

Audio reviews of key presentations and posters from important scientific meetings

Discussion of 53
Papers from the 2009
American Society of
Hematology Meeting
in New Orleans,
Louisiana

EDITOR

Neil Love, MD

INTERVIEWS

Brad S Kahl, MD Irene M Ghobrial, MD Guillermo Garcia-Manero, MD Myron S Czuczman, MD Terry Gernsheimer, MD

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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* uses one-on-one discussions with Drs Kahl, Ghobrial, Garcia-Manero, Czuczman and Gernsheimer to apply clinical trial data presented at the 2009 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 emerging clinical trial data to the evidence-based selection of treatment for patients with hematologic cancer.
- Develop evidence-based treatment algorithms for frequently encountered adult chronic leukemias.
- Summarize emerging data with novel agents/combinations and radioimmunotherapy approaches for newly diagnosed or relapsed/refractory indolent or aggressive B-cell non-Hodgkin lymphomas.
- Tailor up-front/induction therapy based on individual and disease characteristics for patients with multiple myeloma.
- Evaluate consolidation and maintenance therapy approaches for patients with multiple myeloma.
- Describe the standard therapeutic approaches and investigational strategies for the treatment of newly diagnosed and relapsed acute promyelocytic leukemia (APL).
- Recall the efficacy and side effects of hypomethylating and immunomodulating agents in the treatment
 of myelodysplastic syndromes (MDS) and acute myelogenous leukemia (AML).
- Appraise data on the efficacy of small molecule thrombopoietin receptor agonists in immune thrombocytopenic purpura.
- Describe therapeutic options for patients with idiopathic thrombocytopenic purpura (ITP) and cutaneous T-cell lymphoma (CTCL).

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Watch the recorded proceedings from a live CME symposium featuring clinical investigators reviewing key recent papers in lung, breast, colon, prostate and renal cell cancer and in multiple myeloma and non-Hodgkin lymphoma. Visit www.ResearchToPractice.com/ Quadrant/FCS09 for more information or to view these interesting and relevant presentations.

AUDIO PROGRAM GUIDE

PAPERS DISCUSSED BY BRAD S KAHL, MD (MCL, FL, DLBCL)

- 1 Abstract 403: NCCN comparative analysis

 R-CHOP → high-dose therapy and autologous stem cell rescue (HDT/ASCR) versus
 R-hyper-CVAD versus R-CHOP alone for younger patients with mantle-cell lymphoma (MCL)
- **2** Abstract 1661: First analysis of ECOG-E1405 A Phase II study of VcR-CVAD with maintenance rituximab for untreated MCL
- **3** Abstract 405: Phase III study results of bendamustine/rituximab versus CHOP-R as first-line therapy for advanced, indolent follicular lymphoma (FL) and MCL
- 4 Abstract 924: Bendamustine, bortezomib and rituximab in relapsed or refractory indolent and mantle-cell non-Hodgkin lymphoma (NHL)
- **5** Abstract 933: VERTICAL Bortezomib, bendamustine and rituximab in relapsed or refractory FL

- **6** Abstract 935: Single-agent of atumumab in rituximab-refractory FL
- **7** Abstract 1706: Maintenance rituximab versus observation after short-term R-FND as first-line treatment for elderly patients with advanced FL
- **8** Abstract 3743: A Phase II study of rituximab, fludarabine and mitoxantrone (R-FM) followed by yttrium-90 ibritumomab tiuxetan for untreated FL
- **9** Abstract 3759: Tositumomab and iodine I 131 tositumomab for untreated, advanced-stage FL 10-year follow-up
- 10 Abstract 406: LNH03-6B GELA study R-CHOP14 versus R-CHOP21 in elderly patients with diffuse large B-cell lymphoma (DLBCL)
- **11** PRIMA: R-CHOP versus R-CVP followed by maintenance rituximab or observation in FL.

PAPERS DISCUSSED BY IRENE M GHOBRIAL, MD (MULTIPLE MYELOMA)

- 1 Abstract 3: Bortezomib/melphalan/ prednisone (VMP) versus bortezomib/ thalidomide/prednisone (VTP) followed by maintenance VT versus VP for older patients with untreated multiple myeloma (MM)
- **2** Dose scheduling of bortezomib and peripheral neuropathy
- **3** Abstract 127: EVOLUTION A Phase II study of novel drug combinations with bortezomib, dexamethasone, cyclophosphamide and lenalidomide for newly diagnosed MM
- 4 Abstract 128: Up-front bortezomib/ melphalan/prednisone/thalidomide (VMPT) followed by maintenance bortezomib and thalidomide for elderly patients with MM

