

Cancer Conference Update



Audio reviews of key presentations and posters from important scientific meetings

Discussion of 64 Presentations and Posters from the 2011 American Society of Hematology Meeting in San Diego, California


FACULTY INTERVIEWS

Sagar Lonial, MD
Srdan Verstovsek, MD, PhD
Owen A O'Connor, MD, PhD

Brad S Kahl, MD
Kenneth A Bauer, MD
Hagop M Kantarjian, MD

EDITOR

Neil Love, MD

 Subscribe to Podcasts or download MP3s of this program at ResearchToPractice.com/CACU112

 Follow us at [Facebook.com/ResearchToPractice](https://www.facebook.com/ResearchToPractice)

 Follow us on Twitter @DrNeilLove

From the publishers of:

**Hematologic
Oncology™**
U P D A T E



Cancer Conference Update

A Continuing Medical Education Audio Series

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 issue of *Cancer Conference Update* uses one-on-one discussions with Drs Lonial, Verstovsek, O'Connor, Kahl, Bauer and Kantarjian about the integration of key data sets presented at the 2011 American Society of Hematology Annual Meeting into the practical management of patients diagnosed with a number of hematologic cancers and related blood disorders.

LEARNING OBJECTIVES

- Apply emerging clinical research data to the rational selection of treatment for patients with hematologic cancers.
- Consider the potential clinical benefits and risks of maintenance therapy approaches for patients with diverse hematologic cancers.
- Appraise emerging efficacy and safety data with novel agents and combination approaches for newly diagnosed or relapsed/refractory indolent or aggressive B- and T-cell non-Hodgkin lymphomas and multiple myeloma (MM).
- Tailor up-front and maintenance therapy approaches for elderly patients with newly diagnosed MM (NDMM).
- Counsel patients with JAK2 mutation-positive or mutation-negative myelofibrosis (MF) about the benefits and risks of available and emerging JAK1/JAK2 inhibitors.
- Effectively apply the results of practice-changing clinical research to the care of patients with chronic myeloid leukemia (CML).
- Integrate new therapeutic strategies into the best-practice management of Hodgkin lymphoma (HL).
- Appraise recent data on the use of hypomethylating and immunomodulating agents in the treatment of acute myeloid leukemia (AML) and the myelodysplastic syndromes (MDS), and integrate this information, where appropriate, into current clinical care.
- Counsel patients with newly diagnosed or recurrent cancer about their risk of disease- and/or treatment-related thromboembolism, and offer prophylaxis to appropriately selected patients to mitigate this safety concern.

ACCREDITATION STATEMENT

Research To Practice is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CREDIT DESIGNATION STATEMENT

Research To Practice designates this enduring material for a maximum of 3.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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 CDs, complete the Post-test with a score of 75% 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/CACU112/CME.

This activity is supported by educational grants from Celgene Corporation, Genentech BioOncology/Biogen Idec, Novartis Pharmaceuticals Corporation, Onyx Pharmaceuticals Inc and Sanofi.

Last review date: April 2012; Release date: April 2012; Expiration date: April 2013

CONTENT VALIDATION AND DISCLOSURES

Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-the-art education. We assess potential conflicts of interest with faculty, planners and managers of CME activities. Real or apparent conflicts of interest are identified and resolved through a conflict of interest resolution process. In addition, all activity content is reviewed by both a member of the RTP scientific staff and an external, independent physician reviewer for fair balance, scientific objectivity of studies referenced and patient care recommendations.

FACULTY — **Dr Verstovsek** 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** — Advisory Committee: Bristol-Myers Squibb Company, Celgene Corporation, Merck and Company Inc, Millennium: The Takeda Oncology Company, Novartis Pharmaceuticals Corporation, Onyx Pharmaceuticals Inc. **Dr O'Connor** — Advisory Committee: Allos Therapeutics, Millennium: The Takeda Oncology Company, Mundipharma International Limited, Onyx Pharmaceuticals Inc, Spectrum Pharmaceuticals Inc; Consulting Agreements: Allos Therapeutics, Celgene Corporation, Millennium: The Takeda Oncology Company; Paid Research: Millennium: The Takeda Oncology Company. **Dr Kahl** — Advisory Committee: Celgene Corporation, Cephalon Inc, Genentech BioOncology, GlaxoSmithKline, Millennium: The Takeda Oncology Company. **Dr Bauer** — Consulting Agreements: Bristol-Myers Squibb Company, GTC Biotherapeutics Inc, Instrumentation Laboratory, Johnson & Johnson Pharmaceuticals, LFB Biotechnologies, Pfizer Inc. **Dr Kantarjian** — Paid Research: Amgen Inc, AstraZeneca Pharmaceuticals LP, Bristol-Myers Squibb Company, Eisai Inc, Novartis Pharmaceuticals Corporation, Pfizer Inc, Sanofi.

