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# Cancer Conference Update

**Audio reviews of key presentations and posters from important scientific meetings**

**Discussion of 73 Presentations and Posters from the 2008 American Society of Hematology Meeting in San Francisco, California**

**EDITOR**

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**INTERVIEWS**

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David P Steensma, MD
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# *Cancer Conference Update*
## A Continuing Medical Education Audio Series

### OVERVIEW OF ACTIVITY

Hematologic 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 continual emergence of new therapeutic agents and changes in the indications for existing treatments. In order to offer optimal patient care, the practicing hematologist/oncologist must be well informed of these advances. To bridge the gap between research and patient care, this issue of *Cancer Conference Update* utilizes one-on-one discussions with Drs O'Brien, Lonial, Kahl, Steensma and Lyman to apply the results of clinical trial data presented at the 2008 American Society of Hematology Meeting to the management of various types of hematologic cancer. This CME activity is, thus, designed to assist hematologist/oncologists with the formulation of up-to-date therapeutic algorithms for patients with lymphoid and myeloid cancer.

### LEARNING OBJECTIVES

- Apply the results of emerging clinical trial data to the evidence-based selection of treatment for patients with hematologic cancer.
- Develop up-to-date clinical management strategies for follicular, diffuse large B-cell and mantle-cell lymphomas.
- Communicate the benefits and risks of combination and single-agent front-line treatment approaches to patients with chronic lymphocytic leukemia.
- Use clinical and molecular biomarkers to individualize the dose and sequence of tyrosine kinase inhibitors for patients with chronic myelogenous leukemia.
- Identify how early therapeutic response to novel doublet and triplet induction regimens correlates with long-term clinical outcomes for patients with multiple myeloma.
- Integrate emerging research findings into the risk-stratified treatment and supportive management of myelodysplasia or acute myelogenous leukemia.
- Counsel patients with cancer about their risk of thromboembolism, and formulate a plan for effective prophylaxis in appropriately selected patients.

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# AUDIO PROGRAM GUIDE

## PAPERS DISCUSSED BY SUSAN M O'BRIEN, MD (CML, CLL AND ALL)

**1** Abstract 45 — Lenalidomide as first-line therapy for elderly patients with chronic lymphocytic leukemia (CLL)

**2** Clinical trial evaluating lenalidomide as maintenance therapy for patients with CLL after second-line therapy

**3** Abstracts 325, 326 — GCLLSG CLL8 trial: Fludarabine/cyclophosphamide (FC) versus FC/rituximab as first-line therapy for patients with advanced CLL

**4** Abstract 327 — A Phase III trial of FC/rituximab versus pentostatin/cyclophosphamide and rituximab for patients with B-cell CLL

**5** Abstract 328 — Ofatumumab in patients refractory to both fludarabine and alemtuzumab or with bulky, fludarabine-refractory CLL

**6** Abstracts 330, LBA1 — German (bendamustine/rituximab) and REACH (FC/rituximab) studies in relapsed or refractory CLL

**7** Abstract 181 — GIMEMA study: High and early rates of cytogenetic and molecular response with high-dose nilotinib as first-line treatment for Philadelphia-positive (Ph+) chronic myelogenous leukemia (CML) in chronic phase

**8** Abstracts 182, 335 — Clinical trials evaluating the BCR-ABL tyrosine kinase inhibitor (TKI) dasatinib and TOPS high-dose imatinib in patients with previously untreated CML

**9** Abstracts 449, 1098 — Efficacy and toxicity of BCR-ABL TKIs in patients with CML and preexisting mutations

**10** Abstract 334 — IRIS trial: Reduction of BCR-ABL transcript levels at six, 12 and 18 months correlates with long-term outcomes with imatinib in patients with chronic phase CML

**11** Abstract 302 — Feasibility of PEG-asparaginase in adult acute lymphoblastic leukemia (ALL)

**12** Abstract 12 — GRAAPH-2005: Imatinib versus imatinib/hyper-CVAD induction for younger patients with de novo Ph+ ALL

**13** Abstract 1931 — Modified hyper-CVAD with or without rituximab as front-line therapy for patients with de novo ALL or lymphoblastic lymphoma (LL)

