Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Dose Modifications | Adverse Effects | Interactions | Drug Administration and Special Precautions | Recommended Clinical Monitoring | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

LENA+RITU Regimen

Lenalidomide-riTUXimab

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

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 Treatment of relapsed or refractory follicular or marginal zone lymphoma, in patients who do not have rituximab-refractory disease

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B - Drug Regimen

Cycle 1:

riTUXimab	375 mg /m²	IV	Days 1, 8, 15, 22

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

lenalidomide	20 mg	PO	Days 1 to 21

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

Cycles 2 to 5:

riTUXimab	375 mg /m²	IV	Day 1

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

lenalidomide	20 mg	PO	Days 1 to 21

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

Cycles 6 to 12:

lenalidomide	20 mg	PO	Days 1 to 21

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

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C - Cycle Frequency

REPEAT EVERY 28 DAYS

For up to 12 cycles, unless disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Minimal – No routine prophylaxis; PRN recommended

- Also refer to CCO Antiemetic Recommendations.

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the hepatitis B virus screening and management guideline.

Rituximab pre-medication (prophylaxis for infusion reactions):

Administer at least 30 minutes prior to IV rituximab:

- Oral antipyretic (e.g. acetaminophen)
- H1-receptor antagonist (e.g. diphenhydramine)
- Corticosteroid (e.g. methylprednisolone 80 mg IV) in patients with high bulk disease or pulmonary involvement if no corticosteroids are already being given as part of the chemotherapy regimen

Other Supportive Care:

- If high volume disease, consider steroids and prophylaxis for tumour lysis.
- Patients must be registered and meet all conditions of lenalidomide's controlled distribution program, including contraception.
- For lenalidomide, prophylaxis for venous thromboembolism is recommended in patients at risk (e.g. low dose aspirin 81-100 mg PO daily or enoxaparin 40 mg SC daily)
- 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 G-CSF as secondary prophylaxis
- Optimal control of thyroid function is recommended prior to starting lenalidomide treatment

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J - Administrative Information

Lenalidomide: Outpatient prescription for home administration

Approximate Patient Visit 3 to 5 hours

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K - References

Lenalidomide and rituximab drug monographs, Ontario Health (Cancer Care Ontario).

Leonard JP, Trneny M, Offner F, et al. Five-Year results and overall survival update from the phase 3 randomized study AUGMENT: lenalidomide plus rituximab (R2) vs rituximab plus placebo in patients with relapsed/refractory indolent non-Hodgkin lymphoma. Blood 2022;140(Supplement 1):561–3.

Leonard JP, Trneny M, Izutsu K, et al. AUGMENT: A phase III study of lenalidomide plus rituximab versus placebo plus rituximab in relapsed or refractory indolent lymphoma. J Clin Oncol. 2019 May 10;37(14):1188-99.

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M - Disclaimer

Regimen Abstracts

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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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