EDITOR — 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, ArQule Inc, Astellas, Bayer HealthCare Pharmaceuticals/ Onyx Pharmaceuticals Inc, Bidesix 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, Inctye Corporation, Lilly USA LLC, Medivation Inc, Millennium: The Takeda Oncology Company, Mundipharma International Limited, Novartis Pharmaceuticals Corporation, Regeneron Pharmaceuticals, Sanofi, Seattle Genetics, Spectrum Pharmaceuticals Inc and Teva.

RESEARCH TO PRACTICE STAFF AND EXTERNAL REVIEWERS — The scientific staff and reviewers for Research To Practice have no real or apparent conflicts of interest to disclose.

This educational activity contains discussion of published and/or investigational uses of agents that are not indicated by the Food and Drug Administration. Research To Practice does not recommend the use of any agent outside of the labeled indications. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications and warnings. The opinions expressed are those of the presenters and are not to be construed as those of the publisher or grantors.

If you would like to discontinue your subscription to *Cancer Conference Update*, please email us at Info@ResearchToPractice.com, call us at (800) 648-8654 or fax us at (305) 377-9998. Please include your full name and address, and we will remove you from the mailing list.

AUDIO PROGRAM GUIDE



MULTIPLE MYELOMA

Abstracts discussed by Sagar Lonial, MD

Professor; Vice Chair of Clinical Affairs
Director of Translational Research, B-Cell Malignancy Program
Department of Hematology and Medical Oncology
Winship Cancer Institute
Emory University School of Medicine
Atlanta, Georgia

TRACKS

- 1 Abstract 991: A Phase III study of observation versus induction lenalidomide/dexamethasone (Rd) followed by maintenance lenalidomide for smoldering MM at high risk for progression to symptomatic disease
- 2 Abstract 475: MM-O15 Phase III study of lenalidomide combined with melphalan and prednisone followed by continuous lenalidomide maintenance (MPR-R) for elderly patients with NDMM
- 3 Abstract 476: Overall survival and risk of second primary cancers after 5 years of follow-up in the VISTA Phase III study of bortezomib in combination with MP (VMP) versus MP in NDMM
- 4 Abstract 996: Second primary cancers in a pooled analysis of 2,459 patients with NDMM treated with lenalidomide
- 5 Abstract 478: Efficacy and safety of 3 bortezomib-based combinations in elderly patients with NDMM in the UPFRONT Phase IIIB study
- 6 Abstract 631: Final results of a front-line Phase I/II study of carfilzomib, lenalidomide and low-dose dexamethasone in NDMM
- 7 Alternative methods of administration and dosing schedules to ameliorate bortezomib-associated neurotoxicity
- 8 Abstracts 301, 479: Oral proteasome inhibitor MLN9708 alone in relapsed/refractory MM and in combination with lenalidomide/dexamethasone for NDMM
- 9 Low rates of neuropathy observed with MLN9708
- 10 Abstract 303: A Phase II study of elotuzumab in combination with lenalidomide/low-dose dexamethasone in relapsed/refractory MM
- 11 Abstracts 634, 812, 3963: Response and tolerability of pomalidomide/dexamethasone in early-phase trials of relapsed/refractory MM



MYELOFIBROSIS, CHRONIC MYELOID LEUKEMIA

Abstracts discussed by Srdan Verstovsek, MD, PhD

Associate Professor
Chief, Section of Myeloproliferative Neoplasms
Director, Clinical Research Center for Myeloproliferative Neoplasms
Department of Leukemia
The University of Texas MD Anderson Cancer Center
Houston, Texas

