INTERNATIONAL SECOND OPINION

Case-Based Discussions
Focused on the Management of
Non-Hodgkin Lymphoma
and Multiple Myeloma

A special audio supplement to 2 CME symposia held during the 2012 ASH Annual Meeting featuring expert comments on the application of emerging research to patient care

Faculty Interviews
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Editor
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From the publishers of:

CME Certified

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International Second Opinion: 
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Non-Hodgkin Lymphoma and Multiple Myeloma

OVERVIEW OF ACTIVITY

Taken together, it is estimated that approximately 148,040 new lymphoid and myeloid cancer cases were identified in the United States in the year 2012, and 54,380 individuals died from these diseases. Of importance, currently more than 50 drug products are labeled for use in the management of hematologic cancers, with more than 60 distinct FDA-approved indications. Although this extensive list of available treatment options is reassuring for patients and oncology healthcare professionals, it poses a challenge to the practicing clinician, who must maintain up-to-date knowledge of appropriate clinical management strategies across a vast spectrum of liquid and solid tumors.

This special audio highlights program of proceedings from 2 CME symposia held during the 54th ASH Annual Meeting uses the perspectives of Drs Czuczman and Stewart on cases provided by an international panel of community oncologists from the United States, India, Italy and Spain to frame a relevant discussion of the optimal management of non-Hodgkin lymphoma (NHL), chronic lymphocytic leukemia (CLL) and multiple myeloma (MM). By providing information on the latest research developments and their potential application to routine practice, this activity is designed to assist hematologists, medical oncologists and hematology-oncology fellows with the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

• Apply the results of emerging clinical research to the selection of optimal systemic therapy for patients with newly diagnosed CLL.
• Recall new data with investigational agents demonstrating clinical activity in NHL and MM.
• Appraise recent data on therapeutic advances and changing practice standards in NHL and MM, and integrate this information, as appropriate, into current clinical care.
• Compare and contrast the benefits and risks of immunomodulatory agents, proteasome inhibitors or both as systemic treatment for active MM.
• Identify patients with NHL or MM who may benefit from maintenance therapy in both the post-transplant and nontransplant settings.

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This activity is supported by educational grants from Celgene Corporation, Genentech BioOncology/Biogen Idec, Gilead Sciences Inc, Millennium: The Takeda Oncology Company, Mundipharma International Limited and Teva Oncology.

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FACULTY — 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 Czuczman — Advisory Committee: Boehringer Ingelheim Pharmaceuticals Inc, Celgene Corporation, Genentech BioOncology, Onyx Pharmaceuticals Inc. Dr Stewart — Advisory Committee: Amgen Inc, Celgene Corporation; Consulting Agreements: Celgene Corporation, Millennium: The Takeda Oncology Company; Paid Research: Millennium: The Takeda Oncology Company, Onyx Pharmaceuticals Inc.

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Research To Practice
Miami, Florida

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Buffalo, New York

A Keith Stewart, MBChB
Dean for Research, Mayo Clinic in Arizona; Consultant, Division of Hematology/Oncology
Vasek and Anna Maria Polak Professorship in Cancer Research
Scottsdale, Arizona
SELECT PUBLICATIONS


Byrd J et al. The Bruton’s tyrosine kinase (BTK) inhibitor ibrutinib (PCI-32765) promotes high response rate, durable remissions, and is tolerable in treatment naïve (TN) and relapsed or refractory (RR) chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) patients including patients with high-risk (HR) disease: New and updated results of 116 patients in a Phase Ib/II study. Proc ASH 2012;Abstract 189.

Coutre SE et al. Combinations of the selective phosphatidylinositol 3-kinase-delta (PI3Kdelta) inhibitor GS-1101 (CAL-101) with rituximab and/or bendamustine are tolerable and highly active in patients with relapsed or refractory chronic lymphocytic leukemia (CLL): Results from a Phase I study. Proc ASH 2012;Abstract 191.


Mark TM et al. ClaPD (clarithromycin, pomalidomide, dexamethasone) therapy in relapsed or refractory multiple myeloma. Proc ASH 2012;Abstract 77.


