

CHANGE OF DOSE OF LENALIDOMIDE IN RELATION TO RENAL

FUNCTION: FOLLOWING THE SPC



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For lenalidomide is mainly excreted through urine, renal function monitoring and dose adjustment are required in case of renal impairment.

OBJECTIVES



- ✓ To evaluate modifications in Multiple Myeloma and Myelodysplastic Syndrome patient's renal function (RF).
- ✓ To assess lenalidomide dose modifications in relation to changes in renal clearance as it's recommended in EMA's drug specification.

MATERIAL AND METHOD

Observational retrospective study of treatments started in period between May 2008 and September 2010.

Renal function was sorted in:

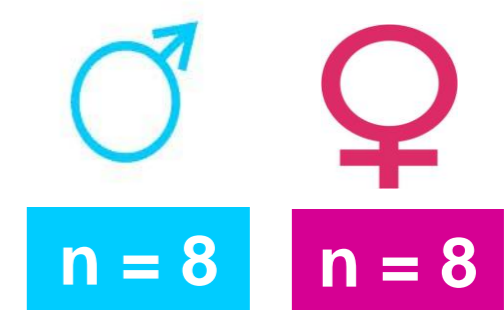
- ☐ Normal (NRF): $\text{ClCr} > 50 \text{ mL/min}$
- ☐ Moderate worsening (MWRF): $\text{ClCr} = 30\text{-}50 \text{ mL/min}$
- ☐ Serious worsening (SWRF): $\text{ClCr} < 30 \text{ mL/min}$ without dialysis
- ☐ Terminal (TRF): $\text{ClCr} < 30 \text{ mL/min}$ with dialysis