TRACKS

- 1 Abstract 278: Spleen volume reduction, symptom improvement and survival advantage with the oral JAK1/JAK2 inhibitor ruxolitinib versus placebo in MF in the Phase III COMFORT-I study
- 2 Abstract 279: Splenomegaly reductions with ruxolitinib in patients with MF, postpolycythemia vera MF (PPV-MF) or postessential thrombocythemia MF (PET-MF) in the Phase III COMFORT-II study
- 3 Ruxolitinib-associated toxicities
- 4 Abstract 280: Lasting complete hematological, molecular and histological remissions without cytoreductive treatment after pegylated interferon α -2a therapy in polycythemia vera
- 5 Abstract 282: Results of a Phase II study of the oral JAK2 inhibitor pacritinib in primary MF, PPV-MF and PET-MF
- 6 Abstract 783: Molecular and cytogenetic response after 3 months of imatinib predicts risk of disease progression and death in newly diagnosed CML
- 7 Abstract 451: Up-front imatinib in CML with rapid switching to nilotinib for failure to achieve molecular targets or intolerance achieves high overall rates of molecular response and a low risk of disease progression — Update of the TIDEL-II trial
- 8 Abstracts 603, 604: Discontinuation of imatinib, dasatinib or nilotinib in patients with CML who have sustained complete molecular responses
- 9 Abstract 455: Bosutinib versus imatinib in newly diagnosed chronic-phase CML (CP-CML) — 24-month follow-up of the BELA trial
- 10 Abstract 109: Initial findings from the pivotal Phase II PACE trial of ponatinib for patients with CML or Philadelphia chromosome-positive acute lymphoblastic leukemia (ALL) resistant or intolerant to dasatinib or nilotinib or with the T315I mutation
- 11 Abstracts 452, 606, 114: Nilotinib versus imatinib in newly diagnosed CP-CML (ENESTnd) and response to nilotinib after imatinib (ENESTcmr and ENESTnd Extension studies)
- 12 Selection of TKI for initial treatment of CML
- 13 Abstract 456: Pegylated interferon α -2a at the dose of 45 μ g/wk in combination with imatinib at 400 mg is the recommended initial dose for CP-CML (SPIRIT trial)



DIFFUSE LARGE B-CELL LYMPHOMA, MANTLE-CELL LYMPHOMA, HODGKIN LYMPHOMA, T-CELL LYMPHOMAS

Abstracts discussed by Owen A O'Connor, MD, PhD

Professor of Medicine and Developmental Therapeutics
 Director, Center for Lymphoid Malignancies
 Columbia University Medical Center
 College of Physicians and Surgeons
 NewYork-Presbyterian Hospital
 New York, New York

TRACKS

- 1 Abstract 780: Outcome and risk of central nervous system relapse in the rituximab era for diffuse large B-cell lymphoma (DLBCL) with testicular involvement
- 2 Abstract 958: Final results of the multicenter, Phase II HGL-1 study of *Helicobacter pylori*-eradicating antibiotic therapy as exclusive treatment for Stage I-III DLBCL of the stomach
- 3 Abstract 779: Results of a Phase II trial of bortezomib/vorinostat in DLBCL and mantle-cell lymphoma (MCL)
- 4 Abstract 439: R-CHOP versus R-FC followed by maintenance rituximab versus interferon alpha in elderly patients with MCL
- 5 Abstract 266: Lenalidomide/rituximab with or without dexamethasone in relapsed/refractory indolent B-cell lymphomas or MCL resistant to rituximab
- 6 Abstract 442: Single-agent activity of the Bruton's TKI PCI-32765 in previously treated MCL
- 7 Development and mechanism of action of the antibody-drug conjugate brentuximab vedotin in CD30-positive lymphomas
- 8 Abstract 664: Brentuximab vedotin enables successful reduced-intensity allogeneic hematopoietic cell transplantation in relapsed/refractory HL
- 9 Abstract 955: Front-line therapy with brentuximab vedotin in combination with ABVD or AVD in newly diagnosed advanced-stage HL
- 10 Brentuximab vedotin-associated sensory peripheral neuropathy
- 11 Abstract 443: Phase II results with brentuximab vedotin in relapsed or refractory anaplastic large cell lymphoma (ALCL)
- 12 Abstract 96: Survival of patients with peripheral T-cell lymphomas (PTCLs) after relapse
- 13 Abstract 591: Durability and rates of response to romidepsin in common subtypes of relapsed or refractory PTCL
- 14 Phase I studies of novel combination regimens — brentuximab vedotin/ bendamustine, pralatrexate/ romidepsin, carfilzomib/ vorinostat — in T-cell lymphomas



