WHAT CLINICIANS WANT TO KNOW:

Addressing the Most Common Questions and Controversies in the Current Clinical Management of Select Hematologic Cancers

Featuring Faculty Interviews Focused on NHL, CML, CLL and Multiple Myeloma

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A Continuing Medical Education Audio Program

OVERVIEW OF ACTIVITY

Hematologic oncology is one of the most rapidly evolving areas in cancer medicine as additional agents and new data regarding existing therapies are emerging seemingly every day. Integrating this information into established treatment strategies may be a considerable challenge for the practicing hematologist and medical oncologist. To address that challenge, this activity features one-on-one interviews with 5 investigators attempting to address the most common and/or ambiguous clinical concerns facing practitioners who care for patients with common hematologic cancers, including non-Hodgkin lymphoma (NHL), multiple myeloma (MM), chronic lymphocytic leukemia (CLL) and chronic myeloid leukemia (CML). The topics discussed during the program are based on the results of a national survey of hematologic oncologists in the United States and the contributions of attendees at a recent CME symposium and represent a broad array of specific questions and clinical scenarios for which these individuals want to receive additional education and perspectives. Thus, the activity is intended to assist medical oncologists, hematologists and hematology-oncology fellows with the formulation of evidence-based and current therapeutic strategies to facilitate optimal patient care.

LEARNING OBJECTIVES

- Demonstrate knowledge of prognostic and predictive molecular markers of clinical relevance to the treatment of commonly encountered hematologic cancers.
- Develop a therapeutic algorithm for the clinical management of indolent and aggressive forms of B-cell NHL.
- Explain the risks and benefits of evidence-based treatment approaches and agents to patients with T-cell lymphoma requiring systemic therapy.
- Apply the results of emerging clinical research to the selection of oral or intravenous cytotoxic and/or biologic regimens for patients with CLL.
- Consider known toxicity profiles of BCR-ABL targeted therapies to individualize the selection of these agents for initial and subsequent management of CML.
- Compare and contrast the benefits and risks of immunomodulatory agents, proteasome inhibitors or both as systemic treatment for active MM.
- Identify patients with MM who may benefit from maintenance systemic treatment in both the post-transplant and nontransplant settings.
- Recall the ongoing clinical trials evaluating innovative investigational approaches for diverse hematologic diseases, and enroll appropriate patients for study participation.

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This activity is supported by educational grants from Allos Therapeutics, Cephalon Inc, Genentech BioOncology/ Biogen Idec, Millennium: The Takeda Oncology Company, Mundipharma International Limited and Novartis Pharmaceuticals Corporation.

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FACULTY — **Dr O'Brien** had no real or apparent conflicts of interest to disclose. The following faculty (and their spouses/partners) reported real or apparent conflicts of interest, which have been resolved through a conflict of interest resolution process: **Dr Palumbo** — Advisory Committee and Consulting Agreements: Amgen Inc, Celgene Corporation, Millennium: The Takeda Oncology Company, Onyx Pharmaceuticals Inc. **Dr Leonard** — Consulting Agreements: Biogen Idec, Bristol-Myers Squibb Company, Celgene Corporation, Cephalon Inc, EMD Serono Inc, Genentech BioOncology, GlaxoSmithKline, Millennium: The Takeda Oncology Company, Novartis Pharmaceuticals Corporation, Pfizer Inc, Sanofi. **Dr Pinter-Brown** — Advisory Committee: Allos Therapeutics, Celgene Corporation, Genentech BioOncology, Millennium: The Takeda Oncology Company; Consulting Agreement: Allos Therapeutics; Speakers Bureau: Genentech BioOncology. **Dr Giralt** — Advisory Committee and Speakers Bureau: Amgen Inc, Celgene Corporation, Genzyme Corporation, Millennium: The Takeda Oncology Company, Novartis Pharmaceuticals Corporation, Onyx Pharmaceuticals Inc.

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POST-TEST

What Clinicians Want to Know: Addressing the Most Common Questions and Controversies in the Current Clinical Management of Select Hematologic Cancers

QUESTIONS (PLEASE CIRCLE ANSWER):

1. **Approximately what percent of patients can have adequate stem cell mobilization with cyclophosphamide and G-CSF after 4 courses of induction lenalidomide/dexamethasone?**
   a. >90%
   b. <50%

2. **Which of the following is true about weekly bortezomib compared to twice-weekly bortezomib as a component of triplet or quadruplet induction therapy for patients with MM?**
   a. It appears to be at least equally effective
   b. It results in less peripheral neuropathy
   c. Both a and b

3. **For patients younger than 65 with myeloma, autologous stem cell transplantation resulted in superior progression-free survival compared to melphalan/prednisone/lenalidomide alone.**
   a. True
   b. False

4. **The ongoing CONTINUUM trial is evaluating _____ maintenance therapy for patients with CLL after second-line therapy.**
   a. Rituximab
   b. Lenalidomide
   c. Bortezomib

