

NATIONAL NHL TUMOR BOARD

Clinical Investigators Provide Their Perspectives on Cases of Non-Hodgkin Lymphoma and Chronic Lymphocytic Leukemia

*Featuring Edited Proceedings and Interviews from a Case-Based
Symposium Preceding the 52nd ASH Annual Meeting*



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National NHL Tumor Board: Clinical Investigators Provide Their Perspectives on Cases of Non-Hodgkin Lymphoma and Chronic Lymphocytic Leukemia

A Continuing Medical Education Program

OVERVIEW OF ACTIVITY

The treatment of hematologic cancer remains a challenge for many healthcare professionals and patients, despite recent gains made in the management of this group of diseases. Determining which treatment approach is most appropriate for a given patient requires careful consideration of patient-specific characteristics, physician expertise and available health system resources. To bridge the gap between research and patient care, these proceedings from a case-based CME satellite symposium at the 2010 American Society of Hematology meeting use the perspectives of clinical investigators, in addition to the exchange among these individuals, to apply evidence-based concepts to routine practice. By providing information on the latest research developments in the context of expert perspectives, this activity assists medical oncologists, hematologists and hematology-oncology fellows with the formulation of up-to-date clinical management strategies for hematologic cancer.

LEARNING OBJECTIVES

- Appraise recent data on therapeutic advances and changing practice standards in non-Hodgkin lymphoma (NHL), including chronic lymphocytic leukemia (CLL), and integrate this information into current clinical care when appropriate.
- Apply the results of emerging clinical research to the selection of optimal systemic therapy for patients with newly diagnosed and relapsed or refractory CLL.
- Develop an algorithm for the risk-stratified induction treatment of diffuse large B-cell lymphoma (DLBCL) and mantle-cell lymphoma (MCL), and offer evidence-based systemic alternatives at the time of disease relapse.
- Identify patients with NHL who may experience quantitative and qualitative benefit from stem cell transplantation.
- Employ case-based learning to individualize the use of maintenance and/or consolidation therapy in the management of newly diagnosed and relapsed follicular lymphoma (FL).
- Recall the emerging data for novel agents and combinations in the treatment of NHL.
- Counsel appropriately selected patients about participation in ongoing clinical research studies.

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. GA101 is a humanized anti-CD20 monoclonal antibody being compared head to head to rituximab for patients with CD20-positive DLBCL.
 - a. True
 - b. False
2. Which of the following has been shown in the PRIMA trial with two years of maintenance rituximab compared to observation in FL?
 - a. Improvement in progression-free survival
 - b. Improvement in overall survival
 - c. Both a and b
 - d. None of the above
3. In the PRIMA trial, maintenance rituximab 375 mg/m² was administered every _____ for two years.
 - a. Month
 - b. Two months
 - c. Three months
 - d. Four months
4. SWOG-S0016 is an ongoing trial of consolidation radioimmunotherapy (RIT) in FL that will compare R-CHOP to _____.
 - a. R-CHOP followed by maintenance rituximab
 - b. R-CHOP followed by RIT
 - c. CHOP followed by RIT
5. In the FIT trial, patients with FL who received consolidation RIT had a _____ chance of developing myelodysplastic syndromes in the first five years.
 - a. Zero percent
 - b. Three percent
 - c. 10 percent
6. An improvement in overall survival has been reported for bendamustine/rituximab (BR) compared to R-CHOP as up-front treatment for FL.
 - a. True
 - b. False
7. In the study of up-front BR versus R-CHOP, no difference was observed between the two arms in the ability to mobilize and collect stem cells in select younger patients with FL.
 - a. True
 - b. False
8. At ASH 2009, a study suggested that substituting doxorubicin (R-CHOP) with etoposide (R-CEOP) resulted in good outcomes in patients with DLBCL who had contraindications to anthracyclines.
 - a. True
 - b. False
9. Which of the following are true about HIV-associated NHL?
 - a. CD4 counts are prognostic
 - b. Patients with higher CD4 counts tolerate treatment better
 - c. More patients are able to undergo autologous stem cell transplant after relapse in the era of combined antiretroviral therapy
 - d. All of the above
10. The presence of 17p deletion in CLL is considered a _____.
 - a. Positive prognostic factor
 - b. Negative prognostic factor
 - c. Neither; 17p deletion has not been shown to effect outcome
11. Treatment of CLL with alemtuzumab should be accompanied by prophylaxis against which of the following?
 - a. Pneumocystis pneumonia
 - b. Herpes virus
 - c. Both a and b
 - d. Neither a nor b
12. A randomized trial presented at ASH 2010 by the European Mantle Cell Lymphoma Network demonstrated that the addition of high-dose Ara-C (cytarabine) does not affect treatment outcomes in younger patients with MCL.
 - a. True
 - b. False

Post-test answer key: 1a, 2a, 3b, 4c, 5b, 6b, 7a, 8a, 9d, 10b, 11c, 12b

EDUCATIONAL ASSESSMENT AND CREDIT FORM

National NHL Tumor Board: Clinical Investigators Provide Their Perspectives on Cases of Non-Hodgkin Lymphoma and Chronic Lymphocytic Leukemia

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
Dose and schedule of BR for DLBCL	4 3 2 1	4 3 2 1
PRIMA study of maintenance rituximab for patients with high tumor burden FL responding to chemotherapy/rituximab	4 3 2 1	4 3 2 1
Consolidation radioimmunotherapy or stem cell transplant in FL	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 one 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:

- Appraise recent data on therapeutic advances and changing practice standards in non-Hodgkin lymphoma (NHL), including chronic lymphocytic leukemia (CLL), and integrate this information into current clinical care when appropriate. 4 3 2 1 N/M N/A
- Apply the results of emerging clinical research to the selection of optimal systemic therapy for patients with newly diagnosed and relapsed or refractory CLL. 4 3 2 1 N/M N/A
- Develop an algorithm for the risk-stratified induction treatment of diffuse large B-cell lymphoma (DLBCL) and mantle-cell lymphoma (MCL), and offer evidence-based systemic alternatives at the time of disease relapse. 4 3 2 1 N/M N/A
- Identify patients with NHL who may experience quantitative and qualitative benefit from stem cell transplantation. 4 3 2 1 N/M N/A
- Employ case-based learning to individualize the use of maintenance and/or consolidation therapy in the management of newly diagnosed and relapsed follicular lymphoma (FL). 4 3 2 1 N/M N/A
- Recall the emerging data for novel agents and combinations in the treatment of NHL. 4 3 2 1 N/M N/A
- Counsel appropriately selected patients about participation in ongoing clinical research studies. 4 3 2 1 N/M N/A

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

	4 = Excellent	3 = Good	2 = Adequate	1 = Suboptimal		4 = Excellent	3 = Good	2 = Adequate	1 = Suboptimal
Faculty	Knowledge of subject matter					Effectiveness as an educator			
Myron S Czuczman, MD	4	3	2	1		4	3	2	1
Jonathan W Friedberg, MD, MMSc	4	3	2	1		4	3	2	1
Stephanie A Gregory, MD	4	3	2	1		4	3	2	1
David G Maloney, MD, PhD	4	3	2	1		4	3	2	1
Mathias J Rummel, MD, PhD	4	3	2	1		4	3	2	1
Mitchell R Smith, MD, PhD	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:

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

REQUEST FOR CREDIT — Please print clearly

Name: Specialty:

Professional Designation:

MD DO PharmD NP RN PA Other

Street Address: Box/Suite:

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

Signature: Date:

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