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# Cancer Conference Update

Audio reviews of key presentations and posters from important scientific meetings

**Presentations from the 2007 American Society of Hematology Meeting in Atlanta, Georgia**

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from the publishers of

Hematologic Oncology™ UPDATE

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# *Cancer Conference Update*

## A Continuing Medical Education Audio Series

### STATEMENT OF NEED/TARGET AUDIENCE

Oncology is one of the most rapidly evolving fields in medicine. Results presented at major cancer conferences from a plethora of ongoing clinical trials lead to the continuous emergence of new therapeutic agents and changes in the indications for existing treatments. In order to offer optimal patient care, the practicing medical oncologist must be well informed of these advances.

To bridge the gap between research and patient care, *Cancer Conference Update* uses one-on-one discussions with leading oncology investigators to review key clinical trial results presented at major oncology symposia. By providing access to the latest research developments and expert perspectives, this CME program assists medical oncologists in the formulation of up-to-date clinical management strategies.

### LEARNING OBJECTIVES

- Develop a therapeutic algorithm for the clinical management of indolent and aggressive forms of non-Hodgkin's lymphoma (NHL), addressing the benefit-risk considerations of radiation therapy, induction chemotherapy, radioimmunotherapy, stem cell transplantation, maintenance regimens and integration of emerging molecular targeted agents.
- Counsel appropriately selected patients on the availability of clinical research studies offering novel treatment approaches in the management of multiple myeloma (MM).
- Review the ongoing clinical trials evaluating the role of induction, maintenance and consolidation therapeutic approaches in the setting of various hematologic malignancies (eg, DLBCL, mantle-cell lymphoma, MM after successful ASCT).
- Summarize the rational application of emerging clinical trial data for the treatment of myeloid and lymphoid disorders, and incorporate these data into management strategies for patients with indolent and aggressive disease.
- Describe emerging clinical trial data on myelodysplasia and chronic myelogenous leukemia, and assess how this information may be applied to patient care.
- Describe the key mechanisms of action of targeted biologic agents being tested in hematologic cancer.

### PURPOSE OF THIS ISSUE OF *CANCER CONFERENCE UPDATE*

The purpose of Issue 1 of *Cancer Conference Update* is to offer the perspectives of Drs Gregory and Richardson on the integration of data presented at the 2007 American Society of Hematology Meeting in Atlanta, Georgia into the management of cancer.

### ACCREDITATION STATEMENT

Research To Practice is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

### CREDIT DESIGNATION STATEMENT

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### HOW TO USE THIS CME ACTIVITY

This CME activity contains an audio component. To receive credit, the participant should listen to the CD, review the CME information and complete the Post-test and Educational Assessment and Credit Form located in the back of this book or on our website, **CancerConferenceUpdate.com**.

***This program is supported by an educational grant from Millennium Pharmaceuticals Inc.***

## PAPERS DISCUSSED BY STEPHANIE A GREGORY, MD

*Abstracts listed in order of their review in the audio program*

Abstract 125. Goy A et al. **Durable responses with bortezomib in patients with relapsed or refractory mantle cell lymphoma (MCL): Updated time-to-event analyses of the multicenter PINNACLE study.** *Proc ASH* 2007.

Abstract 2578. Drach J et al. **Bortezomib, rituximab, and dexamethasone (BORID) as salvage treatment in relapsed/refractory mantle cell lymphoma: Sustained disease control in patients achieving a complete remission.** *Proc ASH* 2007.

Abstract LB1. Geisler CH et al. **Mantle cell lymphoma can be cured by intensive immunochemotherapy with in-vivo purged stem-cell support; Final report of the Nordic Lymphoma Group MCL2 study.** *Proc ASH* 2007.

Abstract 1362. Martin P et al. **Intensive treatment strategies may not provide superior outcomes in mantle cell lymphoma: Overall survival exceeding seven years in a large cohort of patients managed primarily with conservative therapies.** *Proc ASH* 2007.

Abstract 385. Rummel MJ et al. **Bendamustine plus rituximab versus CHOP plus rituximab in the first-line treatment of patients with indolent and mantle cell lymphomas — First interim results of a randomized Phase III study of the StiL (Study Group Indolent Lymphomas, Germany).** *Proc ASH* 2007.

