

Regimen Monograph

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A - Regimen Name

LENA(MNT) Regimen

Lenalidomide (maintenance)

Disease Site Hematologic
Lymphoma - Non-Hodgkin's High Grade

Intent Curative

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.

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B - Drug Regimen

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.

Note: As maintenance for patients 60-80 years old, who achieved CR or PR after first-line R-CHOP

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C - Cycle Frequency

REPEAT EVERY 28 DAYS

For a usual total of 26 cycles (2 years) unless disease progression or unacceptable toxicity occurs

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D - Premedication and Supportive Measures

Antiemetic Regimen: Minimal – No routine prophylaxis; PRN recommended

Other Supportive Care:

Also refer to [CCO Antiemetic Recommendations](#).

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K - References

Thieblemont et al. Lenalidomide maintenance compared with placebo in responding elderly patients with diffuse large b-cell lymphoma treated with first-line rituximab plus cyclophosphamide, doxorubicin, vincristine, and prednisone. *J Clin Oncol*. 2017 Aug 1;35(22):2473-2481.

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.

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