FOLLICULAR LYMPHOMA, CHRONIC LYMPHOCYTIC LEUKEMIA

Abstracts discussed by Brad S Kahl, MD

Associate Professor
Director, Lymphoma Service
University of Wisconsin School of Medicine and Public Health
Associate Director for Clinical Research
UW Carbone Cancer Center
Madison, Wisconsin

TRACKS

- 1 Abstract LBA-6: ECOG-E4402 (RESORT) Phase III study comparing 2 rituximab dosing strategies for low tumor burden follicular lymphoma (FL)
- 2 Perspective on the clinical benefits of maintenance rituximab in FL
- 3 Implications of RESORT for studies of rituximab maintenance after rituximab/chemotherapy in FL
- 4 Abstract 777: Chemoimmunotherapy R-FND with rituximab consolidation followed by rituximab maintenance versus observation as first-line treatment in elderly patients with advanced FL
- 5 Abstract 99: Phase II study results with R-FND followed by Y-90 ibritumomab tiuxetan and maintenance rituximab for untreated high-risk FL
- 6 Abstract 98: Phase III Intergroup study (SWOG-S0016) of CHOP-R versus CHOP in combination with ¹³¹I-tositumomab for newly diagnosed FL
- 7 SWOG-S0801: A Phase II study of ¹³¹I-tositumomab in combination with R-CHOP in advanced-stage FL
- 8 Abstract 877: Significant prognostic impact of [18F]fluorodeoxyglucose-PET scan during and at the end of R-CHOP in high tumor mass FL
- 9 Abstract 269: Preliminary analysis of the randomized Phase II GAUSS study of obinutuzumab (GA101) versus rituximab in relapsed CD20-positive indolent B-cell non-Hodgkin lymphoma (NHL)
- 10 Abstract 270: Final results of the Phase I GAUDI study of obinutuzumab in combination with FC or CHOP in relapsed or refractory FL
- 11 Abstract 980: Final analysis of a Phase II study of lenalidomide/rituximab in relapsed or refractory chronic lymphocytic leukemia (CLL)
- 12 Ongoing ECOG studies evaluating combinations of bendamustine, rituximab, bortezomib and lenalidomide as induction and maintenance therapy in FL (E2408) and MCL (E1411)
- 13 Observation versus initial treatment with rituximab or rituximab/chemotherapy in younger and older patients with low tumor burden FL
- 14 Abstract 983: Durable responses with the Bruton's TKI PCI-32765 in relapsed or refractory CLL/small lymphocytic lymphoma in a Phase Ib/II study
- 15 Abstract 293: Final results of a multicenter Phase II study of maintenance rituximab after up-front R-FCM in CLL



VENOUS THROMBOEMBOLISM

Abstracts discussed by Kenneth A Bauer, MD

Professor of Medicine, Harvard Medical School
Chief, Hematology Section, VA Boston Healthcare System
Director, Thrombosis Clinical Research
Beth Israel Deaconess Medical Center
Boston, Massachusetts

TRACKS

- 1 Abstract LBA-1: Improved functional outcome after additional catheter-directed thrombolysis for acute iliofemoral deep vein thrombosis in the randomized, controlled CaVenT study
- 2 Abstract 205: Randomized RE-COVER II study of dabigatran versus warfarin in the treatment of acute venous thromboembolism (VTE)
- 3 Abstract 206: VTE prevention with semuloparin in patients with cancer initiating chemotherapy: Benefit-risk assessment by VTE risk in the SAVE-ONCO study
- 4 Risk assessment for chemotherapy-associated thrombosis in patients with cancer
- 5 Abstract 543: Aspirin after oral anticoagulants for prevention of recurrence in patients with unprovoked VTE in the Warfasa study
- 6 Abstract 545: Perioperative heparin bridging in patients receiving oral anticoagulation: Meta-analysis of bleeding and thromboembolic rates
- 7 Abstract 674: Higher incidence of VTE in the outpatient versus inpatient setting among patients with cancer in the United States



ACUTE MYELOID LEUKEMIA, ACUTE LYMPHOCYTIC LEUKEMIA, MYELODYSPLASTIC SYNDROMES

Abstracts discussed by Hagop M Kantarjian, MD

Chairman and Professor
Leukemia Department
The University of Texas MD Anderson Cancer Center
Houston, Texas

