Current Clinical Algorithms and Recent Therapeutic Advances in the Management of Multiple Myeloma and Related Blood Disorders

Proceedings from a Clinical Investigator Roundtable Discussion

FACULTY

Rafael Fonseca, MD

Noopur Raje, MD

MODERATOR

Neil Love, MD

CONTENTS

1 Audio CD

Bonus Audio: Access approximately 45 minutes of additional content available only on the web at **ResearchToPractice.com/MMTT117**

CME Certified

Subscribe to Podcasts or download MP3s of this program at ResearchToPractice.com/MMTT117

Follow us at Facebook.com/ResearchToPractice Follow us on Twitter @DrNeilLove

Hematologic Oncology™ UPDATE

Editor	Neil Love, MD
Director, Clinical Content and CPD/CME	Kathryn Ault Ziel, PhD
Scientific Director	Richard Kaderman, PhD
Editorial	Clayton Campbell
	Marilyn Fernandez, PhD
	Gloria Kelly, PhD
	Kemi Obajimi, PhD
	Margaret Peng
Creative Manager	Fernando Rendina
Graphic Designers	Jessica Benitez
	Tamara Dabney
	Silvana Izquierdo
Managing Editor	Kirsten Miller
Senior Production Editor	Aura Herrmann
Copy Editors	Rosemary Hulce
	Pat Morrissey/Havlin
	Alexis Oneca
	Kyriaki Tsaganis
Production Manager	Tracy Potter
Audio Production	Frank Cesarano
Web Master	John Ribeiro
Faculty Relations Manager	Stephanie Bodanyi, CMP
Continuing Education Administrator for Nursing	Karen Gabel Speroni, BSN, MHSA, PhD, RN

Contact Information	Neil Love, MD Research To Practice One Biscayne Tower 2 South Biscayne Boulevard, Suite 3600 Miami, FL 33131 Fax: (305) 377-9998 Email: DrNeilLove@ResearchToPractice.com
For CME/CNE Information	Email: CE@ResearchToPractice.com

Copyright © 2017 Research To Practice. All rights reserved.

The compact disc, Internet content and accompanying printed material are protected by copyright. No part of this program may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording or utilizing any information storage and retrieval system, without written permission from the copyright owner.

The opinions expressed are those of the presenters and are not to be construed as those of the publisher or grantors.

Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management.

Any procedures, medications or other courses of diagnosis or treatment discussed or suggested in this activity should not be used by clinicians without evaluation of their patients' conditions and possible contraindications or dangers in use, review of any applicable manufacturer's product information and comparison with recommendations of other authorities.

Current Clinical Algorithms and Recent Therapeutic Advances in the Management of Multiple Myeloma and Related Blood Disorders

A Continuing Medical Education Audio Program

OVERVIEW OF ACTIVITY

Multiple myeloma (MM) is a plasma cell neoplasm that accounts for approximately 12% of all hematologic cancer and carries with it one of the worst death to new cases ratios. Although MM only represents 1.4% of all new cancer cases diagnosed in the United States, it would be difficult to identify another area of oncology in which the research database — and related treatment implications — has evolved more rapidly during the past decade. Featuring information on the latest research developments along with expert perspectives, this CME activity will deliver highly applicable, current clinical information delving into the individualized and multifaceted management of MM.

LEARNING OBJECTIVES

- Develop a risk-adapted treatment plan for patients with smoldering MM, considering the roles of observation and active treatment.
- Use patient- and disease-related factors, including cytogenetic profile, to customize the use of induction and maintenance therapeutic approaches in the transplant and nontransplant settings.
- Consider available research data and other clinical factors in the best-practice selection, sequencing and combining of current and recently approved novel agents in the nonresearch care of patients with relapsed/refractory MM.
- Design and implement a plan of care to recognize and manage side effects and toxicities associated with recently approved systemic therapies to support quality of life and continuation of treatment.
- Identify ongoing trials of investigational approaches in MM, and refer appropriate patients and obtain consent for study participation.

ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Penn State College of Medicine and Research To Practice. Penn State College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

CREDIT DESIGNATION STATEMENT

Penn State College of Medicine designates this enduring material for a maximum of 2.25 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

HOW TO USE THIS CME ACTIVITY

This CME activity contains an audio component. To receive credit, the participant should review the CME information, listen to the audio tracks, complete the Post-test with a score of 80% or better and fill out the Educational Assessment and Credit Form located in the back of this booklet or on our website at **ResearchToPractice.com/MMTT117/CME**.

This activity is supported by educational grants from AbbVie Inc, Celgene Corporation and Janssen Biotech Inc.

Release date: June 16, 2017; Expiration date: June 16, 2018

If you would like to discontinue your complimentary subscription to *Hematologic Oncology Update*, please email us at **Info@ResearchToPractice.com**, call us at (800) 648-8654 or fax us at (305) 377-9998. Please include your full name and address, and we will remove you from the mailing list.

CME INFORMATION

FACULTY AFFILIATIONS

Rafael Fonseca, MD
Getz Family Professor of Cancer
Chair, Department of
Internal Medicine
Mayo Clinic Arizona
Scottsdale, Arizona

Noopur Raje, MD
Director, Center for Multiple
Myeloma
Massachusetts General Hospital
Cancer Center
Associate Professor of Medicine
Harvard Medical School
Boston, Massachusetts

MODERATOR

Neil Love, MD
Research To Practice
Miami, Florida

CONTENT VALIDATION AND DISCLOSURES

It is the policy of Research To Practice and Penn State College of Medicine to ensure balance, independence, objectivity and scientific rigor in all their educational programs. All faculty, planners and managers participating in this activity are required to disclose any relevant financial relationship(s) they (or spouse/partner) have with a commercial interest that benefits the individual in any financial amount that has occurred within the past 12 months; and the opportunity to affect the content of CME about the products or services of the commercial interest. Research To Practice and Penn State College of Medicine ensured that any conflicts of interest were resolved before the educational activity occurred.

FACULTY — The following faculty (and their spouses/partners) reported relevant conflicts of interest, which have been resolved through a conflict of interest resolution process: **Dr Fonseca** — Consulting Agreements: Amgen Inc, Bayer HealthCare Pharmaceuticals, Bristol-Myers Squibb Company, Celgene Corporation, Janssen Biotech Inc, Novartis, Sanofi Genzyme, Takeda Oncology. **Dr Raje** — Consulting Agreements: Amgen Inc, Celgene Corporation, Novartis; Contracted Research: AstraZeneca Pharmaceuticals LP, Lilly.

MODERATOR — **Dr Love** is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME activities from the following commercial interests: AbbVie Inc, Acerta Pharma, Agendia Inc, Amgen Inc, Ariad Pharmaceuticals Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Baxalta Inc, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, CTI BioPharma Corp, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, Halozyme Inc, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Kite Pharma Inc, Lexicon Pharmaceuticals Inc, Lilly, Medivation Inc, a Pfizer Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, NanoString Technologies, Natera Inc, Novartis, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sanofi Genzyme, Seattle Genetics, Sigma-Tau Pharmaceuticals Inc, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Tesaro Inc, Teva Oncology and Tokai Pharmaceuticals Inc.

PENN STATE COLLEGE OF MEDICINE — Faculty and staff involved in the development and review of this activity have disclosed no relevant financial relationships.

RESEARCH TO PRACTICE STAFF AND EXTERNAL REVIEWERS — The scientific staff and reviewers for Research To Practice have no relevant conflicts of interest to disclose.

This educational activity contains discussion of published and/or investigational uses of agents that are not indicated by the Food and Drug Administration. Research To Practice and Penn State College of Medicine do not recommend the use of any agent outside of the labeled indications. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications and warnings. The opinions expressed are those of the presenters and are not to be construed as those of the publisher or grantors.