**14** Abstract 2926 — CA180-035 trial two-year update: Dasatinib once (QD) versus twice daily (BID) for patients with imatinib-resistant or imatinib-intolerant Ph+ ALL

**15** Abstract 1930 — Intensified pediatric hyper-CVAD in adult patients with de novo ALL or LL after front-line therapy with hyper-CVAD

## PAPERS DISCUSSED BY SAGAR LONIAL, MD (MULTIPLE MYELOMA)

**1** Key treatment advances in multiple myeloma (MM) presented at the 2008 ASH meeting

**2** Abstract 92 — A Phase I/II study of lenalidomide/bortezomib/dexamethasone (RVD) in patients with newly diagnosed MM

**3** Abstract 93 — EVOLUTION: A Phase I/II study: Safety and efficacy of RVD with cyclophosphamide in newly diagnosed MM

**4** Abstracts 2774, 2781, 871 — Mechanisms of action and clinical activity of HDAC inhibitors alone and in combination with bortezomib, vorinostat or both for relapsed/refractory MM

**5** Abstract 91 — A Phase II trial of lenalidomide/cyclophosphamide and dexamethasone (RCd) for newly diagnosed MM

**6** Impact of novel up-front regimens on approach to stem cell transplantation in MM

**7** Abstracts 651, 652, 654 — Tolerability and response to bortezomib in three- and four-drug up-front combination regimens for patients with newly diagnosed MM

**8** Abstract 3712 — Sequential bortezomib, liposomal doxorubicin and dexamethasone followed by thalidomide/dexamethasone in untreated high-risk MM

**9** Abstract 94 — A Phase II study of bortezomib/cylophosphamide/thalidomide and dexamethasone as first-line therapy for patients with MM

**10** Abstract 3713 — Potential role of liposomal doxorubicin in front-line therapy for patients with MM

**11** Abstracts 95, 162 — Lenalidomide/dexamethasone and maintenance therapy for newly diagnosed high-risk MM

**12** Abstract 868 — A Phase II trial of lenalidomide/melphalan/prednisone in combination with one of two doses of thalidomide (RMPT) in relapsed/refractory MM

**13** Abstract 158 — Impact of induction regimens on post-transplantation response rate in MM

**14** Abstracts 864, 865 — Clinical studies of the proteasome inhibitor carfilzomib in relapsed or relapsed/refractory MM

**15** Abstract 871 — Vorinostat with bortezomib in relapsed/refractory MM

**16** Abstract 866 — Efficacy of pomalidomide/low-dose dexamethasone in relapsed MM

**17** Abstract 869 — Activity of bortezomib-based therapy for patients with primary systemic amyloidosis (AL)

**18** Activity of tanespimycin with bortezomib in patients with MM

**19** Abstracts 870, 867 — Novel agents with synergistic activity in combination with bortezomib for relapsed/refractory MM

**20** Abstract 653 — HOVON-65: Bortezomib/doxorubicin/dexamethasone versus VAD as induction therapy before high-dose melphalan in newly diagnosed MM

**21** Unresolved role of maintenance therapy in MM

## PAPERS DISCUSSED BY BRAD S KAHL, MD (CLL, NON-HODGKIN LYMPHOMA)

**1** Abstract 3 — Feasibility of fostamatinib disodium in patients with diffuse large B-cell lymphoma (DLBCL) and chronic lymphocytic leukemia (SLL/CLL)

**2** Abstract 236 — A Phase III trial of immunotherapy with mitumprotimut-T and GM-CSF after rituximab in patients with CD20+ follicular lymphoma

**3** Abstract 261 — PROPEL: Pralatrexate with vitamin B12 and folic acid in patients with relapsed or refractory peripheral T-cell lymphoma

**4** Abstract 262 — NHL-003: Oral lenalidomide monotherapy for patients with relapsed or refractory mantle-cell lymphoma (MCL)

**5** Future studies evaluating novel single agents and combination regimens for untreated and relapsed MCL

**6** Abstract 1560 — NHL-002 and NHL-003 pooled data: Oral lenalidomide monotherapy for patients with MCL previously treated with bortezomib