TRACKS

- 1 Abstracts 6, 79, 582: Improvement in clinical outcomes with the addition of gemtuzumab ozogamicin to chemotherapy in patients with AML — ALFA, UK NCRI AML16 and GOELAMS AML 2006 IR studies
- 2 Abstract 607: Final results from a Phase II continuation study of lenalidomide/azacitidine in higher-risk MDS
- 3 Abstract 254: Results of a randomized Phase IIb study of CPX-351 (liposomal formulation of cytarabine and daunorubicin) versus intensive salvage therapy in younger patients with AML at first relapse
- 4 Abstracts 421, 2576: FLT3 inhibitors in newly diagnosed (lestaurtinib) and relapsed/refractory (AC220) AML
- 5 Abstract 424: Phase I dose-escalation study of the oral hedgehog inhibitor PF-04449913 in patients with select hematologic cancers

- 6 Abstract 423: Determination of the maximum tolerated dose of panobinostat in combination with cytarabine and mitoxantrone as salvage therapy for relapsed/refractory AML
- 7 Abstract 252: Anti-CD19 bispecific T-cell engager

- blinatumomab induces a high complete remission rate in adults with relapsed B-precursor ALL
- 8 Abstract 875: Inotuzumab ozogamycin, a CD22 monoclonal antibody conjugated to calicheamicin, is active in relapsed/refractory ALL

5 Minute Journal Club — Key ASH Presentations 2011

RTP's unique and time-saving series *5-Minute Journal Club* provides slide-based overviews of important abstracts and meeting presentations accompanied by clinical investigator commentary on the relevance and implications of these new data sets. To access additional perspectives and information on many of the references discussed on the *Cancer Conference Update* activity, we invite you to review our companion 2011 post-ASH edition of the *5-Minute Journal Club* series at www.ResearchToPractice.com/5MJCASH2012.

Research To Practice[®]
AN INTEGRATED APPROACH TO ONCOLOGY EDUCATION

[User Login](#) | [Contact Us](#)
 Search
[Advanced Search](#)

[Home](#) | [InfoSearch](#) | [Browse Tumor Type](#) | [Upcoming Events](#) | [About Us](#) | [CME Test](#)

COMFORT-II Phase III Trial of Splenomegaly Reduction with Ruxolitinib in Myelofibrosis
 Slides from a presentation at ASH 2011 and transcribed comments from recent interviews with Hagop M Kantarjian, MD (1/13/12) and Srdan Verstovsek, MD, PhD (1/25/12)

[CME test](#)
[Downloadable PPT](#)

[Downloadable PDF](#)
[RMJC main page](#)
[Original email \(Feb 11, 2011\)](#)

[CME information and Faculty Disclosures](#)
[Subscribe to Dr Love's email alerts](#)

Percent Change from Baseline in SV by JAK2V617F Mutation Status

At Week 48

Primary endpoint

Ruxolitinib
 JAK2V617F positive (n = 75)
 JAK2V617F negative (n = 22)
 Unknown mutation status (n = 1)

BAT
 JAK2V617F positive (n = 24)
 JAK2V617F negative (n = 8)
 Unknown mutation status (n = 2)

At week 48, the majority of patients receiving ruxolitinib experienced reductions in SV, including those with JAK2V617F-positive (88%) and negative (91%) mutation status.

With permission from Harrison CN et al. *Proc ASH 2011*; Abstract 279.

<< 1 2 3 4 5 6 7 8 9 >>

Harrison CN et al. **Ruxolitinib provides reductions in splenomegaly across subgroups: An analysis of spleen response in the COMFORT-II study.** *Proc ASH 2011*; Abstract 279.

Dr Kantarjian is Chairman and Professor in the Leukemia Department at The University of Texas MD Anderson Cancer Center in Houston, Texas.

Dr Verstovsek is Associate Professor, Chief of the Section of Myeloproliferative Neoplasms and Director of the Clinical Research Center for Myeloproliferative Neoplasms at The University of Texas MD Anderson Cancer Center in Houston, Texas.

[Go to previous Journal](#)
[Go to next Journal](#)

All content © copyright 2012 Research To Practice. All rights reserved.