Discussion with Rafael Fonseca, MD and Noopur Raje, MD

Tracks 1-30

Track 1	**Case discussion:** A 64-year-old woman with monoclonal gammopathy of undetermined significance (MGUS) is monitored over time and develops a slight increase in protein levels
Track 2	Ongoing trials for patients with smoldering myeloma
Track 3	Importance of quality control for FISH analysis
Track 4	QuiRedex: Results of a Phase III trial of lenalidomide/dexamethasone versus observation for high-risk smoldering myeloma
Track 5	Activity of daratumumab and elotuzumab in smoldering myeloma
Track 6	**Case discussion:** An 87-year-old man initially diagnosed with smoldering myeloma presents with progressive disease and receives RVd-lite → lenalidomide maintenance
Track 7	ELOQUENT-1: A Phase III trial of lenalidomide/dexamethasone with or without elotuzumab for previously untreated multiple myeloma (MM)
Track 8	Duration of therapy and activity of RVd-lite in elderly patients with MM
Track 9	Emergence of ixazomib as a component of induction and maintenance therapy for MM
Track 10	Triplet versus doublet induction therapy for MM
Track 11	IFM/DFCI 2009: Results of a Phase III trial evaluating immediate versus delayed autologous stem cell transplant (ASCT) after induction therapy for MM
Track 12	Results of a meta-analysis of lenalidomide maintenance after high-dose melphalan and ASCT for patients with MM
Track 13	**Case discussion:** A 76-year-old man with relapsed/refractory MM receives pomalidomide and daratumumab
Track 14	Management of daratumumab-associated infusion reactions
Track 15	Efficacy of daratumumab in combination with an IMiD or a proteasome inhibitor for relapsed/refractory MM
Track 16	Activity of the anti-CD38 monoclonal antibody isatuximab (SAR650984) in relapsed/refractory MM
Track 17	Investigating predictors of response for IMiD sensitivity in MM
Track 18	The "Tao" of myeloma: Harnessing normal cell biology versus targeting cancer genetics
Track 19	**Case discussion:** A 45-year-old man with relapsed/refractory MM receives daratumumab and lenalidomide/dexamethasone
Track 20	Critical evaluation of new therapeutic options for relapsed/refractory MM
Track 21	Activity and tolerability of daratumumab-based regimens for relapsed/refractory MM
Track 22	Retreatment with IMiD-based regimens and/or addition of monoclonal antibodies for patients with IMiD-refractory disease
Track 23	Results of Phase III studies of daratumumab in combination with lenalidomide/dexamethasone (POLLUX) or with bortezomib/dexamethasone (CASTOR) for relapsed/refractory MM
Track 24	Subcutaneous delivery of daratumumab for patients with relapsed/refractory MM
Track 25	Management of relapsed/refractory MM and renal impairment
Track 26	Results of the MYRE study comparing intensive hemodialysis with high-cutoff or standard high-flux dialyzer for patients with MM receiving a bortezomib-based regimen
Track 27	Activity of the Bcl-2 inhibitor venetoclax alone and in combination with bortezomib/dexamethasone for patients with MM and 11;14 translocation
Track 28	Off-label use of venetoclax for relapsed/refractory plasma cell leukemia
Track 29	Incidence of venetoclax-associated tumor lysis syndrome in MM
Track 30	Activity of the anti-PD-1 antibody pembrolizumab in combination with an IMiD for relapsed/refractory MM

Discussion with Drs Fonseca and Raje (continued)

Tracks 31-33

Track 31 **Case discussion:** A 66-year-old woman with relapsed/refractory Waldenström macroglobulinemia (WM) receives bendamustine/rituximab

Track 32 **Case discussion:** A 74-year-old man with newly diagnosed WM receives ibrutinib

Track 33 Emerging research with chimeric antigen receptor T-cell therapy

Related Video Program

Visit www.ResearchToPractice.com/MMTT117/Video to view video highlights of the discussion among (from left) Drs Fonseca, Raje and Love and earn additional *AMA PRA Category 1 Credit™*.

Topics covered include:

- Distinguishing smoldering from active multiple myeloma (MM) and indications for treatment or observation
- Efficacy and safety data with and ongoing evaluation of recently approved agents — daratumumab, elotuzumab, ixazomib — for MM
- Biologic rationale for targeting Bcl-2 in MM and activity of venetoclax in relapsed/refractory disease
- Role of immune checkpoint inhibitors in MM
- Current role of autologous stem cell transplantation and the role of MRD (minimal residual disease)

SELECT PUBLICATIONS

Attal M et al; IFM 2009 Study. **Lenalidomide, bortezomib, and dexamethasone with transplantation for myeloma.** *N Engl J Med* 2017;376(14):1311-20.

