS: THE EXAMPLE OF LENALIDOMIDE



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OBJECTIVES

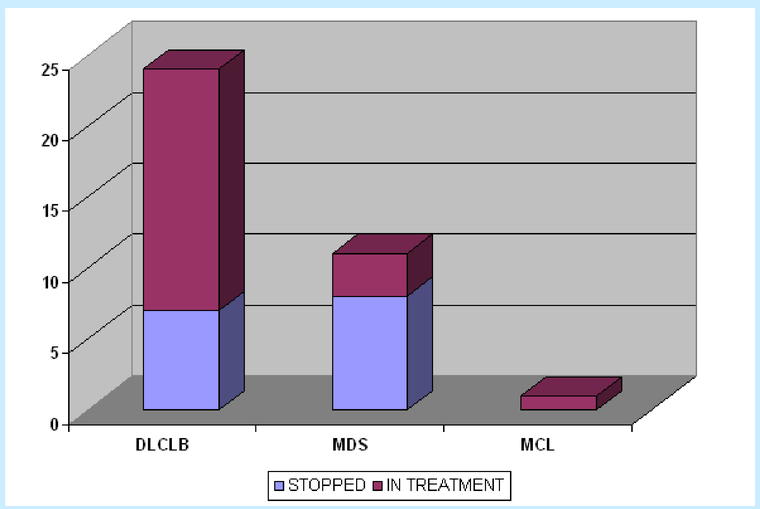
At our center, hematologists and department pharmacists constantly monitor outcomes and safety of therapy with lenalidomide.
The aim of our study was to describe and evaluate clinical outcomes and safety of lenalidomide treatment in lymphoma and myelodisplastic syndrome patients.

METHODS

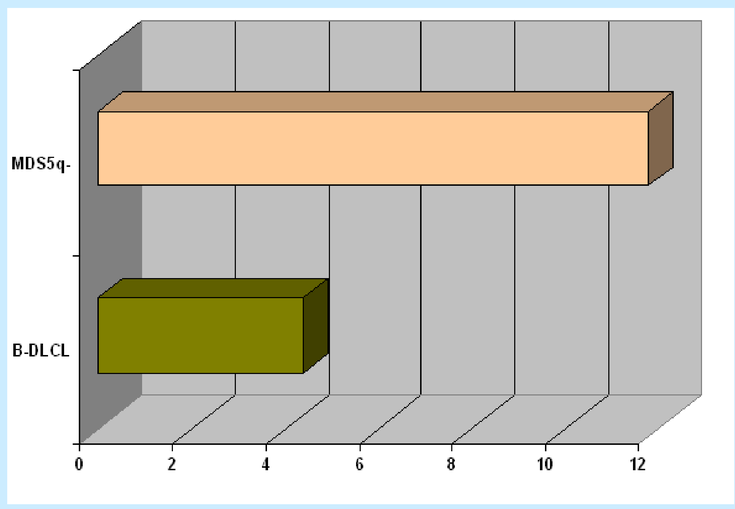
Records from the "Registro Farmaci Oncologici sottoposti a Monitoraggio" from AIFA (Agenzia Italiana del Farmaco) and medical records were checked as of 30/06/2012 for diagnosis, duration of treatment and incidence of adverse drug reactions (ADRs).

RESULTS

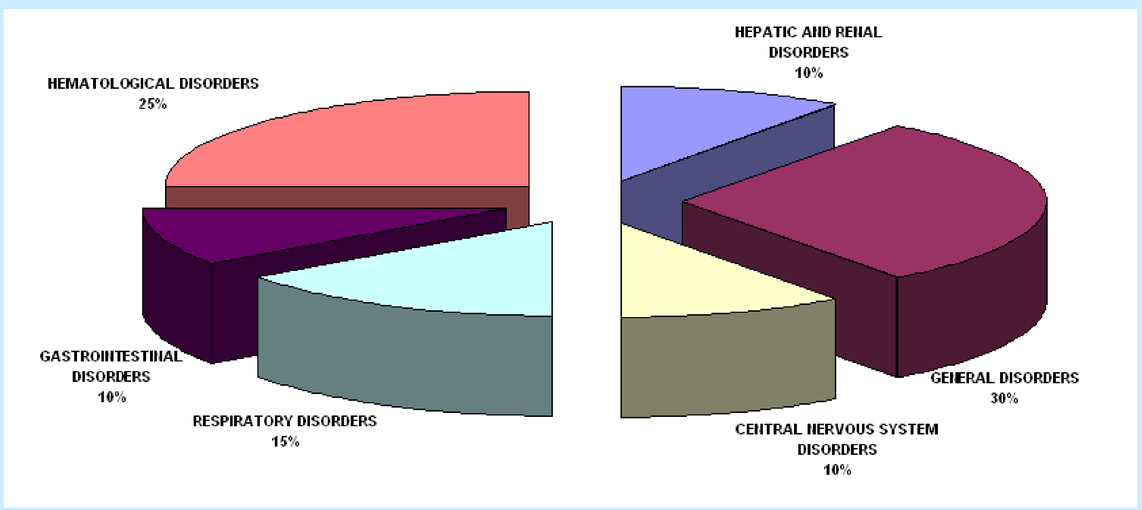
Data of 36 patients were reviewed, with the following diagnoses: diffuse B large cell lymphoma (B-DLCL), 24 patients; 5q- myelodysplastic syndrome (MDS5q-), 11 patients and mantle cell lymphoma (MCL), one patient.
Among patients with B-DLCL, one discontinued treatment because of serious ADR, two because of death and 4 for disease progression after an average of 4.4 therapy cycles, corrisponding to 7 months (range: 2 – 18 months).
Among patients with MDS5q-, 8 stopped treatment, two of whom because of disease progression or death and two for toxicity. The median duration of treatment was 11.8 cycles (range 1-29 months).
Seventeen B-DLCL patients and 3 MDS5q- patients are still on therapy.
34 non-serious ADRs related to 14 patients and 5 serious ADRs related to 4 patients were reported, two of which were cases of development of solid neoplasia. Non-serious ADRs were mostly cases of haematological toxicity, skin and neurological alterations and infections.



Distribution of patients with ongoing treatment and stopped treatment



Mean duration of treatment



Distribution of non-serious ADRS

DISCUSSION AND CONCLUSIONS

Lenalidomide seems to control the disease in patients with MDS5q- for long periods, while the Time to Progression in patients with DLCLB appears shorter.
Lenalidomide is rarely chosen for Mantle Cell Lymphoma patients.
The treatment-related toxicity appears in most cases acceptable.
Despite the limited number of data, our analysis highlights the need for a close monitoring of the patients both during treatment and follow-up, as evidenced by the two cases of onset of solid neoplasia.
The progressive collection of data is providing hematologists and pharmacists the information to design a model for optimized appropriateness of treatment with lenalidomide.

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