Indian J Hematol Blood Transfus (Apr-June 2019) 35(2):362–363
https://doi.org/10.1007/s12288-018-1046-6

CORRESPONDENCE

Upfront Lenalidomide in Follicular Lymphoma: Time has Come or Not?

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Received: 26 October 2018 / Accepted: 13 November 2018 / Published online: 17 November 2018
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Dear Editor,

We are very enthusiastic about recent phase 3 trial by Morschhauser et al. [1] to evaluate the superiority of Lenalidomide-Rituximab (R^2) over Rituximab-chemotherapy (R-Chemo) in advanced untreated follicular lymphoma. We would like to emphasize few points. This was designed as a superiority trial, but the study did not meet its co-primary endpoints. CR/CRu and ORR (48% and 84%), are lower than phase 2 studies (87% and 98%) [2]. In R^2 arm lenalidomide was administered for 18 cycles, cost and long term toxicity seems a valid concern since median follow-up is too short for FL. Two phase 3 studies have demonstrated better tolerability and responses to Bendamustine-Rituximab (BR) than R-CHOP [3, 4]. In the current study, 50% patient received R-CHOP, which is not current standard and has a greater hematologic toxicity, neuropathy and alopecia (Table 1). In our experience, phase 3 randomized study, CR and ORR were 16.6% and 83.3% in R^2 and it was poorly tolerated [5]. Lenalidomide may be considered a new sword in armamentarium but warrants longer follow-up for a final verdict.

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Table 1 Response rates and toxicity profile in phase 3 studies of Follicular Lymphoma

	R^2 versus R-Chemo [1]	BR versus R-CHOP/R-CVP [3]	BR versus RCHOP [4]
CR (%)	48 versus 53	31 versus 25	40 versus 30
ORR (%)	61 versus 65	97 versus 91	93 versus 91
PFS	77% versus 78% (3 year)	NA	69.5 m versus 31.2 m
Neutropenia[a] (%)	32 versus 50	39 versus 87[c]	29 versus 69
Neuropathy[b] (%)	7 versus 16	09 versus 44[c]	7 versus 29
Alopecia[b] (%)	1 versus 9	04 versus 51[c]	0 versus 100
Vomiting[b] (%)	7 versus 19	29 versus 13[c]	NA
Skin toxicity[b] (%)	43 versus 24	20 versus 12[c]	31 versus 15

NA Not Available, *CR* Complete response, *ORR* Overall response rate, *PFS* Progression free survival

[a]Grade 3 and 4 toxicity, [b]All Grade toxicity, [c]Includes toxicity due to R-CHOP only

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