Attal M et al. **Lenalidomide (LEN) maintenance (MNTC) after high-dose melphalan and autologous stem cell transplant (ASCT) in multiple myeloma (MM): A meta-analysis (MA) of overall survival (OS).** *Proc ASCO* 2016;**Abstract 8001**.

Avet-Loiseau H et al. **Evaluation of minimal residual disease (MRD) by next generation sequencing (NGS) is highly predictive of progression free survival in the IFM/DFCI 2009 trial.** *Proc ASH* 2015;**Abstract 191**.

Badros AZ et al. **A Phase II study of anti PD-1 antibody pembrolizumab, pomalidomide and dexamethasone in patients with relapsed/refractory multiple myeloma (RRMM).** *Proc ASH* 2015;**Abstract 506**.

Dimopoulos MA et al; POLLUX Investigators. **Daratumumab, lenalidomide, and dexamethasone for multiple myeloma.** *N Engl J Med* 2016;375(14):1319-31.

Dimopoulos MA et al. **ELOQUENT-1: A phase III, randomized, open-label trial of lenalidomide/dexamethasone with or without elotuzumab in subjects with previously untreated multiple myeloma (CA204-006).** *Proc ASCO* 2012;**Abstract TPS8113**.

Durie B et al. **Bortezomib, lenalidomide and dexamethasone vs lenalidomide and dexamethasone in patients (pts) with previously untreated multiple myeloma without an intent for immediate autologous stem cell transplant (ASCT): Results of the randomized Phase III trial SWOG S0777.** *Proc ASH* 2015;**Abstract 25**.

Freise KJ et al. **Moving beyond maximum tolerated dose for targeted oncology drugs: Use of clinical utility index to optimize venetoclax dosage in multiple myeloma patients.** *Clin Pharmacol Ther* 2017;[Epub ahead of print].

ICARIA-MM: A Phase 3 randomized, open-label, multicenter study comparing isatuximab (SAR650984) in combination with pomalidomide and low-dose dexamethasone versus pomalidomide and low-dose dexamethasone in patients with refractory or relapsed and refractory multiple myeloma. NCT02990338

Kumar S et al. **International Myeloma Working Group consensus criteria for response and minimal residual disease assessment in multiple myeloma.** *Lancet Oncol* 2016;17(8):e328-46.

Lonial S et al. **Daratumumab monotherapy in patients with treatment-refractory multiple myeloma (SIRIUS): An open-label, randomised, phase 2 trial.** *Lancet* 2016;387(10027):1551-60.

Maciocia N et al. **Real-world use of pomalidomide and dexamethasone in double refractory multiple myeloma suggests benefit in renal impairment and adverse genetics: A multicentre UK experience.** *Br J Haematol* 2017;176(6):908-17.

Magarotto V et al. **Triplet vs doublet lenalidomide-containing regimens for the treatment of elderly patients with newly diagnosed multiple myeloma.** *Blood* 2016;127(9):1102-8.

Mateos MV et al. **Lenalidomide plus dexamethasone versus observation in patients with high-risk smouldering multiple myeloma (QuiRedex): Long-term follow-up of a randomised, controlled, phase 3 trial.** *Lancet Oncol* 2016;17(8):1127-36.

Mateos MV et al. **Pembrolizumab in combination with lenalidomide and low-dose dexamethasone for relapsed/refractory multiple myeloma (RRMM): Final efficacy and safety analysis.** *Proc ASCO* 2016;**Abstract 8010**.

Matulis SM et al. **Dexamethasone treatment promotes Bcl-2 dependence in multiple myeloma resulting in sensitivity to venetoclax.** *Leukemia* 2016;30(5):1086-93.

McEllistrim C et al. **New developments in the treatment of multiple myeloma — Clinical utility of daratumumab.** *Biologics* 2017;11:31-43.

Munshi NC et al. **Association of minimal residual disease with superior survival outcomes in patients with multiple myeloma: A meta-analysis.** *JAMA Oncol* 2017;3(1):28-35.

