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Direct Healthcare Professional Communication on the association of Revlimid® (lenalidomide) with venous and arterial thromboembolic events

Dear Healthcare Provider:

Celgene, in agreement with the European Medicines Agency and Irish Medicines Board (IMB), wishes to inform you about new important safety information on Revlimid® (lenalidomide).

Summary

- Multiple myeloma patients treated with Lenalidomide in combination with dexamethasone have an increased risk of **venous** and **arterial thromboembolic events** (mainly deep vein thrombosis, pulmonary embolism myocardial infarctions and cerebrovascular events)
- Patients should be closely monitored with regards to these risks
- Action should be taken to try to minimize all modifiable risk factors for thromboembolic events (eg. smoking cessation, control of hypertension and hyperlipidaemia).
- Erythropoietic agents, or other agents that may increase the risk of thromboembolism, should be used with caution.
- Prophylactic antithrombotic medications should be recommended, especially in patients with additional thrombotic risk factors. The decision to take antithrombotic prophylactic measures should be made after careful assessment of an individual patient's underlying risk factors.

Additional information on venous and arterial thromboembolic events

In patients with multiple myeloma, the combination of lenalidomide and dexamethasone is associated with an increased risk of venous and arterial thromboembolism (predominantly deep vein thrombosis, pulmonary embolism, myocardial infarction and cerebrovascular accident). *(Revlimid SmPC, November 2010)*

A review of arterial thromboembolic events (ATEEs) in Celgene Pharmacovigilance database through 26 December 2009, presented a total of 493 medically confirmed reports of ATEE. The overall reporting rate for ATEEs was 0.5%. The review showed predominance of cardiac events (65.7%, mainly myocardial infarctions with 319 reports). A causal relationship between lenalidomide and ATEEs cannot be excluded. However, possible explanations and predisposing factors remain to be determined, and the mechanisms involved in the physiopathology of myocardial infarctions remain unknown. *(Data on file, 12 March 2010)*

The use of thromboprophylaxis was not documented in the majority of patients with ATEEs (>60%) and venous thromboembolic event (TEEs) (>80%) while risk factors were identified in most of the patients with medically confirmed TEE. *(Data on file, 12 March 2010)*

Prophylactic antithrombotic medicines should be recommended, especially in patients with additional thrombotic risk factors. If the patient experiences any thromboembolic events, treatment must be discontinued and standard anticoagulation therapy started. Once the patient has been stabilised on the anticoagulation treatment and any complications of the thromboembolic event have been managed, the lenalidomide treatment may be restarted at the original dose dependent upon a benefit risk assessment.

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The patient should continue anticoagulation therapy during the course of lenalidomide treatment. *(Revlimid SmPC, November 2010)*

The revised product information has been agreed with the EU Competent Authorities.

Call for reporting
Please be reminded that adverse reactions associated with the use of Revlimid should be reported in accordance with the national spontaneous reporting system.

Adverse events (and cases of suspected or confirmed pregnancy and foetal exposure) should be reported. Adverse event report forms and pregnancy reporting forms are included in the Healthcare Professionals Information Pack. Completed forms should be forwarded to Celgene Drug Safety using the contact details below:

Celgene Limited (UK)
Morgan House, Madeira Walk
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Tel: 1800 936 217
Fax: 1800 936 477
Email: drugsafetyuk@celgene.com

Communication information
If you have any further questions or require further information, please contact your local Celgene representative at:

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Michael Thompson

Annexes:
Revlimid® (lenalidomide) Summary of Product Characteristics

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