

# Beyond the Guidelines and Consensus Statements

AUDIO HIGHLIGHTS AND CASE-BASED DISCUSSIONS  
FROM A 2-DAY WORKING GROUP ON MULTIPLE MYELOMA



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# *Beyond the Guidelines and Consensus Statements: Audio Highlights and Case-Based Discussions from a 2-Day Working Group on Multiple Myeloma*

## A Continuing Medical Education Program

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### OVERVIEW OF ACTIVITY

Multiple myeloma (MM) is a plasma cell neoplasm that accounts for approximately 10% of all hematologic cancer cases and carries with it the worst death to new cases ratio (3:4) of all the blood cancer subtypes. Patients with smoldering (asymptomatic) myeloma may simply be observed, as they often experience an indolent course for many years without therapy. However, patients with more advanced, active disease require immediate induction therapy in an effort to prepare eligible candidates for autologous stem cell transplant (ASCT). Optimal initial induction therapy for both non-ASCT and ASCT candidates remains an area of clinical controversy, and currently one must consider multiple acceptable treatment options. Recent clinical research demonstrates an abundance of treatment options now available to patients with both newly diagnosed and relapsed or refractory MM.

In April 2011 a 2-day MM working group summit was convened, comprising 19 myeloma clinical investigators, 17 community-based hematologists/oncologists and 2 nurse practitioners who care for patients with MM. This unique, case-based audio activity highlights key commentary from the meeting and is designed to assist practicing hematologists/oncologists in formulating up-to-date clinical management strategies for MM.

### LEARNING OBJECTIVES

- Appraise recent data on therapeutic advances and changing practice standards in MM, and apply this information to clinical practice.
- Use biomarkers to assess risk for patients with MM, and recommend systemic treatment commensurate with prognosis and likelihood of therapeutic response in the induction, consolidation or maintenance setting.
- Recognize and apply essential patient care considerations that enable the successful delivery of bortezomib- and/or IMiD-containing systemic therapy for MM.
- Prevent or mitigate bortezomib- and/or IMiD-related neurologic, dermatologic and thromboembolic complications in patients receiving systemic therapy for MM.
- Consider emerging evidence on bone-targeted therapy, and apply it to clinical decisions regarding choice, duration and frequency of administration of these agents for patients with MM.
- Identify patients with MM who may experience quantitative and qualitative benefit from stem cell transplantation, and counsel them appropriately.
- Offer evidence-based supportive management strategies and/or dose adjustments to globally facilitate tolerability of and adherence to systemic treatments for MM.
- Recall emerging efficacy and safety data with newer-generation IMiDs and proteasome inhibitors currently under investigation in MM.

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**QUESTIONS (PLEASE CIRCLE ANSWER):**

- In the Phase III BMT CTN 0702 study, tandem ASCT followed by maintenance lenalidomide is compared to single ASCT followed by \_\_\_\_\_.
  - No further treatment
  - Lenalidomide/bortezomib/dexamethasone (RVD) consolidation followed by maintenance lenalidomide
  - Maintenance bortezomib
- A Phase III study reported that high-dose melphalan followed by ASCT resulted in superior progression-free survival compared to melphalan/prednisone/lenalidomide (without ASCT) for patients with newly diagnosed MM.
  - True
  - False
- Approximately what proportion of bortezomib-associated neuropathy is reversible?
  - Less than 10%
  - 25% to 30%
  - Approximately two thirds
- Subcutaneous administration of bortezomib resulted in significantly less overall and Grade 3/4 peripheral neuropathy than intravenous administration in patients with relapsed MM.
  - True
  - False
- In a Phase I/II study of carfilzomib/lenalidomide/dexamethasone for patients with newly diagnosed MM, what proportion of patients achieved a partial response or better?
  - 45%
  - 75%
  - 100%
- The IFM 2005-02 and CALGB-100104 studies both failed to demonstrate an improvement in progression-free survival among patients with myeloma receiving maintenance lenalidomide compared to placebo after ASCT.
  - True
  - False
- The ASPIRE trial is evaluating carfilzomib/lenalidomide/dexamethasone versus \_\_\_\_\_ for patients with relapsed MM.
  - RVD
  - Lenalidomide/dexamethasone
  - Both a and b
- In a recent review article by Drs Palumbo and Anderson in *The New England Journal of Medicine*, the authors contend that the novel agents bortezomib and lenalidomide should *not* be dose reduced at the initiation of treatment for older patients.
  - True
  - False
- Which of the following cytogenetic abnormalities was recognized by the working group faculty as the most relevant in risk assessment for MM?
  - t(4;14)
  - t(14;16)
  - del(17p)
  - All of the above
  - None of the above
- The MRC Myeloma IX study reported a survival advantage for patients with newly diagnosed MM receiving zoledronic acid versus clodronate.
  - True
  - False



**EDUCATIONAL ASSESSMENT AND CREDIT FORM**

*Beyond the Guidelines and Consensus Statements: Audio Highlights and Case-Based Discussions from a 2-Day Working Group on 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 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>
IFM 2005-02 and CALGB-100104 studies of post-transplant maintenance lenalidomide	4 3 2 1	4 3 2 1
Effect of bortezomib schedule and route of administration on peripheral neuropathy	4 3 2 1	4 3 2 1
Potential roles of the novel proteasome inhibitor carfilzomib and the IMiD pomalidomide in MM	4 3 2 1	4 3 2 1
MRC Myeloma IX study: Survival advantage and reduction in skeletal-related events for patients receiving zoledronic acid	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: .....

.....

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**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 1 or more examples:**

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**The content of this activity matched my current (or potential) scope of practice.**

- Yes       No

If no, please explain: .....

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

**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 MM, and apply this information to clinical practice. . . . . 4 3 2 1 N/M N/A
- Use biomarkers to assess risk for patients with MM, and recommend systemic treatment commensurate with prognosis and likelihood of therapeutic response in the induction, consolidation or maintenance setting. . . . . 4 3 2 1 N/M N/A
- Recognize and apply essential patient care considerations that enable the successful delivery of bortezomib- and/or IMiD-containing systemic therapy for MM. . . . . 4 3 2 1 N/M N/A
- Prevent or mitigate bortezomib- and/or IMiD-related neurologic, dermatologic and thromboembolic complications in patients receiving systemic therapy for MM. . . . . 4 3 2 1 N/M N/A
- Consider emerging evidence on bone-targeted therapy, and apply it to clinical decisions regarding choice, duration and frequency of administration of these agents for patients with MM. . . . . 4 3 2 1 N/M N/A
- Identify patients with MM who may experience quantitative and qualitative benefit from stem cell transplantation, and counsel them appropriately. . . . . 4 3 2 1 N/M N/A
- Offer evidence-based supportive management strategies and/or dose adjustments to globally facilitate tolerability of and adherence to systemic treatments for MM. . . . . 4 3 2 1 N/M N/A
- Recall emerging efficacy and safety data with newer-generation IMiDs and proteasome inhibitors currently under investigation in MM. . . . . 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:**

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**Would you recommend this activity to a colleague?**

Yes       No

If no, please explain: .....

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**Additional comments about this activity:**

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Yes, I am willing to participate in a follow-up survey.  
 No, I am not willing to participate in a follow-up survey.

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

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

To what extent do you feel the faculty members' comments were helpful or not helpful? Please be as specific as possible about individual faculty.

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.....

Please recommend additional faculty for future activities:

.....  
.....  
.....

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