Edema and Effusions
Monitoring and Management

Loncastuximab Tesirine-lypl (Lonca)

CLINICAL PRESENTATION[1-3]

- Usually within the first 3 (all grades) or 6 (grade 3 or higher) cycles of Lonca
- Weight gain of more than 1 kg over the course of 24 hours
- Facial edema
- Edema in the lower extremities
- Shortness of breath, cough, or chest pain

MONITORING[3]

- Monitor patients for new or worsening edema or effusions
- Monitor for weight changes of more than 1 kg within 24 hours
- Consider diagnostic imaging in patients who develop symptoms of pleural effusion or pericardial effusion, such as new or worsened dyspnea, chest pain, and/or ascites such as swelling in the abdomen and bloating

PATIENT COUNSELING[3]

- Patients should weigh themselves daily during treatment
- Patients should contact their healthcare provider if they experience symptoms of fluid retention, chest pain, cough, or shortness of breath
- It is important to adhere to premedication with oral dexamethasone 4 mg twice daily for 3 days (starting the day before each cycle) to help minimize frequency and severity of edema and effusions

1. Derenzini E, et al. *Leuk Lymphoma*. 2025:1-13.
2. Epperla N, et al. *Hematol Oncol*. 2025;43(5):e70128.
3. ZYNLONTA® (loncastuximab tesirine-lpyl) for injection. Prescribing Information. ADC Therapeutics; 2022.

ADC THERAPEUTICS

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MANAGEMENT

- Appropriate medical management should be initiated at the onset of diagnosis[1]
- Edema and effusions may be treated with oral or IV diuretics and corticosteroids based on severity[2]
  - Oral spironolactone at an initial dosing of 25-100mg/day may be considered based on severity of edema and titrated as clinically indicated
  - Other agents (ie, thiazide or loop diuretics) may be added for severe edema, hypertension, or in patients at risk of hyperkalemia

LONCA DOSAGE MODIFICATIONS[3]

- For grade 2 or higher edema or effusion, it is recommended to withhold Lonca until the toxicity resolves to grade 1 or lower
  - If dosing is delayed by more than 3 weeks owing to toxicity related to Lonca, it is suggested to reduce subsequent doses by 50%. If toxicity reoccurs following dose reduction, consider discontinuation
  - If toxicity requires dose reduction following the second dose of 0.15 mg/kg (cycle 2), it is suggested that the patient should receive a dose of 0.075 mg/kg for cycle 3

Warnings and Precautions: Serious effusion and edema occurred in patients treated with Lonca. Grade 3 edema occurred in 3% of patients (primarily peripheral edema or ascites). Grade 3 pleural effusion occurred in 3% of patients, and grade 3 or 4 pericardial effusion occurred in 1% of patients.[2]

1. Derenzini E, et al. *Leuk Lymphoma*. 2025:1-13.
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