BSH 2020 VIRTUAL
9 -14 NOVEMBER
British Society for Haematology
Listening • Learning • Leading
1960–2020

Lenalidomide with Low-Dose Dexamethasone in Newly Diagnosed Transplant-Ineligible Myeloma. Real-World Experience: Data from a Single Centre in North Wales, United Kingdom.

C.Arachchilage 1 , Earnest Heartin 1 , Christopher Smith 1
1 Glan Clwyd hospital, Rhyl, United Kingdom

INTRODUCTION

Lenalidomide in combination with low-dose Dexamethasone is indicated as 1 st line of treatment for adult patients with newly diagnosed multiple myeloma who are transplant-ineligible and unsuitable for Thalidomide containing regimens in Wales.

AIM

To review the efficacy and side effects of Lenalidomide with low-dose Dexamethasone in

newly diagnosed transplant ineligible patients with multiple myeloma(NDTNE) in a real world setting and to compare our results to outcomes from trial data as Wales was the first country in the United Kingdom to approve above regimen.

METHOD

This was a retrospective analysis of NDTNE patients treated with Lenalidomide and Dexamathasone at haematology unit, Glan Clwyd Hospital as 1 st line therapy from November 2017 to January 2019 (15 months).

The data was collected from Welsh Clinical Portal (a national electronic patient record),electronic pharmacy records, and clinic notes.

RESULTS

Characteristics

Sex	**Male**	**5 (42%)**
	Female	7 (58%)
Age	Median	78
	Mean	76.5 (63 -86)
	< 75yrs	5
	>75yrs	7
Response Rate		
	CR	33% (4)
	VGPR	33% (4)
	PR	25% (3)

PATIENT	BEST RESPONSE	TIME TO BEST RESPONSE	DURATION OF BEST RESPONSE	TOTAL NO OF CHEMOTHERAPY CYCLES
1	CR	After 7th cycle	19 Months +	19
2	CR	After 5th cycle	23 Months +	28
3	CR	Within 6 cycles	18 Months +	24
4	VGPR	After 1st cycle	03 Months	09
5	PR	After 1st cycle	18 Months +	19
6	CR	After 8th cycle	03 Months +	11
7	PR	After 1st cycle	17 Months +	18
8	VGPR	After 4th cycle	15Months +	19
9	VGPR	After 1st cycle	01 Month	01
10	PR	After 1st cycle	02 Months	05
11	VGPR	After 3rd cycle	03 Months +	06
12	Not meeting CR/VGPR/PR			06

Patient No 1elected to have a break after 19 cycles of chemotherapy and remained in CR.
Patient No 8, decided to stop treatment due to multiple pre-existing medical comorbidities.
Patient No 4 progressed later.
Patient No 12, had multiple plasmacytomas and unable to measure response with conventional criteria.

Response rates in the FIRST trial: CR 15%, VGPR 28%, PR 32%

Anaemia	Neutropenia	Thrombocytopenia	DVT/PE	Infections	Neuropathy
Grade 1	Grade 1	Grade 1	PE		Grade 1
25%	0%	33%	17%	58%	17%
Grade 2	Grade 2	Grade 2	DVT		
42%	25%	33%	none		
Grade 3	Grade 3	Grade 3			
33%	25%	8%			
Grade 4	Grade 4	Grade 4			
0%	17%	0%			

Haematological side-effects were more commonly encountered than non-haematological side-effects.
Out of 12, 2 patients (17%) developed sub-segmental pulmonary emboli *(*1 while on prophylactic low molecular weight heparin*).*
Only 2 patients (17%) developed grade 1 neuropathy.
The majority, (83%) of patients tolerated this regimen well.(10 out of 12 continued treatment).
In the FIRST trial, grade 3/4 haematological adverse effects were less compared to our data, probably due to higher numbers of patients.

CONCLUSIONS

Our results indicates that Lenalidomide with low-dose dexamethasone is well tolerated, with good out come in transplant ineligible patients with newly diagnosed multiple myeloma.

ACKNOWLEDGEMENT

Patients involved in the study

Staff of the Department of Haematology, Glan Clwyd Hospital

Staff members of the laboratory and Pharmacy , Glan Clwyd Hospital

REFERENCES

Benboubker L et al. Lenalidomide and Dexamethasone in Transplant-Ineligible Patients with Myeloma.N Engl J Med 2014; 371:906-917

https://www.myeloma.org/resource-library/international-myeloma-working-group-imwg-uniform-response-criteria-multiple

CONTACT INFORMATION

Chaminda Arachchilage
Glan Clwyd Hospital
Chaminda.arachchilage@wales.nhs.uk