Beyond the Guidelines: Investigator Perspectives on Current Cases, Clinical Issues and Ongoing Research in the Management of Lymphomas and Multiple Myeloma

FACULTY INTERVIEWS
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EDITOR
Neil Love, MD

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1 Audio CD

A special audio supplement to a CME symposia series held during the 2016 American Society of Hematology Annual Meeting featuring expert comments on the application of emerging research to patient care

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OVERVIEW OF ACTIVITY
Hematologic oncology and related blood disorders are some of the most rapidly evolving fields in all of medicine. Results presented at major 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 CME program uses one-on-one interviews with 2 leading investigators to discuss key data sets in addition to cases and questions submitted by attendees at a satellite symposium. This program will assist practicing clinicians in formulating up-to-date and appropriate clinical management strategies.

LEARNING OBJECTIVES
• Use patient- and disease-related factors to customize the use of induction and maintenance therapeutic approaches in the transplant and nontransplant settings for patients with newly diagnosed multiple myeloma (MM).
• Consider available research data and other clinical factors in the selection, sequencing and combining of current and recently approved novel agents in the care of patients with relapsed/refractory MM.
• Recall data with recently approved and investigational agents demonstrating promising activity in Waldenström macroglobulinemia, and integrate these strategies into the care of patients.
• Consider existing and emerging clinical research data in the formulation of therapeutic recommendations for patients with newly diagnosed and relapsed/refractory follicular, mantle cell and diffuse large B-cell lymphomas.
• Individualize the selection and sequence of systemic therapy for patients with newly diagnosed and relapsed/refractory chronic lymphocytic leukemia, considering clinical presentation, biomarker profile and psychosocial status.
• Incorporate new therapeutic strategies into the best-practice management of newly diagnosed and relapsed/refractory Hodgkin lymphoma.
• Assess the benefits of CD30 testing for patients with peripheral T-cell lymphoma, and consider the activity and tolerability of therapeutic agents in formulating a clinical treatment algorithm for patients with relapsed disease.

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CME INFORMATION

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CONTENT VALIDATION AND DISCLOSURES

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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 Gertz — Consulting Agreements: Amgen Inc, GlaxoSmithKline, Novartis. Dr Vose — Contracted Research: Acerta Pharma, Allos Therapeutics, Bristol-Myers Squibb Company, Celgene Corporation, Genentech BioOncology, GlaxoSmithKline, Incyte Corporation, Janssen Biotech Inc, Kite Pharma Inc, Seattle Genetics, US Biotest Inc.


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### Interview with Morie A Gertz, MD, MACP

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| **Track 10** | Results of Phase III studies of daratumumab in combination with lenalidomide/dexamethasone (POLLUX) or with bortezomib/dexamethasone (CASTOR) for relapsed/refractory MM |
| **Track 11** | Incorporation of daratumumab into the therapeutic algorithm for MM |
| **Track 12** | Dose of pomalidomide for patients with MM and treatment failure |
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| **Track 15** | Activity of pembrolizumab with Rd for relapsed/refractory MM |
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### Interview with Julie M Vose, MD, MBA

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| **Track 5** | Choice of initial regimen for an otherwise healthy elderly patient with IGHV-mutated CLL and normal-risk cytogenetics |
| **Track 6** | Use of ibrutinib as initial therapy for otherwise healthy younger patients with del(17p) CLL and a history of atrial fibrillation |
| **Track 7** | Activity and tolerability of acalabrutinib versus ibrutinib |
| **Track 8** | CONTINUUM: Results of a Phase III trial of lenalidomide versus placebo as maintenance therapy after second-line treatment for CLL |
| **Track 9** | Treatment options for relapsed/refractory CLL with and without del(17p) |
Related Video Program
Visit www.ResearchToPractice.com/BeyondtheGuidelines16/Video to view video proceedings from the 2-part satellite symposia series preceding the 58th ASH Annual Meeting and earn additional AMA PRA Category 1 Credit™.