Dose modifications are recommended in lenalidomide drug specification

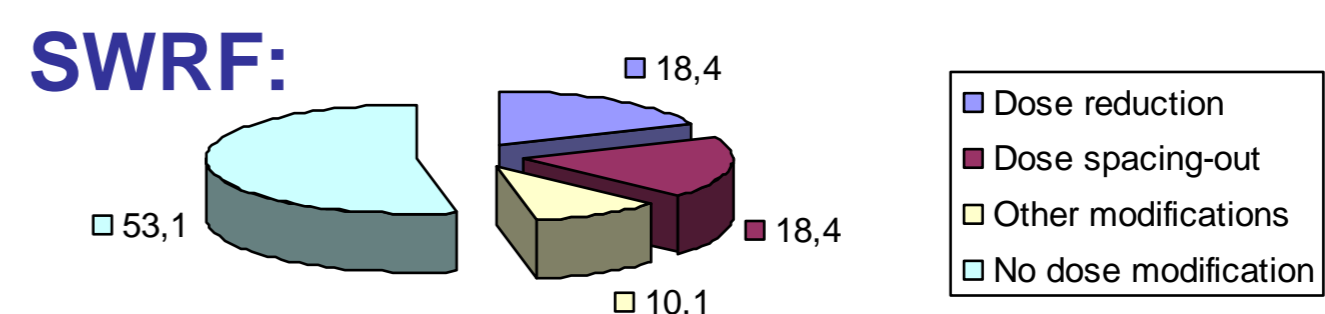
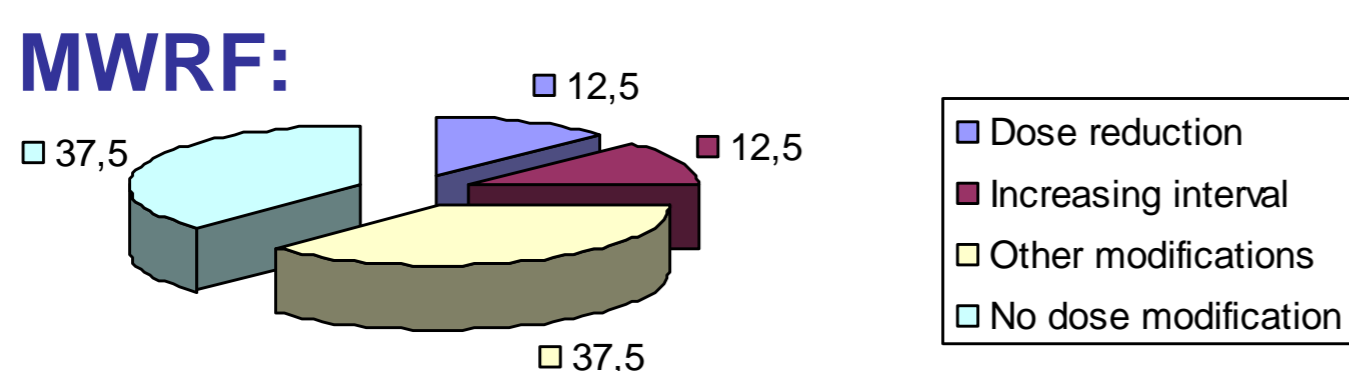
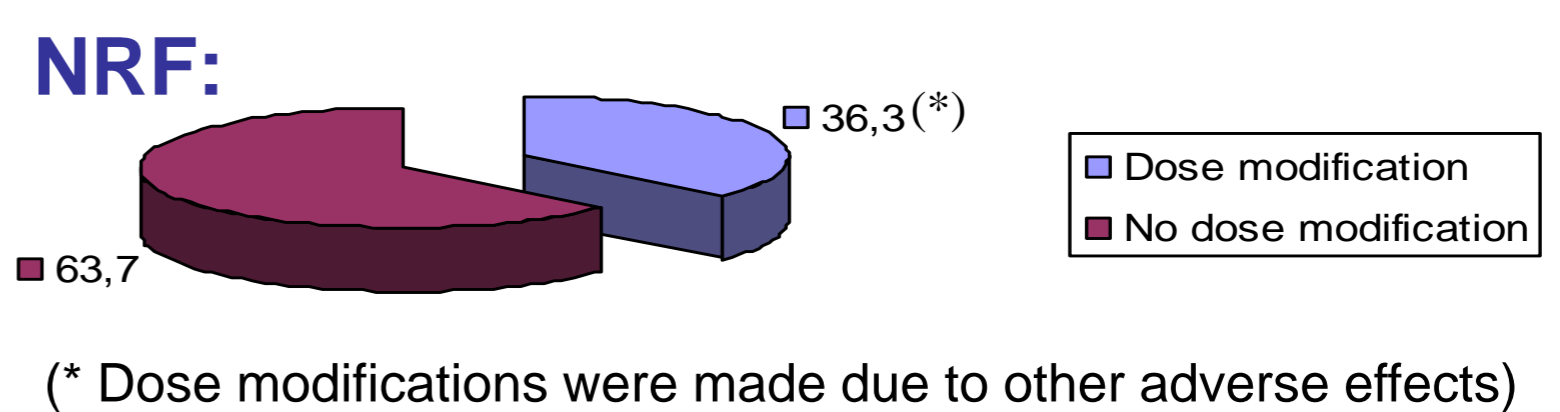
RESULTS

- Population: $n = 16$. Age 68.3 years (CI 95% 63.1-73.4).
- Average number of cycles per patient: 6 (range 2-21)
- Total number of cycles: 98.

Multiple Myeloma	Myelodysplastic Syndrome
14	2



Renal Function	Number of cycles
NRF	40
MWRF	49
SWRF	8
TRF	0



CONCLUSIONS

- ✓ For renal damage is often present in Multiple Myeloma patients (most of our study population), it is vital to monitor kidney function to adjust doses of renal-cleared drugs such as lenalidomide.
- ✓ Half of the doses susceptibles of being adjusted, were no modified.
- ✓ This would be a potential intervention point for the hospital pharmacist in order to improve patient's security.