- **5** Abstract 301: Pomalidomide with or without low-dose dexamethasone in relapsed or refractory MM after prior treatment with lenalidomide and bortezomib
- **6** Abstract 302: PX-171-004 Single-agent carfilzomib in bortezomib-naïve patients with relapsed or refractory MM
- **7** Abstract 351: A Phase III study of double autotransplant incorporating bortezomib/thalidomide/dexamethasone (VTD) or thalidomide/dexamethasone (TD) for MM
- **8** Abstract 353: IFM 2005-01 A Phase III study of induction bortezomib/dexamethasone in high-risk MM
- **9** Abstract 354: Bortezomib/dexamethasone (VD) versus reduced-dose bortezomib/thalidomide/dexamethasone (vTD) prior to autologous stem cell transplant (ASCT) in newly diagnosed MM

- Abstract 529: IFM 2005-02 Lenalidomide after ASCT in MM
- Abstract 530: A Phase III trial of bortezomib consolidation after high-dose melphalan
- Abstract 613: A Phase III study of lenalidomide/melphalan/prednisone for elderly patients with newly diagnosed MM
- Abstract 614: A Phase III trial of lenalidomide/dexamethasone versus therapeutic abstention in smoldering MM at high risk of progression to symptomatic MM
- 14 Abstract 618: Bortezomib and pegylated liposomal doxorubicin/thalidomide a steroid-independent regimen for untreated MM

- Abstract 748: Weekly bortezomib/temsiro-limus in relapsed or relapsed/refractory MM
- Abstract 955: Novel agents and the reversibility of renal failure in newly diagnosed MM
- Abstracts 957, 958: Effect of bortezomib in overcoming poor-risk cytogenetics
- Abstract 3859: VISTA Bortezomib/melphalan/prednisone versus melphalan/prednisone in untreated MM: Updated survival analysis after 3 years follow-up and extensive subsequent treatment

PAPERS DISCUSSED BY GUILLERMO GARCIA-MANERO, MD (APL, MDS, AML, CML)

- **1** Abstract 846: Long-term follow-up of single-agent arsenic trioxide (As₂O₃) in newly diagnosed acute promyelocytic leukemia (APL)
- ${f 2}$ Clinical use of ${f As}_2{f O}_3$ as front-line treatment for APL
- Abstract 843: French ATU program
 Azacitidine as first-line therapy in acute myeloid leukemia (AML)
- 4 Abstract 1029: Low-dose subcutaneous maintenance azacitidine for older patients with AML in first remission
- **5** Abstract 2061: Clofarabine for older patients with untreated AML and unfavorable prognostic factors
- Abstract 117: Dose-escalation of oral azacitidine in myelodysplastic syndromes (MDS) or AML

- Efficacy of intravenous versus subcutaneous administration of azacitidine
- Abstract 842: High-dose lenalidomide as initial therapy for AML in patients older than age 60
- Evaluating the role of hypomethylating agents with high-dose lenalidomide in AML
- Abstract 338: Efficacy of dasatinib in untreated, early chronic–phase chronic myelogenous leukemia (CML)
- **11** Abstract 509: Factors predictive for outcome with second-generation tyrosine kinase inhibitors for chronic-phase CML after imatinib failure
- Abstract LBA-1: ENESTnd Nilotinib versus imatinib in newly diagnosed chronic-phase CML

PAPERS DISCUSSED BY MYRON S CZUCZMAN, MD (CLL, NHL, TCL)

- 1 Abstract 205: Bendamustine/rituximab (BR) as first-line therapy for advanced chronic lymphocytic leukemia (CLL)
- Abstract 207: Ofatumumab/fludarabine/cyclophosphamide (O-FC) in untreated CLL
- Role of ofatumumab in the treatment of CLL.

- **4** Abstract 535: A Phase III trial of first-line fludarabine/cyclophosphamide/rituximab (FCR) in advanced CLL
- 5 Abstract 539: CALGB-9712 Long-term survival analysis of fludarabine and rituximab in CLL without increased risk of a second tumor
- **6** Abstract 1662: A retrospective analysis of bendamustine with or without rituximab in heavily pretreated CLL and lymphoma
- 7 Abstract 2367: Superiority of bendamustine compared to chlorambucil in the treatment of CLL in elderly patients across clinically defined risk groups
- 8 Abstract 3433: Serum of atumumab, baseline patient characteristics and clinical outcomes among patients with fludarabine-refractory CLL treated with single-agent of atumumab
- **9** Abstract 2679: NHL 1-2003 A Phase III study evaluating peripheral stem cell mobilization after bendamustine/rituximab versus CHOP-R in indolent lymphomas