Abstract 1351. Kahl B et al. **Bendamustine is safe and effective in patients with rituximab-refractory, indolent B-cell non-Hodgkin lymphoma.** *Proc ASH* 2007.

Abstract 643. Hagenbeek A et al. **$^{90}$Y-ibritumomab tiuxetan (Zevalin®) consolidation of first remission in advanced stage follicular non-Hodgkins lymphoma: First results of the international randomized Phase 3 First-Line Indolent Trial (FIT) in 414 patients.** *Proc ASH* 2007.

Abstract 1360. Gregory SA et al. **A prospective study evaluating the safety and efficacy of combination therapy with fludarabine plus mitoxantrone followed by yttrium-90 ($^{90}$Y) ibritumomab tiuxetan (Zevalin®) and maintenance rituximab as front line therapy for patients with intermediate or high risk follicular non-Hodgkins lymphoma.** *Proc ASH* 2007.

Abstract 389. Smith MR et al. **Phase II study of R-CHOP followed by $^{90}$Y-ibritumomab tiuxetan in untreated mantle cell lymphoma: Eastern Cooperative Oncology Group Study E1499.** *Proc ASH* 2007.

Abstract 387. Epner EM et al. **A multi center trial of hyperCVAD+Rituxan in patients with newly diagnosed mantle cell lymphoma.** *Proc ASH* 2007.

## PAPERS DISCUSSED BY PAUL G RICHARDSON, MD

Abstract 76. San Miguel JF et al. **MMY-3002: A Phase 3 study comparing bortezomib-melphalan-prednisone (VMP) with melphalan-prednisone (MP) in newly diagnosed multiple myeloma.** *Proc ASH* 2007.

Abstract 450. Harousseau JL et al. **VELCADE/Dexamethasone (Vel/D) versus VAD as induction treatment prior to autologous stem cell transplantation (ASCT) in newly diagnosed multiple myeloma (MM): Updated results of the IFM 2005/01 trial.** *Proc ASH* 2007.

**Abstract 73**. Cavo M et al. **Bortezomib (Velcade®)-thalidomide-dexamethasone (VTD) vs thalidomide-dexamethasone (TD) in preparation for autologous stem-cell (SC) transplantation (ASCT) in newly diagnosed multiple myeloma (MM).** *Proc ASH* 2007.

**Abstract 74**. Rajkumar SV et al. **A randomized trial of lenalidomide plus high-dose dexamethasone (RD) versus lenalidomide plus low-dose dexamethasone (Rd) in newly diagnosed multiple myeloma (E4A03): A trial coordinated by the Eastern Cooperative Oncology Group.** *Proc ASH* 2007.

**Abstract 187**. Richardson P et al. **Lenalidomide, bortezomib, and dexamethasone (Rev/Vel/Dex) as front-line therapy for patients with multiple myeloma (MM): Preliminary results of a Phase 1/2 study.** *Proc ASH* 2007.

**Abstract 817**. Fenaux P et al. **Azacitidine (AZA) treatment prolongs overall survival (OS) in higher-risk MDS patients compared with conventional care regimens (CCR): Results of the AZA-001 Phase III study.** *Proc ASH* 2007.

## ADDITIONAL SELECT PUBLICATIONS

No abstract available. Berges O et al. **Concurrent radiation therapy and bortezomib in myeloma patients.** *Radiother Oncol* 2008;[Epub ahead of print].

**Abstract 8009**. Coiffier B et al. **Long-term results of the GELA study comparing R-CHOP and CHOP chemotherapy in older patients with diffuse large B-cell lymphoma show good survival in poor-risk patients.** *Proc ASCO* 2007.

**Abstract**. Fenk R et al. **Escalation therapy with bortezomib, dexamethasone and bendamustine for patients with relapsed or refractory multiple myeloma.** *Leuk Lymphoma* 2007;48(12):2345-51.

**Abstract**. Friedberg JW et al. **Bendamustine in patients with rituximab-refractory indolent and transformed non-Hodgkin's lymphoma: Results from a phase II multicenter, single-agent study.** *J Clin Oncol* 2008;26(2):204-10.

