

# Hematologic Oncology™

U P D A T E

An Audio Review Journal for Nurses  
Management of Hematologic Cancers

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LAUNCH ISSUE

**CNE**  
Approved



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# *Hematologic Oncology Update for Nurses*

## A Continuing Nursing Education Audio Series

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### OVERVIEW OF ACTIVITY

More than 45 pharmaceutical agents with more than 55 distinct FDA-approved indications are currently available for the management of hematologic cancer. Although this extensive list of available treatment options is reassuring to patients and oncology healthcare professionals, it poses a challenge to clinicians who must maintain up-to-date knowledge of appropriate clinical management strategies and their efficacies and toxicities. To bridge the gap between research and patient care, this issue of *Hematologic Oncology Update for Nurses* features one-on-one discussions with leading hematologic oncology investigators and nurse practitioners. By providing information on the latest research developments in the context of expert perspectives, this activity assists oncology nurses, clinical nurse specialists and nurse practitioners with the formulation of state-of-the-art clinical management strategies to facilitate optimal patient care.

### PURPOSE STATEMENT

To present the most current research developments in hematologic oncology and to provide the perspectives of investigators and nurse practitioners on the diagnosis and treatment of hematologic cancer.

### EDUCATIONAL OBJECTIVES FOR THIS ISSUE

- Demonstrate knowledge of the diagnosis, staging and treatment of multiple myeloma, including the benefits and risks associated with monoclonal antibodies, immunomodulatory drugs and stem cell transplantation.
- Establish treatment goals for asymptomatic patients with chronic lymphocytic leukemia (CLL), and integrate emerging data with monoclonal antibodies into the evidence-based management of CLL when active treatment is indicated.
- Formulate therapeutic options for patients with an initial diagnosis of diffuse large B-cell lymphoma (DLBCL), and recognize the prognostic implications of transformation resulting in DLBCL.
- Describe the safety, efficacy and sequencing of clinical management options for follicular lymphoma, including stem cell transplantation and monoclonal antibody therapy.
- Discuss the clinical algorithm for the front-line and salvage treatment of mantle-cell lymphoma, describing recent advances and research strategies incorporating proteasome inhibitors.
- Recognize the psychosocial and emotional needs of patients facing the diagnosis and treatment of hematologic cancer and the oncology professionals caring for those patients.

### ACCREDITATION STATEMENTS

This educational activity for 2.9 contact hours is provided by Research To Practice during the period of August 2009 through August 2010.

Research To Practice is an approved provider of continuing nursing education by the New Jersey State Nurses Association, Provider Number P215-01/07-10. NJSNA is accredited by the ANCC Commission on Accreditation. Provider Approval is valid through January 31, 2010.

### HOW TO USE THIS CNE ACTIVITY

This is an audio CNE program. This book contains CNE information, including learning objectives, faculty disclosures, a Post-test and an Educational Assessment and Credit Form. The corresponding website [ResearchToPractice.com/HOUN109](http://ResearchToPractice.com/HOUN109) also includes links to relevant abstracts and full-text articles.

The Post-test and Educational Assessment and Credit Form may be completed in this book and either mailed to Research To Practice, One Biscayne Tower, 2 South Biscayne Blvd, Suite 3600, Miami, FL 33131 or faxed to (800) 447-4310. They may also be completed online. A statement of credit will be issued only upon receipt of a completed Post-test with a score of 70 percent or better and a completed Educational Assessment and Credit Form. Your statement of credit will be mailed to you within three weeks or may be printed online.

*This program is supported by educational grants from Centocor Ortho Biotech Services LLC, Genentech BioOncology/Biogen Idec and Millennium Pharmaceuticals Inc.*

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**FACULTY** — **Ms Goodrich** 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 Lonial** — Consulting Agreements: Amgen Inc, Bristol-Myers Squibb Company, Celgene Corporation, Centocor Ortho Biotech Services LLC, Millennium Pharmaceuticals Inc, Novartis Pharmaceuticals Corporation. **Dr Kahl** — Advisory Committee: Biogen Idec, Cephalon Inc, Genentech BioOncology, Millennium Pharmaceuticals Inc. **Ms Faiman** — Advisory Committee: Celgene Corporation, Millennium Pharmaceuticals Inc; Speakers Bureau: Celgene Corporation, Medtronic Inc, Millennium Pharmaceuticals Inc.