- **10** Abstract 2681: A pooled long-term analysis of bendamustine for patients with rituximabrefractory NHL
- 11 Abstract 2686: ML 18324 update FCR followed by maintenance rituximab in untreated advanced-stage nonfollicular lymphoma
- **12** Abstract 2732: Long-term follow-up of tositumomab and iodine I 131 tositumomab for NHL after disease progression following rituximab
- **13** Abstract 919: Activity of pralatrexate in cutaneous T-cell lymphoma (CTCL) A dose-finding study
- **14** Abstract 1675: Safety of pralatrexate in relapsed or refractory peripheral T-cell lymphoma (PTCL)
- **15** Abstract 1657: Phase II study results of romidepsin in relapsed PTCL
- **16** Perspective on evolving treatment strategies for T-cell lymphomas

PAPERS DISCUSSED BY TERRY GERNSHEIMER, MD (ITP)

- **1** Unraveling the biologic processes underlying immune thrombocytopenia (ITP)
- **2** Mechanism of action of small-molecule thrombopoietin receptor agonists
- **3** Side effects and toxicities associated with thrombopoietin stimulating agents
- 4 Abstract 679: Incidence of treatment failure and splenectomy in nonsplenectomized patients with ITP receiving romiplostim or standard treatment
- **5** Risk of rebound thrombocytopenia associated with withdrawal of eltrombopag or romiplostim
- **6** Abstract 681: Long-term efficacy and safety of romiplostim in chronic ITP
- **7** Abstract 682: EXTEND Long-term oral eltrombopag for the treatment of chronic ITP

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QUESTIONS (PLEASE CIRCLE ANSWER):

- 1. In a Phase IIII randomized trial for patients with advanced follicular, indolent and mantle-cell lymphomas. first-line treatment with bendamustine and rituximab was to R-CHOP in terms of progression-free survival and complete response rate.
 - a. Superior
 - b. Inferior
 - c. Comparable
- 2. In a study of the novel human CD20 monoclonal antibody ofatumumab as single-agent therapy for patients with rituximab-refractory follicular lymphoma, an overall response rate of approximately was reported.
 - a. 10 percent
 - b. 40 percent
 - c. 60 percent
- 3. In a Phase III randomized trial evaluating bortezomib/melphalan/ prednisone (VMP) versus bortezomib/ thalidomide/prednisone (VTP) followed by maintenance VT versus VP for older patients with untreated multiple myeloma, response rates with VMP in the induction regimen analysis were

to VTP.

- a. Inferior
- b. Superior
- c. Comparable
- 4. In the Phase III randomized trial evaluating VMP versus VTP followed by maintenance VT versus VP for older patients with untreated multiple myeloma, in the maintenance regimen analysis of VT versus VP,

increased complete remission rates.

- a. VT
- b. VP
- c. Both a and b
- d. Neither a nor b

- 5. In the Phase III randomized trial comparing VMP to VTP followed by maintenance VT versus VP for older patients with untreated multiple myeloma, the rate of neurotoxicity was reduced when bortezomib was administered
 - a. Weekly
 - b. Twice weekly
 - c. Monthly
 - d. None of the above
- 6. Which of the following trials evaluated novel drug combinations with bortezomib, dexamethasone, cyclophosphamide and lenalidomide for newly diagnosed multiple myeloma?
 - a. EVOLUTION
 - b. IFM 2005-01
 - c. VISTA
 - d. All of the above
 - e. None of the above
- 7. In a Phase III randomized trial evaluating up-front bortezomib/melphalan/ prednisone and thalidomide (VMPT) followed by maintenance bortezomib and thalidomide versus VMP and no maintenance therapy for elderly patients with multiple myeloma, the complete remission rate was significantly higher for patients receiving VMPT.
 - a. True
 - b. False
- 8. In a randomized trial, patients receiving lenalidomide after ASCT exhibited improved complete response rates compared to patients receiving placebo.
 - a. True
 - b. False

Cancer Conference Update — Issue 1, 2010

QUESTIONS (PLEASE CIRCLE ANSWER):

- For patients receiving single-agent arsenic trioxide for the treatment of newly diagnosed acute promyelocytic leukemia, a hematological remission rate of approximately ______ was reported.
 - a. 30 percent
 - b. 50 percent
 - c. 90 percent
- 10. Results from a Phase I dose-escalation study to evaluate the safety, pharmacokinetics and pharmacodynamics of oral azacitidine in patients with myelodysplastic syndromes or acute myelogenous leukemia found oral azacitidine to be active and well tolerated.
 - a. True
 - b. False
- 11. Which of the following are secondgeneration tyrosine kinase inhibitors in the management of CML?
 - a. Dasatinib
 - b. Imatinib
 - c. Nilotinib
 - d. Both a and b
 - e. Both a and c
- 12. Data from a Phase III trial comparing nilotinib to imatinib for patients with newly diagnosed chronic myelogenous leukemia in chronic phase demonstrated significantly higher and faster rates of major molecular response and complete molecular response among patients who received
 - a. Nilotinib 300 mg BID
 - b. Nilotinib 400 mg BID
 - c. Imatinib 400 mg qd
 - d. Both a and b
- 13. Pomalidomide belongs to which class of drugs?
 - a. IMiDs®
 - b. Proteasome inhibitors
 - c. HDAC inhibitors
 - d. None of the above

