Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | References | Other Notes | Disclaimer

A - Regimen Name

CYCLDEXALENA Regimen

cyclophosphamide-dexamethasone-lenalidomide

Disease Site
Hematologic
Multiple Myeloma

Intent
Palliative

Regimen Category
Evidence-informed :

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses
For the treatment of patients with previously untreated multiple myeloma (regimen may also be used for light-chain amyloidosis)

Supplementary Public Funding
cyclophosphamide
ODB - General Benefit (cyclophosphamide - oral tablets) (ODB Formulary)

dexamethasone
ODB - General Benefit (dexamethasone) (ODB Formulary)

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B - Drug Regimen

cyclophosphamide	300 mg /m²	PO	Days 1, 8 and 15
dexamethasone	40 mg	PO	Days 1, 8, 15 and 22

In elderly patients, the dexamethasone dose should be reduced (i.e. to 20 mg once weekly).

lenalidomide	25 mg	PO	Days 1 to 21

(This drug is not currently publicly funded for this regimen and intent)

Lenalidomide may only be prescribed and dispensed by physicians and pharmacists registered with a controlled distribution program. Patients must also be registered and meet all conditions of the program.

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C - Cycle Frequency

REPEAT EVERY 28 DAYS

Until disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate – Consider prophylaxis daily (Days 1, 8, 15)
Minimal – No routine prophylaxis; PRN recommended (All other days)

Other Supportive Care:

Also refer to CCO Antiemetic Recommendations.

Lenalidomide:

- Patients must be registered and meet all conditions of lenalidomide's controlled distribution program, including contraception.
- Prophylaxis for tumour lysis syndrome in patients with high bulk disease.
- Consider prophylaxis for venous thromboembolism. For patients who are not at high risk for bleeding or VTE, either low-dose aspirin 81-100mg PO daily or enoxaparin 40mg SC daily can be used.
- Careful consideration and monitoring must be taken with erythropoietin stimulating agents (ESAs), since the concomitant use of ESAs with lenalidomide may potentiate the risk of thrombosis. RBC or platelet transfusions with lenalidomide dose reductions/interruptions may be appropriate in severe / symptomatic anemia or thrombocytopenia.
- Consider GCSF as secondary prophylaxis.

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K - References

Kumar SK, Lacy MQ, Hayman SR, et al. Lenalidomide, cyclophosphamide and dexamethasone (CRd) for newly diagnosed multiple myeloma: results from a phase 2 trial. Am J Hematol. 2014 Aug;86(8):640-5.

PEBC Advice Documents or Guidelines

- Treatment of Multiple Myeloma: ASCO and CCO Joint Clinical Practice Guideline

May 2022 Updated distribution program info

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M - Disclaimer

Regimen Abstracts

A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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