Topics covered include:
Part I: Lymphoma/Chronic Lymphocytic Leukemia
- Chronic Lymphocytic Leukemia
- Follicular Lymphoma
- Hodgkin Lymphoma
- Mantle Cell Lymphoma
- Diffuse Large B-Cell Lymphoma
- T-Cell Lymphoma

Part II: Multiple Myeloma
- Up-Front Management of Newly Diagnosed Multiple Myeloma
- Smoldering Myeloma, Waldenström Macroglobulinemia and Primary Amyloidosis
- Consolidation and Maintenance Therapy
- Management of Relapsed/Refractory Disease

SELECT PUBLICATIONS
Multiple Myeloma
Bridoux F et al. Treatment of myeloma cast nephropathy (MCN): A randomized trial comparing intensive haemodialysis (HD) with high cut-off (HCO) or standard high-flux dialyzer in patients receiving a bortezomib-based regimen (the MYRE study, by the Intergroupe Francophone du Myélome (IFM) and the French Society of Nephrology (SFNDT)). Proc ASH 2016;Abstract 978.


ECOG-E1A11: A randomized Phase III trial of bortezomib, lenalidomide and dexamethasone (VRd) versus carfilzomib, lenalidomide, dexamethasone (CRd) followed by limited or indefinite lenalidomide maintenance in patients with newly diagnosed symptomatic multiple myeloma. NCT01863550


Usmani SD 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.

**Waldenström Macroglobulinemia**


**Chronic Lymphocytic Leukemia**


Foà R et al. Results of the Phase 3 study of lenalidomide versus placebo as maintenance therapy following second line treatment for patients with chronic lymphocytic leukemia (the CONTINUUM trial). *Proc ASH* 2016; Abstract 230.


**Diffuse Large B-Cell Lymphoma**


**Follicular Lymphoma**

A Phase 3 open label randomized study to compare the efficacy and safety of rituximab plus lenalidomide (CC-5013) versus rituximab plus chemotherapy followed by rituximab in subjects with previously untreated follicular lymphoma (RELEVANCE). NCT01650701


**Hodgkin Lymphoma**

QUESTIONS (PLEASE CIRCLE ANSWER):

1. The ongoing Phase III ECOG-E1A11 trial is evaluating bortezomib/lenalidomide/dexamethasone versus carfilzomib/lenalidomide/dexamethasone followed by ____________ lenalidomide maintenance therapy for patients with newly diagnosed MM.
   a. Limited
   b. Indefinite
   c. Limited or indefinite
   d. None of the above

2. A study presented at the 2016 ASH meeting demonstrated that daratumumab ____________ safely be administered via subcutaneous infusion.
   a. Could
   b. Could not

3. Results of the Phase I/II CHAMPION-1 study evaluating the use of once-weekly administration of carfilzomib for patients with relapsed/refractory MM did not demonstrate increased rates of dyspnea or hypertension.
   a. True
   b. False

4. The Phase III randomized CASTOR study evaluating daratumumab/bortezomib/dexamethasone versus bortezomib/dexamethasone ____________ a significant improvement in progression-free survival (PFS) with the addition of daratumumab for patients with relapsed or refractory MM.
   a. Demonstrated
   b. Did not demonstrate

5. Which of the following statements is true of venetoclax in the treatment of CLL?
   a. It acts by inhibiting Bcl-2
   b. It is not effective in patients with del(17p) CLL
   c. It can cause tumor lysis syndrome
   d. All of the above
   e. Both a and c

6. ____________ is a next-generation proteasome inhibitor with demonstrated activity under active investigation for the treatment of WM.
   a. Ixazomib
   b. Oprozomib
   c. Both a and b
   d. Neither a nor b

7. Which of the following is the mechanism of action of obinutuzumab?
   a. Anti-CD20 monoclonal antibody
   b. Immunomodulatory drug
   c. PD-1/PD-L1 antibody
   d. Proteasome inhibitor