[Subscribe to RTP Programs](#) | [Podcast](#) | [Privacy Policy](#) | [Legal Policy](#) | [Terms of Use](#)

SELECT PUBLICATIONS

MULTIPLE MYELOMA Abstracts discussed by Sagar Lonial, MD

Mateos MV et al. Smoldering multiple myeloma (SMM) at high-risk of progression to symptomatic disease: A phase III, randomized, multicenter trial based on lenalidomide-dexamethasone (Len-dex) as induction therapy followed by maintenance therapy with Len alone vs no treatment. *Proc ASH* 2011;**Abstract 991**.

Palumbo A et al. A phase 3 study evaluating the efficacy and safety of lenalidomide (Len) combined with melphalan and prednisone followed by continuous lenalidomide maintenance (MPR-R) in patients (pts) ≥ 65 years (yrs) with newly diagnosed multiple myeloma (NDMM): Updated results for pts aged 65-75 yrs enrolled in MM-015. *Proc ASH* 2011;**Abstract 475**.

San Miguel JF et al. Continued overall survival benefit after 5 years' follow-up with bortezomib-melphalan-prednisone (VMP) versus melphalan-prednisone (MP) in patients with previously untreated multiple myeloma, and no increased risk of second primary malignancies: Final results of the phase 3 VISTA trial. *Proc ASH* 2011;**Abstract 476**.

Niesvizky R et al. Efficacy and safety of three bortezomib-based combinations in elderly, newly diagnosed multiple myeloma patients: Results from all randomized patients in the community-based, phase 3b UPFRONT study. *Proc ASH* 2011;**Abstract 478**.

MYELOFIBROSIS, CHRONIC MYELOID LEUKEMIA Abstracts discussed by Srdan Verstovsek, MD, PhD

Harrison CN et al. Ruxolitinib provides reductions in splenomegaly across subgroups: An analysis of spleen response in the COMFORT-II study. *Proc ASH* 2011;**Abstract 279**.

Turlure P et al. Complete hematological, molecular and histological remissions without cytoreductive treatment lasting after pegylated-interferon α -2a (peg-IFN α -2a) therapy in polycythemia vera (PV): Long term results of a phase 2 trial. *Proc ASH* 2011;**Abstract 280**.

Yeung DT et al. Upfront imatinib therapy in CML patients with rapid switching to nilotinib for failure to achieve molecular targets or intolerance achieves high overall rates of molecular response and a low risk of progression — An update of the TIDEL-II trial. *Proc ASH* 2011;**Abstract 451**.

Cortes JE et al. Initial findings from the PACE trial: A pivotal phase 2 study of ponatinib in patients with CML and Ph+ ALL resistant or intolerant to dasatinib or nilotinib, or with the T315I mutation. *Proc ASH* 2011;**Abstract 109**.

Johnson-Ansah H et al. Pegylated interferon α 2a (PegIFN) at the dose of 45 μ g per week in combination with imatinib 400 mg is the recommended initial dose for patients (pts) with chronic phase chronic myeloid leukemia (CML-CP): Results from the French SPIRIT trial of the French CML Group (FI LMC). *Proc ASH* 2011;**Abstract 456**.

Cortes JE et al. Bosutinib versus imatinib in newly diagnosed chronic phase chronic myeloid leukemia — BELA trial: 24-month follow-up. *Proc ASH* 2011;**Abstract 455**.

DIFFUSE LARGE B-CELL LYMPHOMA, MANTLE-CELL LYMPHOMA, HODGKIN LYMPHOMA, T-CELL LYMPHOMAS Abstracts discussed by Owen A O'Connor, MD, PhD

Telio D et al. Diffuse large B-cell lymphoma with testicular involvement: Outcome and risk of CNS relapse in the rituximab era. *Proc ASH* 2011;**Abstract 780**.

Govi S et al. Final results of a multicenter phase II trial assessing the activity and efficacy of *Helicobacter pylori*-eradicating antibiotic therapy as exclusive treatment for

patients with stage I-III diffuse large B-cell lymphoma of the stomach (the HGL-1 trial). *Proc ASH* 2011;Abstract 958.

Kluin-Nelemans JC et al. **R-CHOP versus R-FC followed by maintenance with rituximab versus interferon-alfa: Outcome of the first randomized trial for elderly patients with mantle cell lymphoma.** *Proc ASH* 2011;Abstract 439.

Chen RW et al. **Brentuximab vedotin (SGN-35) enables successful reduced intensity allogeneic hematopoietic cell transplantation in relapsed/refractory Hodgkin lymphoma.** *Proc ASH* 2011;Abstract 664.

