

Lenalidomide (Revlimid®) maintenance

Treatment Guide

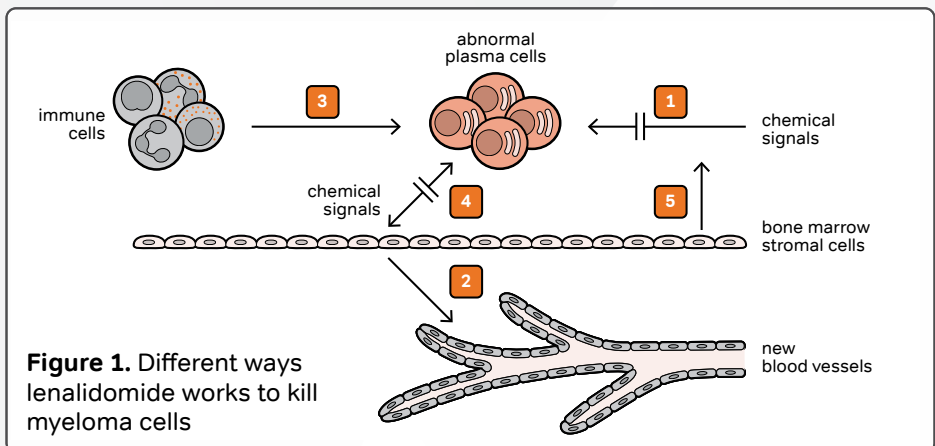
What is lenalidomide?

Lenalidomide, also known as Revlimid[®], is an immunomodulatory drug (IMiD) used in the treatment of myeloma.

How does it work?

Lenalidomide works by affecting the body's immune system. It helps to kill myeloma cells in a number of different ways:

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
3. Boosting the immune response against the myeloma cells
4. Altering the production of chemical messages 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)



What is maintenance treatment?

Maintenance treatment in myeloma is treatment given long-term after the main treatment has finished and is intended to lengthen remission time and delay disease progression. Lenalidomide maintenance treatment is given to patients after high-dose therapy and stem cell transplantation (HDT-SCT).

How is lenalidomide maintenance treatment given?



Lenalidomide is a capsule given orally (by mouth).



Lenalidomide maintenance is usually given as a monotherapy (on its own).



You should take lenalidomide at approximately the same time each day. Lenalidomide maintenance is given until there is disease progression, meaning there are signs your myeloma is becoming more active. Individual treatment plans will vary, your healthcare team will let you know your specific plan.

Other information about lenalidomide



You must not take lenalidomide whilst pregnant, as it is expected to be harmful to an unborn baby. You must use effective contraception while on this treatment if you or your partner could become pregnant. You will be required to adhere to a strict pregnancy prevention programme.



You should not breastfeed when taking lenalidomide as it is not known if the drug can pass to the milk.

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.

The side effects listed here are those experienced most often. For a complete list of side effects please refer to the patient information leaflet which is included in the pack with the treatment. If you do not have this, ask your healthcare team for it.



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 restricting the proportion of fat in the diet but often other treatment, such as a drug called colesevelam, is also needed.



Blood clots

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.

It is very important that you tell your healthcare team if you notice any red, swollen or painful areas in your body, particularly in your calf, and the area is warm to touch. Any new episodes of shortness of breath and/or chest pains must be reported immediately.



Birth defects

It is important that anyone taking lenalidomide is aware of the possible birth defects it can cause. This risk to an unborn baby can be passed on from either parent. 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.



Skin rashes

Some myeloma patients taking lenalidomide can develop a skin rash, which may be itchy and need treatment with antihistamines and/or steroid creams.

Some skin rashes are rare but serious. These include:

- Rash which starts in one area but begins to spread widely
- Rash with high temperature
- Rash with swelling of the eyes or mouth, or difficulty breathing

You should contact your healthcare team urgently if you experience any of these.



Low blood counts

Lenalidomide may cause a decrease in the number of red blood cells, white blood cells and platelets in your blood. This can cause anaemia (which can cause shortness of breath, tiredness and weakness) 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 to boost your blood cell counts.



Fatigue

Fatigue usually resolves after treatment has finished. There are a number of medical and nonmedical strategies you may try to help manage fatigue. For example, treatment for anaemia may reduce fatigue if it is caused by low red blood cell counts. Increasing your levels of activity and having complementary therapies, such as aromatherapy or massage, may also help.



Peripheral neuropathy

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

For the majority of patients, symptoms will improve or disappear after the dose and/or frequency of administration of lenalidomide is reduced. However, in some cases, lenalidomide may need to be temporarily stopped or discontinued and other options discussed. If you have severe peripheral neuropathy you may not be able to have other treatments that are also known to cause it, in the future.

Pain and discomfort can be alleviated by gentle massage, warm baths, heat/cold packs and specific nerve painkilling drugs such as pregabalin and gabapentin.



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.



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

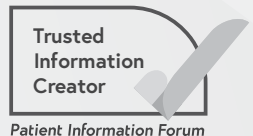
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