Practical Guide to Management of Lenalidomide-Related Rash in Patients With MDS

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INTRODUCTION

- Lenalidomide (LEN) is an oral immunomodulatory medication approved in the United States for patients with lower-risk, transfusion-dependent myelodysplastic syndromes (MDS) with del(5q) with or without additional cytogenetic abnormalities[1]
  - The goal of LEN treatment is to reduce or eliminate red blood cell transfusion dependence
- A recent analysis of the Celgene Global Drug Safety database showed that non-serious rash was the leading cause of permanent early discontinuation of LEN in MDS in the postmarketing setting[2]
  - 26% of non-serious rash events led to permanent LEN discontinuation
  - The majority of discontinuations due to non-serious rash occurred within the first 2 cycles (8 weeks) of treatment
- The real-world data contrasted with clinical trial experiences, where rash led to no or low rates of discontinuation[3,4]
  - This suggests differences in real-world management of rash vs that in clinical trials
  - These differences may be attributable to an educational gap among oncology practitioners who treat patients with LEN
- It may take ≥ 3 cycles of LEN treatment to achieve transfusion independence[1]
  - Therefore, early recognition and proper management of rash by advanced practitioners in oncology may reduce morbidity and extend treatment to optimize outcomes in LEN-treated patients with MDS

OBJECTIVE

- To provide a practical guide to management of LEN-related rash in patients with MDS, including:
  - Identification of the physiology, signs, and symptoms of LEN-related rash
  - Grading of rash
  - Management of rash
  - Patient communication tips

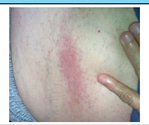
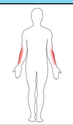
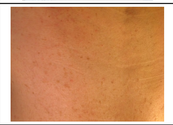
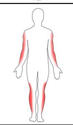
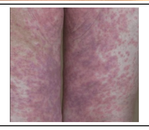
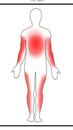
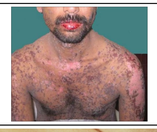
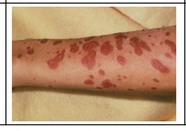
IDENTIFICATION AND MANAGEMENT OF LEN-RELATED RASH

General Considerations

- Most LEN-related rash is mild to moderate[5] and may present as patchy, raised, macular skin lesions, sometimes with localized urticaria, which may be associated with pruritus
- Cutaneous reactions may be associated with immunomodulatory properties of LEN and usually require no intervention[5]
- LEN can generally be restarted after interruption without recurrence of rash[6]
- Rash may occur before the full benefit of LEN treatment. Whenever possible, continued treatment is recommended for optimal outcomes
- A practical guide to LEN-related rash is shown in Table 1

IDENTIFICATION AND MANAGEMENT OF LEN-RELATED RASH (cont)

Table 1. Identification and Management of LEN-related Rash by Grade

Grade		Example	Description[7,a]		Label Recommendations[1]	Published Recommendations[5,6]
1			< 10% of BSA		No action recommended	Treat with topical corticosteroids and oral antihistamines until grade ≤ 1
2			10%–30% of BSA		Consider interruption or discontinuation	Treat with topical corticosteroids and oral antihistamines until grade ≤ 1; consider dose interruption for intolerable grade 2 rash
3			> 30% of BSA		Consider interruption or discontinuation	Treat with oral antihistamines or oral corticosteroids until rash is grade ≤ 1; consider dose interruption
4		Photo not available	Life-threatening consequences; urgent intervention indicated		Permanent discontinuation	No additional published recommendations
4	Stevens-Johnson syndrome		< 10% of BSA separation of dermis		Permanent discontinuation	No additional published recommendations
4	Toxic epidermal necrolysis		> 30% of BSA separation of dermis		Permanent discontinuation	No additional published recommendations

[a] As several distinct types of rash are designated within the Common Terminology Criteria for Adverse Events (CTCAE), these descriptions have been generalized by grade.
BSA, body surface area.

PATIENT COMMUNICATION TIPS

- Patients can be educated in advance using rash photos and explanations of how rash is treated and can be encouraged to promptly report signs of skin problems
- Practitioners should emphasize that it can take time to experience the full benefits of LEN treatment, so supportive care or dose interruption is preferable to discontinuation when appropriate
- Early detection and management of rash can help to optimize treatment with LEN in terms of dose and duration to maximize clinical outcomes
- Patients can be asked to describe the appearance of their medication and label, to ensure that the practitioner is aware of the current dosing (Table 2)
  - The approved starting dose of LEN for patients with MDS is 10 mg
  - Dose adjustments may also involve 5-mg or 2.5-mg capsules

Table 2. Identification of LEN Dosage[1]

Dose	Label		Capsule	
10 mg	Yellow border		Blue-green and pale yellow	
5 mg	Magenta border		White opaque	
2.5 mg	Gray border		White and blue-green	

LEN, lenalidomide.

CONCLUSIONS

- LEN treatment can decrease red blood cell transfusion needs and promote transfusion independence in patients with MDS
  - Optimal therapeutic benefit requires adequate duration of LEN treatment
- Advanced oncology practitioners play a vital role in effective management of LEN-related rash to achieve optimal patient outcomes
- Key aspects of rash identification and management include:
  - Being aware of symptoms
  - Applying appropriate levels of intervention
  - Involving patients in self-reporting early signs of rash through upfront educational initiatives

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