8. Primary results of the Phase III GALLIUM trial evaluating obinutuzumab or rituximab in combination with chemotherapy for newly diagnosed FL demonstrated a statistically significant improvement in ____________ for patients who received obinutuzumab.
   a. Overall survival (OS)
   b. PFS
   c. Both a and b

9. Data presented by Schuh and colleagues at the 2016 ASH meeting demonstrated ____________ maintenance therapy to be efficacious after second-line therapy for patients with CLL.
   a. Acalabrutinib
   b. Lenalidomide
   c. Venetoclax

10. Results of the Phase III AETHERA trial evaluating brentuximab vedotin versus placebo as consolidation therapy after autologous stem cell transplant in patients with HL at risk of relapse or progression demonstrated a statistically significant improvement in ____________ for patients who received brentuximab vedotin.
    a. Median PFS
    b. Median OS
    c. Both a and b
    d. Neither a nor b
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**

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<th>Activity of daratumumab in combination with lenalidomide/dexamethasone or with bortezomib/dexamethasone for relapsed/refractory MM</th>
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<th>Efficacy of venetoclax in patients with MM and treatment of tumor lysis syndrome</th>
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<th>Resolution of daratumumab interference with blood compatibility testing in patients with MM</th>
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<th>Primary results of the Phase III GALLIUM study evaluating obinutuzumab and chemotherapy compared to rituximab and chemotherapy → obinutuzumab or rituximab maintenance for previously untreated FL</th>
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<th>Use of brentuximab vedotin as consolidation therapy after autologous stem cell transplant in patients with HL at risk of relapse or progression</th>
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**Practice Setting:**
- Academic center/medical school
- Community cancer center/hospital
- Group practice
- Solo practice
- Government (e.g., VA)
- Other (please specify) ........................................

**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:**

| As a result of this activity, I will be able to: | 4 = Yes 3 = Will consider 2 = No 1 = Already doing N/M = LO not met N/A = Not applicable |
|---|---|---|
| Use patient- and disease-related factors to customize the use of induction and maintenance therapeutic approaches in the transplant and nontransplant settings for patients with newly diagnosed multiple myeloma (MM). | 4 3 2 1 N/M N/A |
| Consider available research data and other clinical factors in the selection, sequencing and combining of current and recently approved novel agents in the care of patients with relapsed/refractory MM. | 4 3 2 1 N/M N/A |
| Recall new data with recently approved and investigational agents demonstrating promising activity in Waldenström macroglobulinemia, and integrate these strategies into the care of patients. | 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:

• Consider existing and emerging clinical research data in the formulation of therapeutic recommendations for patients with newly diagnosed and relapsed/refractory follicular, mantle cell and diffuse large B-cell lymphomas. ......................... 4 3 2 1 N/M N/A

• Individualize the selection and sequence of systemic therapy for patients with newly diagnosed and relapsed/refractory chronic lymphocytic leukemia, considering clinical presentation, biomarker profile and psychosocial status. ......................... 4 3 2 1 N/M N/A

• Incorporate new therapeutic strategies into the best-practice management of newly diagnosed and relapsed/refractory Hodgkin lymphoma. ......................... 4 3 2 1 N/M N/A

• Assess the benefits of CD30 testing for patients with peripheral T-cell lymphoma, and consider the activity and tolerability of therapeutic agents in formulating a clinical treatment algorithm for patients with relapsed disease. ......................... 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 editor for this educational activity

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<th>Faculty</th>
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<th>Effectiveness as an educator</th>
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<td>Morie A Gertz, MD, MACP</td>
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<td>Julie M Vose, MD, MBA</td>
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REQUEST FOR CREDIT — Please print clearly

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

Professional Designation: ☐ MD ☐ DO ☐ PharmD ☐ NP ☐ RN ☐ PA ☐ Other ........................................

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

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