Regimen Monograph

A - Regimen Name

LENA+TAFA Regimen

Lenalidomide-Tafasitamab

Disease Site

Hematologic
Lymphoma - Non-Hodgkin's Intermediate 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 diffuse large B-cell lymphoma (DLBCL), in patients who are not candidates for high-dose chemotherapy and subsequent autologous stem-cell transplantation.

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B - Drug Regimen

Cycle 1:

tafasitamab	12 mg /kg	IV	Days 1, 4, 8, 15, 22

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

lenalidomide	25 mg	PO	Days 1 to 21

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

Cycles 2 to 3:

tafasitamab	12 mg /kg	IV	Days 1, 8, 15, 22

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

lenalidomide	25 mg	PO	Days 1 to 21

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

Cycles 4 to 12:

tafasitamab	12 mg /kg	IV	Days 1, 15

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

lenalidomide	25 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 a usual total of 12 cycles, followed by tafasitamab maintenance in patients with stable disease or better (TAFA(MNT)), unless disease progression or unacceptable toxicity occurs

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D - Premedication and Supportive Measures

Antiemetic Regimen: Low
No routine prophylaxis for lenalidomide

Premedication for Tafasitamab (prophylaxis for infusion reactions):

Give 30 minutes to 2 hours prior to the first 3 tafasitamab infusions:

- antipyretic,
- histamine receptor antagonists (H1 and H2),
- and/or glucocorticosteroids

Premedication is optional for subsequent tafasitamab infusions, if there was no IR in the first 3 doses.

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J - Administrative Information

Lenalidomide: Outpatient prescription for home administration

Approximate Patient Visit	3 hours
Pharmacy Workload (average time per visit)	21.089 minutes
Nursing Workload (average time per visit)	49.833 minutes

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K - References

Salles G, Duell J, González Barca E, et al. Tafasitamab plus lenalidomide in relapsed or refractory diffuse large B-cell lymphoma (L-MIND): a multicentre, prospective, single-arm, phase 2 study. Lancet Oncol. 2020 Jul;21(7):978-88.

July 2023 Changed tafasitamab to unfunded (universal compassionate program has ended)

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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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