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## QUESTIONS (PLEASE CIRCLE ANSWER):

- Which of the following statements describing bortezomib-induced neuropathy are correct?
  - May be painful
  - Usually seen in the hands and feet
  - Always irreversible
  - All of the above
  - Both a and b
- In a European study evaluating R-CHOP with or without maintenance rituximab for relapsed follicular lymphoma, patients who received maintenance therapy experienced (a) \_\_\_\_\_ rate of infection.
  - Higher
  - Lower
  - Essentially the same
- Rituximab is a monoclonal antibody that targets CD20, a protein expressed on the surface of \_\_\_\_\_.
  - B cells
  - T cells
  - Both a and b
- Infusion reactions to rituximab commonly include which of the following?
  - Alopecia
  - Fever and chills
  - Rash
  - Both b and c
- Transformation of indolent lymphomas most commonly results in the development of \_\_\_\_\_.
  - Diffuse large B-cell lymphoma
  - Follicular lymphoma
  - Mantle-cell lymphoma
  - Multiple myeloma
- In a trial reported by Dr Richardson and colleagues evaluating the combination of lenalidomide/bortezomib/dexamethasone for patients with newly diagnosed multiple myeloma, the overall response rate was approximately \_\_\_\_\_.
  - 20 percent
  - 40 percent
  - 60 percent
  - 100 percent
- In a trial reported by Dr Orlowski and colleagues that evaluated bortezomib with or without pegylated liposomal doxorubicin for patients with relapsed or refractory multiple myeloma, which treatment was superior with regard to progression-free survival?
  - Bortezomib monotherapy
  - Bortezomib with pegylated liposomal doxorubicin
- In an ECOG study comparing lenalidomide with low-dose dexamethasone to lenalidomide with high-dose dexamethasone for patients with newly diagnosed multiple myeloma, which arm demonstrated a higher survival rate and a lower rate of thrombotic events?
  - Lenalidomide with high-dose dexamethasone
  - Lenalidomide with low-dose dexamethasone
- Osteonecrosis of the jaw is a potential complication secondary to \_\_\_\_\_.
  - Bisphosphonate therapy
  - Immunomodulatory drugs
  - Proteasome inhibitors

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

	<b>BEFORE</b>	<b>AFTER</b>
Tolerability and effectiveness of low-dose versus high-dose dexamethasone	4 3 2 1	4 3 2 1
Characteristics of bortezomib-induced neuropathy	4 3 2 1	4 3 2 1
Risk of infection associated with rituximab maintenance therapy	4 3 2 1	4 3 2 1
Efficacy of pegylated liposomal doxorubicin combined with bortezomib for relapsed or refractory multiple myeloma	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: .....

**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 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 the diagnosis, staging and treatment of multiple myeloma, including the benefits and risks associated with monoclonal antibodies, immunomodulatory drugs and stem cell transplantation..... 4 3 2 1 N/M N/A
- Establish treatment goals for asymptomatic patients with chronic lymphocytic leukemia (CLL), and integrate emerging data with monoclonal antibodies into the evidence-based management of CLL when active treatment is indicated. . . . 4 3 2 1 N/M N/A
- Formulate therapeutic options for patients with an initial diagnosis of diffuse large B-cell lymphoma (DLBCL), and recognize the prognostic implications of transformation resulting in DLBCL. . . . . 4 3 2 1 N/M N/A
- Describe the safety, efficacy and sequencing of clinical management options for follicular lymphoma, including stem cell transplantation and monoclonal antibody therapy..... 4 3 2 1 N/M N/A
- Discuss the clinical algorithm for the front-line and salvage treatment of mantle-cell lymphoma, describing recent advances and research strategies incorporating proteasome inhibitors. . . . . 4 3 2 1 N/M N/A
- Recognize the psychosocial and emotional needs of patients facing the diagnosis and treatment of hematologic cancer and the oncology professionals caring for those patients. . . . . 4 3 2 1 N/M N/A

**EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)**

**What other practice changes will you make or consider making as a result of this activity?**

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**What additional information or training do you need on the activity topics or other oncology-related topics?**

.....

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

	4 = Excellent	3 = Good	2 = Adequate	1 = Suboptimal				
<b>Faculty</b>	<b>Knowledge of subject matter</b>				<b>Effectiveness as an educator</b>			
Sagar Lonial, MD	4	3	2	1	4	3	2	1
Brad S Kahl, MD	4	3	2	1	4	3	2	1
Amy Goodrich, CRNP-AC	4	3	2	1	4	3	2	1
Beth Faiman, RN, MSN, APRN-BC, AOCN	4	3	2	1	4	3	2	1
<b>Editor</b>	<b>Knowledge of subject matter</b>				<b>Effectiveness as an educator</b>			
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:**

.....

**REQUEST FOR CREDIT — Please print clearly**

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

Credentials:

- MD     DO     PharmD     NP     CNS     RN     PA     Other.....

Professional License Number:..... Last 4 Digits of SSN (required): .....

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

City, State, Zip: .....

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

Email: .....

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

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