Younes A et al. **Frontline therapy with brentuximab vedotin combined with ABVD or AVD in patients with newly diagnosed advanced stage Hodgkin lymphoma.** *Proc ASH* 2011;Abstract 955.

Mak V et al. **Survival of peripheral T-cell lymphomas (PTCLs) patients following relapse: Spectrum of disease and rare long-term survivors.** *Proc ASH* 2011;Abstract 96.

B Coiffier et al. **Analysis of patients with common peripheral T-cell lymphoma subtypes from a phase 2 study of romidepsin in relapsed or refractory peripheral T-cell lymphoma.** *Proc ASH* 2011;Abstract 591.

FOLLICULAR LYMPHOMA, CHRONIC LYMPHOCYTIC LEUKEMIA Abstracts discussed by Brad S Kahl, MD

Kahl BS et al. **Results of Eastern Cooperative Oncology Group protocol E4402 (RESORT): A randomized phase III study comparing two different rituximab dosing strategies for low tumor burden follicular lymphoma.** *Proc ASH* 2011;Abstract LBA-6.

Press OW et al. **A phase III randomized Intergroup trial (SWOG S0016) of CHOP chemotherapy plus rituximab vs CHOP chemotherapy plus iodine-131-tositumomab for the treatment of newly diagnosed follicular non-Hodgkin's lymphoma.** *Proc ASH* 2011;Abstract 98.

A phase II study of iodine-131-labeled tositumomab in combination with cyclophosphamide, doxorubicin, vincristine, prednisone and rituximab therapy for patients with advanced stage follicular non-Hodgkin's lymphoma. [NCT00770224](#)

Dupuis J et al. **Significant prognostic impact of [18F]fluorodeoxyglucose-PET scan performed during and at the end of treatment with R-CHOP in high-tumor mass follicular lymphoma patients: A GELA-GOELAMS study.** *Proc ASH* 2011;Abstract 877.

Sehn LH et al. **Randomized phase II trial comparing GA101 (obinutuzumab) with rituximab in patients with relapsed CD20+ indolent B-cell non-Hodgkin lymphoma: Preliminary analysis of the GAUSS study.** *Proc ASH* 2011;Abstract 269.

Radford J et al. **Obinutuzumab (GA101) in combination with FC or CHOP in patients with relapsed or refractory follicular lymphoma: Final results of the phase I GAUDI study (BO21000).** *Proc ASH* 2011;Abstract 270.

Badoux XC et al. **Final analysis of a phase 2 study of lenalidomide and rituximab in patients with relapsed or refractory chronic lymphocytic leukemia (CLL).** *Proc ASH* 2011;Abstract 980.

VENOUS THROMBOEMBOLISM Abstracts discussed by Kenneth A Bauer, MD

Enden TR et al. **Improved functional outcome after additional catheter-directed thrombolysis for acute iliofemoral deep vein thrombosis: Results of a randomized controlled clinical trial (the CaVenT study).** *Proc ASH* 2011;Abstract LBA-1.

Schulman S et al. **A randomized trial of dabigatran versus warfarin in the treatment of acute venous thromboembolism (RE-COVER II).** *Proc ASH* 2011;**Abstract 205**.

George et al. **Venous thromboembolism (VTE) prevention with semuloparin in cancer patients initiating chemotherapy: Benefit-risk assessment by VTE risk in SAVE-ONCO.** *Proc ASH* 2011;**Abstract 206**.

Becattini C et al. **Aspirin after oral anticoagulants for prevention of recurrence in patients with unprovoked venous thromboembolism. The Warfasa STUDY.** *Proc ASH* 2011;**Abstract 543**.

ACUTE MYELOID LEUKEMIA, ACUTE LYMPHOCYTIC LEUKEMIA, MYELODYSPLASTIC SYNDROMES Abstracts discussed by Hagop M Kantarjian, MD

Sekeres MA et al. **Final results from the phase 2 continuation study of the lenalidomide and azacitidine combination in patients with higher-risk myelodysplastic syndromes (MDS).** *Proc ASH* 2011;**Abstract 607**.

Cortes JE et al. **CPX-351: A randomized phase 2b study of CPX-351 v intensive salvage therapy in ≤65 yo first relapse AML patients: Initial efficacy and safety report.** *Proc ASH* 2011;**Abstract 254**.