**7** Abstract 268 — NHL-003: Oral lenalidomide monotherapy in relapsed or refractory DLBCL

**8** Abstract 265 — A Phase II study of VcR-CVAD in patients with untreated MCL

**9** Management of untreated MCL in younger and older patients in a clinical setting

**10** Abstracts 833, 3050 — Hyper-CVAD-R alternating with R-methotrexate/cytarabine in patients with untreated MCL

**11** Abstract 836 — EORTC-20981: Long-term outcomes with maintenance rituximab in patients with relapsed/resistant follicular lymphoma

**12** ECOG-E4402 (RESORT): Extended schedule of rituximab for patients with low tumor burden, indolent non-Hodgkin lymphoma

**13** Role of maintenance rituximab off protocol in the treatment of follicular lymphoma

**14** Abstract 832 — A Phase II trial of bortezomib and rituximab in relapsed and/or refractory Waldenström macroglobulinemia

**15** Abstract 1559 — A Phase III study of temsirolimus versus investigator's choice of therapy for relapsed or refractory MCL

**16** Abstract 581 — GELA final results: R-CHOP and R-DHAP followed by autologous stem-cell transplant in patients with MCL

## PAPERS DISCUSSED BY DAVID P STEENSMA, MD (MDS, AML)

**1** Abstract 223 — Maintenance azacitidine after complete remission of high-risk myelodysplastic syndrome (MDS) or acute myeloid leukemia (AML)

**2** Abstract 226 — EORTC-06011: A Phase III study of low-dose decitabine versus best supportive care for elderly patients ineligible for intensive chemotherapy

**3** ECOG-E1905: Ongoing Phase II randomized study of azacitidine with or without MS-275 for patients with MDS, CML or AML with multilineage dysplasia

**4** Abstract 227 — Continued azacitidine treatment for patients at higher risk with MDS

**5** Abstract 635 — New prognostic model for MDS accounting for events not considered by the International Prognostic Scoring System (IPSS)

**6** Abstract 876 — National registry study 2006-2008: Patterns of treatment in recently diagnosed MDS

**7** Abstract 224 — Tolerability of romiplostim/azacitidine versus azacitidine for patients with low-intermediate-risk MDS

**8** Abstract 636 — Underestimation of the incidence of MDS: Analysis of the Medicare database

**9** Abstract 133 — A Phase III trial of daunorubicin/cytarabine with cladribine versus fludarabine as induction therapy for patients with untreated AML

**10** Abstract 134 — EORTC/GIMEMA AML-12: High-dose versus standard-dose cytosine arabinoside during induction therapy with or without maintenance IL-2 for AML

**11** Abstract 138 — PETHEMA LPA2005: All-trans retinoic acid and anthracycline with cytarabine for patients at high risk with acute promyelocytic leukemia

**12** Abstract 558 — A Phase II study of single-agent clofarabine in untreated older patients with AML unlikely to benefit from standard induction chemotherapy

**13** Abstract 768 — A Phase I/II trial of sorafenib, idarubicin and cytarabine in patients younger than 65 with newly diagnosed AML

**14** Abstract 560 — Preliminary results of a Phase II trial of five-day decitabine as front-line therapy for elderly patients with AML

## PAPERS DISCUSSED BY GARY H LYMAN, MD, MPH (THROMBOSIS)

**1** Abstract 6 — PROTECHT: A Phase III study of nadroparin as antithrombotic prophylaxis in patients receiving chemotherapy

**2** PROTECHT: Eligibility requirements

**3** Development and validation of a predictive model for chemotherapy-associated thrombosis

**4** Choice and utilization of anticoagulant therapy in clinical practice

**5** ASCO guideline recommendations for routine consideration of prophylactic anticoagulation therapy

**6** Abstract 3017 — Enoxaparin versus low-dose warfarin versus aspirin as thromboprophylaxis for patients with newly diagnosed MM previously treated with thalidomide-containing regimens

**7** Abstract LBA-6 — Meta-analysis evaluating survival among patients who received erythropoiesis-stimulating agents during or after anticancer treatment

**8** Abstract 3818 — Retrospective study of unsuspected pulmonary emboli identified on routine cancer staging multirow detector CT (MDCT) scans

