How is lenalidomide given?

Lenalidomide is a capsule taken orally (by mouth). Lenalidomide is usually given with the steroid dexamethasone. The chemotherapy drug cyclophosphamide is also sometimes added to the combination. Lenalidomide is normally taken for 21 days followed by a seven-day rest period. This forms one 28-day (4 week) cycle. Lenalidomide is taken as a continuous treatment, meaning it is taken until the myeloma shows signs it is beginning to come back.

The capsules should be swallowed whole with water and can be taken either with or without food.

You should take lenalidomide at approximately the same time each day.

25mg The standard starting dose is 25mg per day. However, the dose can be lowered to 15mg, 10mg or 5mg per day if side effects are problematic.

5mg

Other information about lenalidomide

Women must not take lenalidomide if they are pregnant, and must not become pregnant whilst taking lenalidomide, as it is expected to be harmful to an unborn baby.

You will be required to adhere to a pregnancy prevention programme. This means you must use effective methods of contraception while you are on treatment if you are a woman of childbearing potential or if you are a man and your partner is a woman of childbearing potential.

If you have any questions about your treatment, speak to your medical team. They are the best people to ask if you have questions about your individual situation. The information in this publication is not meant to replace their advice.

Lenalidomide (Revlimid®)

We appreciate your feedback

Please fill in a short online survey about our patient information at myeloma.org.uk/pifeedback or email any comments to myelomauk@myeloma.org.uk

For a list of references used to develop our resources, visit myeloma.org.uk/references

We’re here for everything a diagnosis of myeloma brings

Get in touch to find out more about how we can support you

Call the Myeloma Infoline on 0800 980 3332

Email Ask the Nurse at AskTheNurse@myeloma.org.uk

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1. Directly killing or stopping the growth of myeloma cells
2. Blocking the growth of new blood vessels that supply the myeloma cells with oxygen and nutrition (anti-angiogenesis)
3. Boosting the immune response against the myeloma cells
4. Altering the production of chemical signals involved in the growth and survival of the myeloma cells
5. Preventing the myeloma cells from sticking to the bone marrow stroma (the tissue and cells not involved in blood cell production)

Possible side effects

Lenalidomide has a number of possible side effects which can vary considerably from patient to patient. It is important to report any side effects to your doctor or nurse so they can be treated or managed promptly.

Gastrointestinal disturbances

Lenalidomide can cause diarrhoea and/or constipation. Maintaining a good fluid intake and a balanced diet is important. Your doctor may prescribe specific treatment which can help prevent or control the symptoms.

Bile acid malabsorption (BAM) can be a cause of persistent diarrhoea in myeloma patients taking lenalidomide. BAM is a condition in which patients do not absorb bile acids properly from their intestines. It can be treated by making some dietary changes, such as making sure that fat does not make up more than 20% of the diet, but often other treatment, such as a drug called colesvelam, is also needed.

Birth defects

It is important that anyone taking lenalidomide is aware of the possible birth defects it can cause. Both men and women who are taking lenalidomide could pass these side effects to their unborn baby. Although the risks are thought to be less than with thalidomide, a pregnancy prevention programme is still in place to ensure that lenalidomide is stored, prescribed, handled and taken safely.

Low blood counts

Lenalidomide may cause a decrease in the number of red and white blood cells and platelets in your blood. This can cause anaemia and fatigue, as well as making you more susceptible to infection and increasing your risk of bleeding. You may be given supportive treatment to help alleviate these side effects and boost your blood cell counts.

Blood clots or venous thromboembolic events

Lenalidomide can cause the formation of blood clots in veins, which is called a venous thromboembolic event (VTE). This most often occurs in the legs (known as deep vein thrombosis (DVT)). More rarely, clots can travel to the lungs causing a pulmonary embolism (PE). This can be a serious complication. You may be prescribed an anticoagulant (anti clotting) drug such as aspirin, low-dose heparin or warfarin either to prevent or to treat VTE.

Fatigue

Fatigue usually resolves after treatment has finished. There are a number of medical and non-medical ways to help manage fatigue. For example, treatment for anaemia may reduce fatigue if it is caused by low red blood cell counts.

Peripheral neuropathy

Peripheral neuropathy is damage to the nerves in the hands, feet, arms or legs. This causes numbness, tingling, increased sensitivity or pain.

Skin rash

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Mechanisms of action

Figure 1: Mechanisms of action of lenalidomide

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