5. **The NCCN and European LeukemiaNet guidelines use cytogenetic response at 18 months as the criterion for progression of CML, based on the IRIS trial data with imatinib.**
   a. True
   b. False

6. **Which of the following are true about the administration of nilotinib?**
   a. It is an oral regimen
   b. It is taken twice daily
   c. It is not taken during meals
   d. All of the above

7. **In the German study of first-line therapy for patients with advanced follicular lymphoma, bendamustine/rituximab (BR) resulted in significant improvements in _____ compared to R-CHOP.**
   a. Overall survival
   b. Progression-free survival
   c. Both a and b

8. **Which of the following is the only regimen to result in an overall survival advantage as up-front therapy for CLL?**
   a. BR
   b. CHOP
   c. Cyclophosphamide, fludarabine, alemtuzumab and rituximab
   d. Fludarabine, cyclophosphamide and rituximab

9. **Brentuximab vedotin has demonstrated significant clinical benefits in which of the following diseases?**
   a. CLL
   b. Anaplastic large cell lymphoma
   c. Hodgkin lymphoma
   d. Both b and c

10. **Which of the following agents have demonstrated clinical activity in peripheral T-cell lymphoma after disease progression on first-line therapy?**
    a. Brentuximab vedotin
    b. Pralatrexate
    c. Romidepsin
    d. Both b and c

EDUCATIONAL ASSESSMENT AND CREDIT FORM

What Clinicians Want to Know: Addressing the Most Common Questions and Controversies in the Current Clinical Management of Select Hematologic Cancers

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

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

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

	BEFORE	AFTER
Lenalidomide and second primary cancers in MM	4 3 2 1	4 3 2 1
Efficacy and incidence of peripheral neuropathy with weekly, twice-weekly and subcutaneous bortezomib in MM	4 3 2 1	4 3 2 1
Data with fludarabine/cyclophosphamide/rituximab and BR as first-line therapy for CLL	4 3 2 1	4 3 2 1
Efficacy and side effects with BR versus R-CHOP as initial therapy for follicular lymphoma	4 3 2 1	4 3 2 1
Role of cytarabine as a component of aggressive therapy for younger patients with mantle-cell lymphoma	4 3 2 1	4 3 2 1
Efficacy and safety of pralatrexate and other new agents (HDAC inhibitors) in T-cell lymphomas	4 3 2 1	4 3 2 1

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

☐ Yes ☐ No If no, please explain: .....

Please identify how you will change your practice as a result of completing this activity (select all that apply).

☐ This activity validated my current practice; no changes will be made
☐ Create/revise protocols, policies and/or procedures
☐ Change the management and/or treatment of my patients
☐ Other (please explain): .....

If you intend to implement any changes in your practice, please provide 1 or more examples:

.....

The content of this activity matched my current (or potential) scope of practice.

☐ Yes ☐ No If no, please explain: .....

Please respond to the following learning objectives (LOs) by circling the appropriate selection:

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

As a result of this activity, I will be able to:

- Demonstrate knowledge of prognostic and predictive molecular markers of clinical relevance to the treatment of commonly encountered hematologic cancers . . . . . 4 3 2 1 N/M N/A
- Develop a therapeutic algorithm for the clinical management of indolent and aggressive forms of B-cell NHL. . . . . 4 3 2 1 N/M N/A
- Explain the risks and benefits of evidence-based treatment approaches and agents to patients with T-cell lymphoma requiring systemic therapy . . . . . 4 3 2 1 N/M N/A
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- Identify patients with MM who may benefit from maintenance systemic treatment in both the post-transplant and nontransplant settings . . . . . 4 3 2 1 N/M N/A
- Recall the ongoing clinical trials evaluating innovative investigational approaches for diverse hematologic diseases, and enroll appropriate patients for study participation . . . . . 4 3 2 1 N/M N/A

Please describe any clinical situations that you find difficult to manage or resolve that you would like to see addressed in future educational activities: . . . . . .

Would you recommend this activity to a colleague?

☐ Yes ☐ No If no, please explain: . . . . . .

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. ☐ No, I am not willing to participate.

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

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

Faculty	Knowledge of subject matter	Effectiveness as an educator
Antonio Palumbo, MD	4 3 2 1	4 3 2 1
Susan M O'Brien, MD	4 3 2 1	4 3 2 1
John P Leonard, MD	4 3 2 1	4 3 2 1
Lauren C Pinter-Brown, MD	4 3 2 1	4 3 2 1
Sergio Giralt, MD	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: . . . . . .

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

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

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

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Hematologic Oncology™
UPDATE

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Hematologic Oncology™ UPDATE

This activity is supported by educational grants from Allos Therapeutics, Cephalon Inc, Genentech BioOncology/Biogen Idec, Millennium: The Takeda Oncology Company, Mundipharma International Limited and Novartis Pharmaceuticals Corporation.

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