Palumbo A et al. Pomalidomide cyclophosphamide and prednisone (PCP) treatment for relapsed/refractory multiple myeloma. Proc ASH 2012;Abstract 446.


QUESTIONS (PLEASE CIRCLE ANSWER):

1. An ongoing Phase III Intergroup study is evaluating R-hyper-CVAD versus _______ followed by autologous stem cell transplant (ASCT) for younger patients with newly diagnosed mantle-cell lymphoma (MCL).
   a. Bendamustine/rituximab (BR)
   b. R-CHOP
   c. Both of the above

2. The gene expression level of cereblon may be predictive of response to immunomodulatory drug (IMiD) therapy for patients with MM.
   a. True
   b. False

3. _______ is a small molecule inhibitor of the delta isoform of PI3K that has demonstrated activity in patients with high-risk CLL.
   a. Idelalisib (GS-1101)
   b. Obatoclax
   c. Ibrutinib

4. An ongoing Phase III trial is evaluating induction therapy with the R² regimen (lenalidomide/rituximab) versus _______ followed by maintenance therapy with either R² or rituximab alone for patients with newly diagnosed follicular lymphoma.
   a. BR
   b. R-CVP
   c. R-CHOP
   d. All of the above

5. _______ inhibits histone deacetylase and is approved for the treatment of relapsed or refractory peripheral T-cell lymphoma.
   a. Pralatrexate
   b. Romidepsin
   c. Both of the above
   d. None of the above

6. A Phase III study evaluating pomalidomide in combination with low-dose dexamethasone versus high-dose dexamethasone alone for patients with relapsed/refractory MM reported a significant overall survival advantage for patients receiving the pomalidomide/low-dose dexamethasone combination.
   a. True
   b. False

7. Lenalidomide maintenance after stem cell transplantation for patients with MM results in a statistically significant improvement in progression-free survival.
   a. True
   b. False

8. Results from the Phase III MRC Myeloma IX trial demonstrated a significant reduction in the occurrence of skeletal-related events with _______.
   a. Pamidronate
   b. Clodronate
   c. Zoledronic acid
EDUCATIONAL ASSESSMENT AND CREDIT FORM

International Second Opinion: Case-Based Discussions Focused on the Management of Non-Hodgkin Lymphoma and Multiple Myeloma

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 1 — Please tell us about your experience with this educational activity

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

<table>
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<tr>
<th>Topic</th>
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<td>Ongoing Intergroup study of R-hyper-CVAD versus BR followed by ASCT</td>
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<td>for younger patients with newly diagnosed MCL</td>
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<td>Ongoing Phase III study of R² versus rituximab-based chemotherapy</td>
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<td>regimens (BR, R-CVP, R-CHOP) for follicular lymphoma</td>
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<td>omide (VMPT) → bortezomib/thalidomide maintenance therapy compared</td>
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<td>to VMP in newly diagnosed MM</td>
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<td>and low-dose dexamethasone versus low-dose dexamethasone alone in</td>
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<td>relapsed/refractory MM</td>
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<td>Serum cereblon as a potential biomarker that predicts patient</td>
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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 ☐ 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:

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<tr>
<th>LO</th>
<th>4 = Yes</th>
<th>3 = Will consider</th>
<th>2 = No</th>
<th>1 = Already doing</th>
<th>N/M = LO not met</th>
<th>N/A = Not applicable</th>
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EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

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: .................................................................................................................................

Additional comments about this activity:

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

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Knowledge of subject matter</th>
<th>Effectiveness as an educator</th>
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<tr>
<td>Myron S Czuczman, MD</td>
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<td>A Keith Stewart, MBChB</td>
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Editor

<table>
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<tr>
<th>Knowledge of subject matter</th>
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<td>Neil Love, MD</td>
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Please recommend additional faculty for future activities:

Other comments about the faculty and editor for this activity:

REQUEST FOR CREDIT — Please print clearly

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

Professional Designation:
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