**QUESTIONS (PLEASE CIRCLE ANSWER):**

1. **In a Phase II trial for patients with a variety of relapsed or refractory non-Hodgkin lymphomas (NHL), fostamatinib disodium — an oral inhibitor of spleen tyrosine kinase (SYK) — demonstrated the highest response rate in which type of lymphoma?**
   a. Diffuse large B-cell lymphoma (DLBCL)
   b. Chronic lymphocytic leukemia (SLL/CLL)
   c. Follicular lymphoma
   d. Mantle-cell lymphoma (MCL)

2. **According to subset analyses of an international Phase II trial for patients with relapsed or refractory aggressive NHL who received single-agent lenalidomide, the group with which type of lymphoma had a longer progression-free survival?**
   a. MCL
   b. DLBCL
   c. Both a and b
   d. None of the above

3. **The update to the EORTC trial for patients with relapsed or refractory follicular lymphoma demonstrated a statistically significant improvement in _____ for patients treated with maintenance rituximab after either CHOP or R-CHOP.**
   a. Progression-free survival
   b. Overall survival
   c. Incidence of Grade III/IV infections
   d. All of the above
   e. None of the above

4. **Which of the following trials will determine the efficacy of maintenance rituximab after therapy with a rituximab-containing chemotherapy regimen for patients with follicular lymphoma?**
   a. RESORT
   b. PRIMA
   c. ECOG-E1496
   d. All of the above

5. **In a Phase II trial for patients with relapsed or refractory Waldenström macroglobulinemia, an overall (complete + partial + minimal) response rate of _____ was achieved with bortezomib in combination with rituximab.**
   a. 90 percent
   b. 70 percent
   c. 50 percent
   d. 30 percent

6. **In a Phase III randomized trial for patients with relapsed or refractory MCL, the group treated with temsirolimus had a significantly longer progression-free survival compared to those treated with the investigator's choice of therapy.**
   a. True
   b. False

7. **In a Phase II trial evaluating lenalidomide as first-line therapy for elderly patients with CLL, the overall response rate was approximately _____.**
   a. 15 percent
   b. 35 percent
   c. 55 percent
   d. 75 percent

8. **Phase III trials comparing fludarabine/cyclophosphamide/rituximab (FCR) to FC for patients with previously untreated CLL and those with relapsed or refractory CLL demonstrated that FCR improves the _____.**
   a. Complete response rate
   b. Overall response rate
   c. Progression-free survival
   d. Both a and b
   e. All of the above

9. **According to data from Phase II trials for patients with previously untreated chronic myelogenous leukemia (CML) in early chronic phase, nilotinib and dasatinib appear to produce faster cytogenetic and molecular responses compared to historical control data with imatinib at 400 milligrams.**
   a. True
   b. False

**QUESTIONS (PLEASE CIRCLE ANSWER):**

**10. In a small Phase II trial for patients with high-risk multiple myeloma, the sequential administration of bortezomib/liposomal doxorubicin/dexamethasone followed by thalidomide/dexamethasone resulted in approximately a _____ complete response/near-complete response rate.**

a. 10 percent
b. 20 percent
c. 40 percent
d. 60 percent

**11. Which of the following regimens has been shown to improve progression-free survival as induction therapy prior to autologous stem-cell transplant for newly diagnosed multiple myeloma?**

a. Bortezomib/dexamethasone (VD)
b. Bortezomib/thalidomide/dexamethasone (VTD)
c. Bortezomib/doxorubicin/dexamethasone (PAD)
d. Both a and b
e. All of the above

**12. Carfilzomib belongs to which class of drugs?**

a. IMiD®
b. Proteasome inhibitors
c. HDAC inhibitors
d. None of the above

**13. In a Polish Adult Leukemia Group study, patients with acute myeloid leukemia (AML) treated with which of the following regimens had the best two-year overall survival rate?**

a. Daunorubicin/cytarabine (DA)
b. Daunorubicin/cytarabine/cladribine (DAC)
c. Daunorubicin/cytarabine/fludarabine (DAF)
d. Both a and b
e. None of the above

**14. The ASCO guidelines panel for the prophylaxis and treatment of venous thromboembolism recommends routine prophylaxis with anticoagulation for all ambulatory cancer patients during systemic chemotherapy.**

a. True
b. False

**15. Which of the following agents is believed to potentially increase the risk of thromboembolism in patients with cancer?**

a. Thalidomide
b. Lenalidomide
c. Bevacizumab
d. Both a and c
e. All of the above