Paiva B et al. **Immune status of high-risk smoldering multiple myeloma patients and its therapeutic modulation under LenDex: A longitudinal analysis.** *Blood* 2016;127(9):1151-62.

Palumbo A et al; CASTOR Investigators. **Daratumumab, bortezomib, and dexamethasone for multiple myeloma.** *N Engl J Med* 2016;375(8):754-66.

Ramasamy K et al. **Safety of treatment (Tx) with pomalidomide (POM) and low-dose dexamethasone (loDEX) in patients (pts) with relapsed or refractory multiple myeloma (RRMM) and renal impairment (RI), including those on dialysis.** *Proc ASH* 2015;**Abstract 374**.

Richter JR et al. **Updated data from a phase II dose finding trial of single agent isatuximab (SAR650984, anti-CD38 mAb) in relapsed/refractory multiple myeloma (RRMM).** *Proc ASCO* 2016;**Abstract 8005**.

Salem D et al. **Myeloma minimal residual disease testing in the United States: Evidence of improved standardization.** *Am J Hematol* 2016;91(12):E502-3.

Suzuki K et al. **Randomized phase 3 study of elotuzumab for relapsed or refractory multiple myeloma: ELOQUENT-2 Japanese patient subanalysis.** *Blood Cancer J* 2017;7(3):e540.

Touzeau C et al. **Deep and sustained response after venetoclax therapy in a patient with very advanced refractory myeloma with translocation t(11;14).** *Haematologica* 2017;102(3):e112-4.

Usmani SZ et al. **Daratumumab monotherapy compared with historical control data in heavily pretreated and highly refractory patients with multiple myeloma: An adjusted treatment comparison.** *Am J Hematol* 2017;[Epub ahead of print].

Usmani SZ et al. **Open-label, multicenter, dose escalation Phase 1b study to assess the subcutaneous delivery of daratumumab in patients (pts) with relapsed or refractory multiple myeloma (PAVO).** *Proc ASH* 2016;**Abstract 1149**.

POST-TEST

Current Clinical Algorithms and Recent Therapeutic Advances in the Management of Multiple Myeloma and Related Blood Disorders

QUESTIONS (PLEASE CIRCLE ANSWER):

1. **Analysis of the IFM/DFCI 2009 trial evaluating immediate or delayed ASCT after RVd induction therapy indicated both progression-free survival (PFS) and overall response rate benefits for patients who underwent treatment with _____.**
   a. RVd
   b. RVd and ASCT
   c. Neither a nor b (PFS and response rate were equivalent in the 2 study arms)

2. **An analysis of the predictive value of minimal residual disease (MRD) in a subset of patients on the IFM/DFCI 2009 trial demonstrated that MRD negativity was highly predictive of PFS.**
   a. True
   b. False

3. **Results from the QuiRedex study indicated a benefit in progression-free survival in patients with _____ who received lenalidomide/dexamethasone versus observation.**
   a. Monoclonal gammopathy of undetermined significance
   b. Smoldering myeloma
   c. MM

4. **The Phase III SWOG-S0777 trial evaluating RVd versus Rd for patients with previously untreated MM without an intent for immediate ASCT demonstrated _____ with RVd.**
   a. A significant improvement in PFS
   b. No improvement in PFS

5. **A study presented by Usmani and colleagues at the 2016 ASH meeting demonstrated that daratumumab _____ safely be administered via subcutaneous injection.**
   a. Could
   b. Could not

6. **Infusion reactions associated with administration of daratumumab tend to persist over the course of the patient's treatment.**
   a. True
   b. False

7. **The Phase III randomized CASTOR study evaluating daratumumab/bortezomib/dexamethasone versus bortezomib/dexamethasone _____ a significant improvement in PFS with the addition of daratumumab for patients with relapsed or refractory MM.**
   a. Demonstrated
   b. Did not demonstrate

8. **Which of the following is the mechanism of action of isatuximab?**
   a. Anti-CD38 monoclonal antibody
   b. Anti-PD-1/PD-L1 antibody
   c. Immunomodulatory drug
   d. Proteasome inhibitor

9. **Sensitivity to venetoclax for MM has primarily been observed in patients with t(11;14) disease.**
   a. True
   b. False

10. **Recent studies have demonstrated that the addition of pembrolizumab _____ successfully restore activity to either lenalidomide and/or pomalidomide in patients with IMiD-refractory MM.**
    a. Can
    b. Cannot

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Current Clinical Algorithms and Recent Therapeutic Advances in the Management of Multiple Myeloma and Related Blood Disorders

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?

