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Visiting Professors

A case-based discussion on the management of non-Hodgkin lymphomas and chronic lymphocytic leukemia

CLINICAL INVESTIGATOR

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CONSULTING ONCOLOGIST

Lyle Feinstein, MD

MODERATOR

Neil Love, MD

Featuring a clinical investigator's perspective on his time spent visiting patients with non-Hodgkin lymphomas and chronic lymphocytic leukemia in the clinic of a community-based oncologist

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Visiting Professors: A case-based discussion on the management of non-Hodgkin lymphomas and chronic lymphocytic leukemia

OVERVIEW OF ACTIVITY

Non-Hodgkin lymphoma (NHL) and chronic lymphocytic leukemia (CLL) comprise a heterogeneous group of lymphoproliferative disorders and belong to one of the most rapidly evolving fields in hematology and oncology. Published results from ongoing clinical trials lead to the continual emergence of new therapeutic agents and changes in the use of existing treatments. Individualized treatment decisions are driven by disease-specific and patient-specific characteristics. In order to offer optimal patient care — including the option of clinical trial participation — practicing medical oncologists and hematologists must be well informed of these advances. To provide clinicians with therapeutic strategies to address the disparate needs of patients with NHL or CLL, the *Visiting Professors* audio series employs an innovative case-based approach that unites the perspectives of leading NHL/CLL investigators and community oncologists as they explore the intricacies of making treatment decisions. Upon completion of this CME activity, medical oncologists and hematologists should be able to formulate an up-to-date and more complete approach to the care of patients with NHL or CLL.

LEARNING OBJECTIVES

- Use case-based learning, innovative communication strategies and shared clinical insight to provide comprehensive and compassionate oncology care.
- Use prognostic and predictive clinical and molecular markers to aid in treatment decision-making for NHL and CLL.
- Refine current treatment approaches through appraisal of therapeutic advances in NHL and CLL.
- Communicate the existing and emerging therapeutic roles of proteasome inhibitors and IMiDs to patients with NHL.
- Develop an algorithm for the risk-stratified and age-appropriate induction treatment of mantle-cell lymphoma (MCL).
- Recall the rationale for and design of clinical trials investigating proteasome inhibitors as part of initial therapy for MCL.
- Counsel appropriately selected patients about the availability of ongoing clinical trial participation.

ACCREDITATION STATEMENT

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CREDIT DESIGNATION STATEMENT

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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 CD, complete the Post-test with a score of 70% 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/VPNHL11/CME**.

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CONTENT VALIDATION AND DISCLOSURES

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FACULTY — **Dr Feinstein** 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 Smith** — *Advisory Committee:* Pfizer Inc; *Speakers Bureau:* Allos Therapeutics, Cephalon Inc, Genentech BioOncology, Millennium: The Takeda Oncology Company, Spectrum Pharmaceuticals Inc.

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: Abbott Laboratories, Allos Therapeutics, Amgen Inc, Astellas Pharma Global Development Inc, Bayer HealthCare Pharmaceuticals/Onyx Pharmaceuticals Inc, Biogen Idec, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Cephalon Inc, Daiichi Sankyo Inc, Dendreon Corporation, Eisai Inc, EMD Serono Inc, Genentech BioOncology, Genomic Health Inc, ImClone Systems, a wholly owned subsidiary of Eli Lilly and Company, Lilly USA LLC, Medivation Inc, Millennium: The Takeda Oncology Company, Mundipharma International Limited, Novartis Pharmaceuticals Corporation, Sanofi, Seattle Genetics and Teva Pharmaceuticals.