**16. In the PROTECTH study, which low-molecular-weight heparin was found to reduce the incidence of thromboembolic events among patients with cancer who were receiving chemotherapy?**

a. Enoxaparin
b. Nadroparin
c. Dalteparin
d. All of the above
e. None of the above

*Post-test answer key: 1b, 2a, 3a, 4b, 5a, 6a, 7c, 8e, 9a, 10c, 11d, 12b, 13b, 14b, 15e, 16b*

## EDUCATIONAL ASSESSMENT AND CREDIT FORM

### *Cancer Conference Update* — Issue 1, 2009

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 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

- Activity of lenalidomide or temsirolimus in relapsed/refractory mantle-cell lymphoma . . . . . 4 3 2 1
- Efficacy and dosing of maintenance rituximab for patients with follicular lymphoma . . . . . 4 3 2 1
- Impact of FCR (fludarabine/cyclophosphamide/rituximab) on outcomes for patients with chronic lymphocytic leukemia . . . . . 4 3 2 1
- Novel agents and regimens under evaluation for multiple myeloma . . . . . 4 3 2 1
- ASCO guidelines for the prophylaxis and treatment of venous thromboembolism in patients with cancer . . . . . 4 3 2 1

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

4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

- Activity of lenalidomide or temsirolimus in relapsed/refractory mantle-cell lymphoma . . . . . 4 3 2 1
- Efficacy and dosing of maintenance rituximab for patients with follicular lymphoma . . . . . 4 3 2 1
- Impact of FCR (fludarabine/cyclophosphamide/rituximab) on outcomes for patients with chronic lymphocytic leukemia . . . . . 4 3 2 1
- Novel agents and regimens under evaluation for multiple myeloma . . . . . 4 3 2 1
- ASCO guidelines for the prophylaxis and treatment of venous thromboembolism in patients with cancer . . . . . 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 be able to:**

- Apply the results of emerging clinical trial data to the evidence-based selection of treatment for patients with hematologic cancer. . . . . 4 3 2 1 N/M N/A
- Develop up-to-date clinical management strategies for follicular, diffuse large B-cell and mantle-cell lymphomas. . . . . 4 3 2 1 N/M N/A
- Communicate the benefits and risks of combination and single-agent front-line treatment approaches to patients with chronic lymphocytic leukemia. . . . . 4 3 2 1 N/M N/A
- Use clinical and molecular biomarkers to individualize the dose and sequence of tyrosine kinase inhibitors for patients with chronic myelogenous leukemia. . . . . 4 3 2 1 N/M N/A
- Identify how early therapeutic response to novel doublet and triplet induction regimens correlates with long-term clinical outcomes for patients with multiple myeloma. . . . . 4 3 2 1 N/M N/A
- Integrate emerging research findings into the risk-stratified treatment and supportive management of myelodysplasia or acute myelogenous leukemia. . . . . 4 3 2 1 N/M N/A
- Counsel patients with cancer about their risk of thromboembolism, and formulate a plan for effective prophylaxis in appropriately selected patients. . . . . 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?**

. . . . . .

## EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

**Additional comments about this activity:**

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**As part of our ongoing, continuous quality-improvement effort, we conduct postactivity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate your willingness to participate in such a survey.**

☐ Yes, I am willing to participate in a follow-up survey. ☐ No, I am not willing to participate in a follow-up survey.

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

4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

| Faculty | Knowledge of subject matter | Effectiveness as an educator |
|---|---|---|
| Susan M O'Brien, MD | 4 3 2 1 | 4 3 2 1 |
| Sagar Lonial, MD | 4 3 2 1 | 4 3 2 1 |
| Brad S Kahl, MD | 4 3 2 1 | 4 3 2 1 |
| David P Steensma, MD | 4 3 2 1 | 4 3 2 1 |
| Gary H Lyman, MD, MPH | 4 3 2 1 | 4 3 2 1 |
| **Editor** | **Knowledge of subject matter** | **Effectiveness as an educator** |
| Neil Love, MD | 4 3 2 1 | 4 3 2 1 |

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

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

.....

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# Cancer Conference Update


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# Cancer Conference Update


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