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

	BEFORE	AFTER
Revised diagnostic criteria for identifying smoldering versus early symptomatic myeloma and implications for therapeutic approach	4 3 2 1	4 3 2 1
Activity of daratumumab in combination with lenalidomide/dexamethasone or with bortezomib/dexamethasone for relapsed/refractory MM	4 3 2 1	4 3 2 1
Biologic rationales for the effectiveness of venetoclax in patients with MM and for the lower risk of treatment-associated tumor lysis syndrome seen in MM than in chronic lymphocytic leukemia	4 3 2 1	4 3 2 1
Emerging research data with and nonresearch role, if any, of ixazomib as a component of induction and maintenance therapy for MM	4 3 2 1	4 3 2 1
Results of a meta-analysis of lenalidomide maintenance after high-dose melphalan and ASCT for patients with MM	4 3 2 1	4 3 2 1

Practice Setting:

⬭ Academic center/medical school ⬭ Community cancer center/hospital ⬭ Group practice
⬭ Solo practice ⬭ Government (eg, VA) ⬭ Other (please specify).....

Approximately how many new patients with multiple myeloma do you see per year?.....

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:

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:

- Develop a risk-adapted treatment plan for patients with smoldering MM, considering the roles of observation and active treatment..... 4 3 2 1 N/M N/A
- Use patient- and disease-related factors, including cytogenetic profile, to customize the use of induction and maintenance therapeutic approaches in the transplant and nontransplant settings..... 4 3 2 1 N/M N/A
- Consider available research data and other clinical factors in the best-practice selection, sequencing and combining of current and recently approved novel agents in the nonresearch care of patients with relapsed/refractory MM..... 4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

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

- Design and implement a plan of care to recognize and manage side effects and toxicities associated with recently approved systemic therapies to support quality of life and continuation of treatment. . . . . 4 3 2 1 N/M N/A
- Identify ongoing trials of investigational approaches in MM, and refer appropriate patients and obtain consent 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: . . . . . .

. . . . . .

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

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

Faculty	Knowledge of subject matter	Effectiveness as an educator
Rafael Fonseca, MD	4 3 2 1	4 3 2 1
Noopur Raje, MD	4 3 2 1	4 3 2 1
Moderator	**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:

. . . . . .

. . . . . .

. . . . . .

REQUEST FOR CREDIT — Please print clearly

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

Professional Designation:

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

Street Address: . . . . . Box/Suite: . . . . . .

City, State, Zip: . . . . . .

Telephone: . . . . . Fax: . . . . . .

Email: . . . . . .

Penn State College of Medicine designates this enduring material for a maximum of 2.25 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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

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

The expiration date for this activity is June 16, 2018. To obtain a certificate of completion and receive credit for this activity, please complete the Post-test, fill out the Educational Assessment and Credit Form and fax both to (800) 447-4310, or mail both to Research To Practice, One Biscayne Tower, 2 South Biscayne Boulevard, Suite 3600, Miami, FL 33131. You may also complete the Post-test and Educational Assessment online at www.ResearchToPractice.com/MMTT117/CME.

QID 1748

Hematologic Oncology™ UPDATE

PRSRT STD
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT #1317

Neil Love, MD
Research To Practice
One Biscayne Tower
2 South Biscayne Boulevard, Suite 3600
Miami, FL 33131

Copyright © 2017 Research To Practice.
This activity is supported by educational grants from AbbVie Inc, Celgene Corporation and Janssen Biotech Inc.

Research To Practice®

PennState College of Medicine

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Penn State College of Medicine and Research To Practice. Penn State College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Release date: June 16, 2017
Expiration date: June 16, 2018
Estimated time to complete: 2.25 hours