

# Treatment Checklists

## Combined checklist for commencing lenalidomide Treatment

	Women CBP	Women NCBP*	Male
<b>Counselling</b>			
Inform of expected teratogenic risk to the unborn child	✓	✓	✓
Inform of the need for effective contraception** 4 weeks before starting treatment, during treatment interruption, throughout the entire duration of treatment and for 4 weeks after the end of treatment or absolute and continued abstinence	✓		
Inform that even if patient has amenorrhea, they must comply with advice on contraception	✓		
Confirm patient is capable of complying with contraceptive measures	✓		✓
Inform of the expected consequences of pregnancy and the need to stop treatment and consult rapidly if there is a risk of pregnancy	✓		✓
Inform of the need to stop treatment immediately if female patient is suspected to be pregnant	✓		
Confirm patient agrees to undergo pregnancy testing at 4 weekly intervals, unless confirmed tubal sterilisation	✓		
Inform of hazards and necessary precautions associated with use of lenalidomide	✓	✓	✓
Inform patient not to share medication	✓	✓	✓
Inform to return unused capsules to pharmacist	✓	✓	✓
Inform not to donate blood whilst taking lenalidomide or for 1 week after stopping or during treatment interruptions	✓	✓	✓
Inform of need to use condoms (even if he has had vasectomy) throughout treatment duration, during dose interruption, and for one week after cessation of treatment if partner is pregnant or is of childbearing potential and not using effective contraception.			✓
Inform of the need not to donate semen or sperm during treatment, during dose interruptions, and for at least 7 days following discontinuation.			✓
Inform about the thromboembolic risk and possible requirement to take thromboprophylaxis during treatment with lenalidomide	✓	✓	✓
Inform about which are effective contraceptive methods that the female patient or the female partner of a male patient can use	✓		✓
Inform that if his female partner becomes pregnant whilst he is taking lenalidomide or shortly after he has stopped taking lenalidomide, he should inform his treating physician immediately and that it is recommended to refer the female partner to a physician specialized or experienced in teratology for evaluation and advice			✓

\*Refer to Healthcare Professional Information Guide for criteria to determine if patient is a woman of non-childbearing potential.

\*\* Refer to Healthcare Professional Information Guide for information on contraception.

	Women CBP	Women NCBP	Male
<b>Contraceptive referral</b>			
Contraceptive referral required	✓		
Contraceptive referral made	✓		
Contraceptive consultation completed	✓		
	Women CBP	Women NCBP	Male
<b>Contraception</b>			
Patient is currently established on one of the following for at least 4 weeks			
Implant	✓		
Levonorgestrel-releasing intrauterine system (IUS)	✓		
Medroxyprogesterone acetate depot	✓		
Sterilization	✓		
Sexual intercourse with a vasectomized male partner only: vasectomy must be confirmed by negative semen analysis	✓		
Ovulation inhibitory progesterone-only pill (desogestrel)	✓		
Patient commits to complete and absolute abstinence	✓		
Negative pregnancy test before starting treatment	✓		

	Women CBP	Women NCBP	Male
<b>Not of childbearing potential</b>			
One of the following criteria have been met to determine patient is woman NCBP			
Age ≥ 50 years and naturally amenorrhoeic*** for ≥ 1 year not induced by chemotherapy		✓	
Premature ovarian failure confirmed by specialist gynaecologist		✓	
Bilateral salpingo-oophorectomy		✓	
XY genotype, Turner's syndrome, uterine agenesis		✓	

\*\*\*Amenorrhea following cancer therapy or during lactation does not rule out childbearing

potential CBP: childbearing potential

NCBP: non childbearing potential

**TREATMENT FOR A WOMAN OF CHILDBEARING POTENTIAL CANNOT START UNTIL PATIENT IS ESTABLISHED ON AT LEAST ONE EFFECTIVE METHOD OF CONTRACEPTION FOR AT LEAST 4 WEEKS PRIOR TO INITIATION OF THERAPY OR COMMITS TO ABSOLUTE AND CONTINUOUS ABSTINENCE AND PREGNANCY TEST IS NEGATIVE.**