**Abstract 8004**. Hochster HS et al. **Cyclophosphamide and fludarabine (CF) in advanced indolent lymphoma: Results from the ECOG/CALGB Intergroup E1496 trial.** *Proc ASCO* 2007.

**Abstract 8062**. Kahl BS et al. **A feasibility study of VcR-CVAD with maintenance rituximab for untreated mantle cell lymphoma.** *Proc ASCO* 2007.

**Abstract 8033**. Kaminski MS et al. **I131-tositumomab monotherapy as frontline treatment for follicular lymphoma: Updated results after a median follow-up of 8 years.** *Proc ASCO* 2007.

**Abstract 8011**. Morrison VA et al. **Maintenance rituximab (MR) compared to observation (OBS) after R-CHOP or CHOP in older patients (pts) with diffuse large B-cell lymphoma (DLBCL): An Intergroup E4494/C9793 update.** *Proc ASCO* 2007.

No abstract available. Zhan F et al. **High-risk myeloma: A gene expression based risk-stratification model for newly diagnosed multiple myeloma treated with high-dose therapy is predictive of outcome in relapsed disease treated with single-agent bortezomib or high-dose dexamethasone.** *Blood* 2008;111(2):968-9.

**QUESTIONS (PLEASE CIRCLE ANSWER):**

1. **In the updated analysis of the PINNACLE trial with a median follow-up of 26 months, patients with mantle cell lymphoma who were refractory to their last therapy had a median overall survival of approximately _____ when they were treated with single-agent bortezomib.**
   a. Five months
   b. 10 months
   c. 17 months
   d. 30 months

2. **The BORID trial evaluated a combination of _____ with rituximab and dexamethasone in patients with relapsed/refractory mantle cell lymphoma.**
   a. Thalidomide
   b. Bendamustine
   c. Bortezomib
   d. Fludarabine
   e. None of the above

3. **Phase II single-institution trials have reported comparable overall survival results with aggressive and conservative treatment approaches for patients with mantle cell lymphoma.**
   a. True
   b. False

4. **In a Phase III randomized trial for patients with either indolent or mantle cell lymphomas, _____ with rituximab and CHOP with rituximab had comparable response rates as first-line therapy.**
   a. Thalidomide
   b. Bendamustine
   c. Bortezomib
   d. Fludarabine
   e. None of the above

5. **As induction therapy prior to autologous stem cell transplantation for patients with newly diagnosed multiple myeloma, bortezomib/dexamethasone demonstrated better response rates than VAD.**
   a. True
   b. False

6. **For patients with newly diagnosed multiple myeloma who were not transplant candidates, a Phase III randomized trial (VISTA) demonstrated that the addition of bortezomib to melphalan/prednisone improved the _____.**
   a. Overall response rate
   b. Time to progression
   c. Overall survival
   d. All of the above
   e. None of the above

7. **In a Phase III randomized trial (ECOG-E4A03) for patients with newly diagnosed multiple myeloma, lenalidomide in combination with _____ improved overall survival compared to lenalidomide in combination with high-dose dexamethasone.**
   a. Bortezomib
   b. Low-dose dexamethasone
   c. Both a and b
   d. None of the above

8. **Patients with newly diagnosed multiple myeloma who received induction therapy with bortezomib/dexamethasone experienced more _____ than those treated with VAD.**
   a. Anemia
   b. Neutropenia
   c. Neuropathy
   d. Thromboses
   e. All of the above

9. **As induction therapy prior to autologous stem cell transplantation for patients with newly diagnosed multiple myeloma, bortezomib/thalidomide/dexamethasone demonstrated better response rates than thalidomide/dexamethasone.**
   a. True
   b. False

*Post-test answer key: 1c, 2c, 3a, 4b, 5a, 6d, 7b, 8c, 9a*

## EDUCATIONAL ASSESSMENT AND CREDIT FORM

### *Cancer Conference Update* — Issue 1, 2008

Research To Practice is committed to providing valuable continuing education for oncology clinicians, and your input is critical to helping us achieve this important goal. Please take the time to assess the activity you just completed, with the assurance that your answers and suggestions are strictly confidential.

