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How do I manage renal dysfunction in my patient who is taking lenalidomide?

Hi, my name is Dr. Donald Harvey. I am Director of the Phase 1 Clinical Trial Section and an Associate Professor at the Winship Cancer Institute at Emory University. If my patients experience renal dysfunction while taking lenalidomide, I would ensure that we are managing their counts carefully. So, if creatinines go up while on lenalidomide, it might be prudent to hold the agent until we see where the renal function stabilizes and if patients experience cytopenias while on the dose of lenalidomide, then dose reduction is required. As a reminder, the dose reduction steps are 25 mg down to 15 mg and to 10 mg and 5 mg with extending the dosing interval as needed based on creatinine clearance. If creatinine clearance is below 30, certainly patients need to go to every other day dosing and any creatinine clearance below 50 needs to be considered for dose reduction as well. For more multiple myeloma clinical pearls, please visit the MediCom Oncology Podcast Channel or *ManagingMyeloma.com*.