

## Regimen Monograph

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## A - Regimen Name

# LENA Regimen

Lenalidomide

**Disease Site** Hematologic  
Lymphoma - Non-Hodgkin's High 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.

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## B - Drug Regimen

[lenalidomide](#)

25 mg

PO

Days 1 to 21

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(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:** Minimal – No routine prophylaxis; PRN recommended

#### Other Supportive Care:

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

- Patients must be registered and meet all conditions of lenalidomide's controlled distribution program, including contraception.
- 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 treatment

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### J - Administrative Information

Outpatient prescription for home administration

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## K - References

Witzig TE, Vose JM, Zinzani PL, et al. An international phase II trial of single-agent lenalidomide for relapsed or refractory aggressive B-cell non-Hodgkin's lymphoma. *Ann Oncol* 2011;22(7):1622-7.

**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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