**PART ONE — Please tell us about your experience with this educational activity**

**BEFORE completion of this activity, how would you characterize your level of knowledge on the following topics?**

4 = Expert 3 = Above average 2 = Competent 1 = Insufficient

**Emerging trial data on treatment of myeloid and lymphoid disorders**.....4 3 2 1

**Potential roles for maintenance and consolidation therapies in various hematologic malignancies** .....4 3 2 1

**Biologic agents being evaluated for hematologic malignancies** .....4 3 2 1

**Emerging clinical trial data for multiple myeloma**.....4 3 2 1

**AFTER completion of this activity, how would you characterize your level of knowledge on the following topics?**

4 = Expert 3 = Above average 2 = Competent 1 = Insufficient

**Emerging trial data on treatment of myeloid and lymphoid disorders**.....4 3 2 1

**Potential roles for maintenance and consolidation therapies in various hematologic malignancies** .....4 3 2 1

**Biologic agents being evaluated for hematologic malignancies** .....4 3 2 1

**Emerging clinical trial data for multiple myeloma**.....4 3 2 1

**Was the activity evidence based, fair, balanced and free from commercial bias?**

☐ Yes ☐ No

If no, please explain: .....

**Will this activity help you improve patient care?**

☐ Yes ☐ No ☐ Not applicable

If no, please explain: .....

**Did the activity meet your educational needs and expectations?**

☐ Yes ☐ No

If no, please explain: .....

**Please respond to the following LEARNER statements by circling the appropriate selection:**

4 = Yes 3 = Will consider 2 = No 1 = Already doing N/M = Learning objective not met N/A = Not applicable

**As a result of this activity, I will:**

- Develop a therapeutic algorithm for the clinical management of indolent and aggressive forms of non-Hodgkin's lymphoma (NHL), addressing the benefit-risk considerations of radiation therapy, induction chemotherapy, radioimmunotherapy, stem cell transplantation, maintenance regimens and integration of emerging molecular targeted agents.....4 3 2 1 N/M N/A
- Counsel appropriately selected patients on the availability of clinical research studies offering novel treatment approaches in the management of multiple myeloma (MM).....4 3 2 1 N/M N/A
- Review the ongoing clinical trials evaluating the role of induction, maintenance and consolidation therapeutic approaches in the setting of various hematologic malignancies (eg, DLBCL, mantle-cell lymphoma, MM after successful ASCT).....4 3 2 1 N/M N/A
- Summarize the rational application of emerging clinical trial data for the treatment of myeloid and lymphoid disorders, and incorporate these data into management strategies for patients with indolent and aggressive disease.....4 3 2 1 N/M N/A
- Describe emerging clinical trial data on myelodysplasia and chronic myelogenous leukemia, and assess how this information may be applied to patient care.....4 3 2 1 N/M N/A
- Describe the key mechanisms of action of targeted biologic agents being tested in hematologic cancer.....4 3 2 1 N/M N/A

**What other practice changes will you make or consider making as a result of this activity?**

.....

**What additional information or training do you need on the activity topics or other oncology-related topics?**

.....

**Additional comments about this activity:**

.....

.....

**May we include you in future assessments to evaluate the effectiveness of this activity?**

☐ Yes ☐ No

## PART TWO — Please tell us about the faculty for this educational activity

4 = Expert 3 = Above average 2 = Competent 1 = Insufficient

| Faculty | Knowledge of subject matter | Effectiveness as an educator |
|---|---|---|
| Stephanie A Gregory, MD | 4 3 2 1 | 4 3 2 1 |
| Paul G Richardson, MD | 4 3 2 1 | 4 3 2 1 |

**Please recommend additional faculty for future activities:**

.....

**Other comments about the faculty for this activity:**

.....

## REQUEST FOR CREDIT — Please print clearly

Name: ..... Specialty: .....

Degree:

☐ MD ☐ DO ☐ PharmD ☐ NP ☐ BS ☐ RN ☐ PA ☐ Other .....

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**I certify my actual time spent to complete this educational activity to be _____ hour(s).**

Signature: ..... Date: .....

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