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. **In the European MCL Network study, elderly patients with MCL in complete or partial remission after R-CHOP experienced a significantly prolonged duration of remission with maintenance rituximab compared to interferon.**
   a. True
   b. False

2. **In the ECOG-E1411 study of elderly patients with untreated MCL, which of the following strategies are being evaluated?**
   a. Addition of bortezomib to bendamustine/rituximab as front-line therapy
   b. Addition of lenalidomide to rituximab consolidation therapy
   c. Both a and b

3. **Prospective data indicate that intravenous methotrexate prophylaxis does not result in a lower risk of CNS relapse compared to intrathecal CNS prophylaxis in patients with diffuse large B-cell lymphoma.**
   a. True
   b. False

4. **In retrospective analyses of several large studies, which has been shown to be the most efficacious in patients with CLL and 11q deletions?**
   a. Fludarabine/rituximab (FR)
   b. Fludarabine/cyclophosphamide/rituximab (FCR)
   c. Neither a nor b

5. **In patients with CLL, the presence of a 17p deletion is considered an adverse prognostic factor and predicts resistance to chemotherapy.**
   a. True
   b. False

6. **A Phase II US Intergroup study in patients with symptomatic, previously untreated CLL is evaluating FCR versus FR with or without maintenance _____.**
   a. Bortezomib
   b. Ofatumumab
   c. Lenalidomide

7. **At the 2009 American Society of Hematology meeting, Rummel and colleagues reported significant clinical activity in a Phase III study with bendamustine/rituximab as first-line therapy for patients with advanced follicular lymphoma (FL).**
   a. True
   b. False

8. **What was the duration of maintenance rituximab that was evaluated in the published PRIMA study, and what duration is being used in the ongoing RESORT study in patients with FL?**
   a. One year; 3 years
   b. Two years; 3 years
   c. Two years; until disease progression

9. **Clinical guidelines indicate that all patients with B-cell lymphoma who receive rituximab therapy should be screened for hepatitis B.**
   a. True
   b. False

10. **In addition to an indication for the treatment of relapsed Hodgkin lymphoma, brentuximab vedotin, an anti-CD30 antibody-drug conjugate, has recently been approved for the treatment of _____.**
    a. Relapsed or refractory primary cutaneous B-cell lymphoma
    b. Relapsed or refractory systemic anaplastic large cell lymphoma
    c. Relapsed or refractory angioimmunoblastic T-cell lymphoma

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
European MCL Network study results with maintenance rituximab in elderly patients with MCL	4 3 2 1	4 3 2 1
ECOG-E1411 study: Bendamustine/rituximab with or without bortezomib followed by consolidation rituximab with or without lenalidomide in elderly patients with previously untreated MCL	4 3 2 1	4 3 2 1
Impact of 11q and 17p deletions on the prognosis of CLL	4 3 2 1	4 3 2 1
Ongoing (RESORT) and published (PRIMA) studies of maintenance rituximab in FL	4 3 2 1	4 3 2 1
Activity of emerging agents in the treatment of peripheral T-cell lymphoma	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 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:

- Use case-based learning, innovative communication strategies and shared clinical insight to provide comprehensive and compassionate oncology care .....4 3 2 1 N/M N/A
- Use prognostic and predictive clinical and molecular markers to aid in treatment decision-making for NHL and CLL.....4 3 2 1 N/M N/A
- Refine current treatment approaches through appraisal of therapeutic advances in NHL and CLL.....4 3 2 1 N/M N/A
- Communicate the existing and emerging therapeutic roles of proteasome inhibitors and IMiDs to patients with NHL..... 4 3 2 1 N/M N/A
- Develop an algorithm for the risk-stratified and age-appropriate induction treatment of mantle-cell lymphoma (MCL).....4 3 2 1 N/M N/A
- Recall the rationale for and design of clinical trials investigating proteasome inhibitors as part of initial therapy for MCL. .....4 3 2 1 N/M N/A
- Counsel appropriately selected patients about the availability of ongoing clinical trial 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: .....

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 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
Mitchell R Smith, MD, PhD	4 3 2 1	4 3 2 1
Lyle Feinstein, 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:

.....

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 .....

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

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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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VPNHL11

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