For lenalidomide is mainly excreted through urine, renal function monitoring and dose adjustment are required in case of renal impairment.

**OBJECTIVES**
- To evaluate modifications in Multiple Myeloma and Myelodysplastic Syndrome patient’s renal function (RF).
- To assess lenalidomide dose modifications in relation to changes in renal clearance as it’s recommended in EMA’s drug specification.

**MATERIAL AND METHOD**
Observational retrospective study of treatments started in period between May 2008 and September 2010.

Renal function was sorted in:
- Normal (NRF): ClCr > 50 mL/min
- Moderate worsening (MWRF): ClCr = 30-50 mL/min
- Serious worsening (SWRF): ClCr < 30 mL/min without dialysis
- Terminal (TRF): ClCr < 30 mL/min with dialysis

Dose modifications are recommended in lenalidomide drug specification

**RESULTS**
- Population: n= 16. Age 68.3 years (CI 95% 63.1-73.4).
- Average number of cycles per patient: 6 (range 2-21)
- Total number of cycles: 98.

<table>
<thead>
<tr>
<th>Renal Function</th>
<th>Number of cycles</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRF</td>
<td>40</td>
</tr>
<tr>
<td>MWRF</td>
<td>49</td>
</tr>
<tr>
<td>SWRF</td>
<td>8</td>
</tr>
<tr>
<td>TRF</td>
<td>0</td>
</tr>
</tbody>
</table>

**CONCLUSIONS**
- For renal damage is often present in Multiple Myeloma patients (most of our study population), it is vital to monitor kidney function to adjust doses of renal-cleared drugs such as lenalidomide.
- Half of the doses susceptible of being adjusted, were no modified.
- This would be a potential intervention point for the hospital pharmacist in order to improve patient’s security.