- 14. A study of tositumomab and iodine I 131 tositumomab for non-Hodgkin lymphoma after disease progression following rituximab demonstrated efficacy with iodine I 131 tositumomab in an indolent lymphoma population.
 - a. True
 - b. False
- 15. A study of romiplostim for the treatment of chronic immune thrombocytopenia reported the agent was not well tolerated, with an increase in adverse events as duration of treatment increased.
 - a. True
 - b. False
- 16. In a Phase III trial of first-line fludarabine/cyclophosphamide/rituximab in advanced chronic lymphocytic leukemia, the addition of rituximab to fludarabine/cyclophosphamide resulted in overall response rates.
 - a. Inferior
 - b. Superior
 - c. Comparable
- 17. In a study of pomalidomide with or without low-dose dexamethasone in relapsed or refractory multiple myeloma after treatment with lenalidomide and bortezomib, pomalidomide alone or in combination with dexamethasone was found to be an active therapeutic option for patients with heavily pretreated disease.
 - a. True
 - b. False

EDUCATIONAL ASSESSMENT AND CREDIT FORM

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

How would you characterize your level of knowledge on the following topics?

4 = Excellent 3 = Good 2	= Adequate	1 = 3	Subopt	timal
	BEFORE		AFTE	
Weekly versus twice-weekly bortezomib in a Phase III study of VMP versus VTP in newly diagnosed multiple myeloma	4 3 2 1	4	3 2	1
Improvement in overall survival with first-line FCR in advanced CLL	4 3 2 1	4	3 2	1
Nilotinib versus imatinib in newly diagnosed CML in chronic phase	4 3 2 1	4	3 2	1
Emerging data with arsenic trioxide in APL	4 3 2 1	4	3 2	1
Efficacy of hypomethylating agents and lenalidomide in MDS and AML	4 3 2 1	4	3 2	1
Optimizing the dose of pomalidomide and activity in combination with low-dose dexamethasone after lenalidomide/bortezomib	4 3 2 1	4	3 2	1
Was the activity evidence based, fair, balanced and free from comm 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 learning objectives (LOs) by circling $4 = \text{Yes}$ $3 = \text{Will consider}$ $2 = \text{No}$ $1 = \text{Already doing}$ $\text{N/M} = \text{LO}$	the appropria	te sele	ction:	ble
As a result of this activity, I will be able to: Apply emerging clinical trial data to the evidence-based selection of treatment for patients with hematologic cancer Develop evidence-based treatment algorithms for frequently encounter.		3 2 1	N/M	N/A
adult chronic leukemias Summarize emerging data with novel agents/combinations and	4	3 2 1	N/M	N/A
radioimmunotherapy approaches for newly diagnosed or relapsed/refr indolent or aggressive B-cell non-Hodgkin lymphomas • Tailor up-front/induction therapy based on individual and disease		3 2 1	N/M	N/A
characteristics for patients with multiple myeloma • Evaluate consolidation and maintenance therapy approaches for patie	nts			
with multiple myeloma • Describe the standard therapeutic approaches and investigational strategies for the treatment of newly diagnosed and relapsed acute	4	3 2 1	N/M	N/A
promyelocytic leukemia (APL) Recall the efficacy and side effects of hypomethylating and immunom agents in the treatment of myelodysplastic syndromes (MDS) and acu	odulating	3 2 1	N/M	N/A
myelogenous leukemia (AML) • Appraise data on the efficacy of small molecule thrombopoietin recep	4 tor			
agonists in immune thrombocytopenic purpura. • Describe therapeutic options for patients with idiopathic thrombocytopenic purpura.	penic			
purpura (ITP) and cutaneous T-cell lymphoma (CTCL)	4	3 2 1	N/M	N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

What other practice changes will What additional information or to related topics?	raining do y	ou ne	ed on	the activi	ty topics or	othe	r onco	logy-
Additional comments about this a	activity:							
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Faculty	Knowled	ge of	subje	ct matter	Effectiveness as an educator			
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Irene M Ghobrial, MD	4	3	2	1	4	3	2	1
Guillermo Garcia-Manero, MD	4	3	2	1	4	3	2	1
Myron S Czuczman, MD	4	3	2	1	4	3	2	1
Terry Gernsheimer, MD	4	3	2	1	4	3	2	1
Editor	Knowledge of subject matter							
Neil Love, MD	4	3	2	1	4	3	2	1
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Other comments about the facult	y and cuito	1 101 (ilis ac	•				
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