Continuous lenalidomide and dexamethasone reduced the risk of progression or death in no (HR = 0.67), mild (HR = 0.70), and moderate (HR = 0.65) renal impairment subgroups vs melphalan-prednisone-thalidomide.

Multiple myeloma patients grouped by baseline creatinine clearance

- No impairment: \( \geq 80 \text{ mL/min} \)
  - Rd Cont: n = 123
  - Rd 18: n = 122
  - MPT: n = 144
  - HR = 0.67

- Mild impairment: \( \geq 50 \text{ to } < 80 \text{ mL/min} \)
  - Rd Cont: n = 241
  - Rd 18: n = 252
  - MPT: n = 222
  - HR = 0.70

- Moderate impairment: \( \geq 30 \text{ to } < 50 \text{ mL/min} \)
  - Rd Cont: n = 126
  - Rd 18: n = 120
  - MPT: n = 126
  - HR = 0.65

- Severe impairment: \(< 30 \text{ mL/min}\)
  - Rd Cont: n = 45
  - Rd 18: n = 47
  - MPT: n = 55

Renal function improved from baseline in 52.6% of lenalidomide and dexamethasone-treated patients.

- \( \text{Rd Cont} \): continuous lenalidomide and dexamethasone until disease progression
- \( \text{Rd 18} \): lenalidomide and dexamethasone for 18 cycles
- \( \text{MPT} \): melphalan-prednisone-thalidomide for 12 cycles

Dimopoulos et al., Haematologica, 2016