Jamieson C et al. **Phase 1 dose-escalation study of PF-04449913, an oral hedgehog (Hh) inhibitor, in patients with select hematologic malignancies.** *Proc ASH* 2011;**Abstract 424**.

Topp MS et al. **Anti-CD19 BiTE blinatumomab induces high complete remission rate in adult patients with relapsed B-precursor ALL: Updated results of an ongoing phase II trial.** *Proc ASH* 2011;**Abstract 252**.

O'Brien S et al. **Inotuzumab ozogamycin (IO), a CD22 monoclonal antibody conjugated to calecheamicin, is active in refractory-relapse acute lymphocytic leukemia (R-R ALL).** *Proc ASH* 2011;**Abstract 875**.

QUESTIONS (PLEASE CIRCLE ANSWER):

1. In the MM-015 study, continuous lenalidomide maintenance therapy with MP-R significantly improved _____ compared to MP and to MP-R for patients aged 65 to 75 with NDMM.
 - a. Overall survival (OS)
 - b. Progression-free survival (PFS)
 - c. Both a and b
2. In the Phase I/II study of carfilzomib, lenalidomide and low-dose dexamethasone in NDMM, the overall response rate was 100% and the majority of patients did not require dose reductions due to toxicity.
 - a. True
 - b. False
3. Early-phase clinical trials of pomalidomide/dexamethasone for patients with relapsed MM have failed to demonstrate responses in patients who are resistant to lenalidomide.
 - a. True
 - b. False
4. Which of the following results were observed in the Phase III COMFORT-I (ruxolitinib versus placebo) and COMFORT-II (ruxolitinib versus best available therapy) studies for patients with MF who received the JAK1/JAK2 inhibitor ruxolitinib?
 - a. Reductions in spleen volume
 - b. Improvements in MF-related symptoms
 - c. Both a and b
 - d. None of the above
5. In the TIDEL-II study, patients with CP-CML who switched from imatinib to nilotinib because of intolerance or failure to achieve molecular targets experienced _____.
 - a. High rates of molecular response and low risk of progression
 - b. Low rates of molecular response and high risk of progression
6. Which TKI has demonstrated activity in patients with CP-CML with T3151 mutation?
 - a. Imatinib
 - b. Nilotinib
 - c. Dasatinib
 - d. Ponatinib
7. In the ENESTnd study for patients with CP-CML, which agent resulted in higher and faster molecular responses and decreased risk of disease progression?
 - a. Imatinib
 - b. Nilotinib
 - c. Dasatinib
8. In a randomized study of R-CHOP versus R-FC followed by maintenance rituximab versus IFN for responding elderly patients with MCL, which combination of induction and maintenance therapy resulted in the longest duration of remission and OS?
 - a. R-FC → IFN
 - b. R-CHOP → IFN
 - c. R-FC → rituximab
 - d. R-CHOP → rituximab
9. In an analysis of common PTCL subtypes — PTCL NOS, angioimmunoblastic T-cell lymphoma and ALK-negative ALCL — the overall response rates with romidepsin for patients with relapsed or refractory PTCL ranged from approximately 25% to 30%.
 - a. True
 - b. False
10. The ECOG-E4402 (RESORT) study for patients with low tumor burden FL demonstrated that maintenance rituximab resulted in a superior time to treatment failure but had no effect on overall survival compared to rituximab re-treatment at disease progression.
 - a. True
 - b. False

QUESTIONS (PLEASE CIRCLE ANSWER):

11. The Phase III SWOG-S0016 study of R-CHOP versus CHOP with ¹³¹I-tositumomab (CHOP-RIT) in patients with newly diagnosed FL demonstrated that _____.
 - a. R-CHOP was superior to CHOP-RIT for PFS and OS
 - b. CHOP-RIT was superior to R-CHOP for PFS and OS
 - c. No difference in PFS or OS was observed between R-CHOP and CHOP-RIT
12. In a randomized Phase II trial for patients with relapsed CD20-positive indolent B-cell lymphoma, which of the following differences was observed with obinutuzumab (GA101) compared to rituximab?
 - a. Higher response rate
 - b. Lower response rate
 - c. Longer PFS
13. In the MD Anderson Phase II study of lenalidomide/rituximab in patients with relapsed or refractory CLL, the overall response rate was approximately _____.
 - a. 20%
 - b. 40%
 - c. 70%
14. Catheter-directed thrombolysis with alteplase significantly reduced the rate of post-thrombotic syndrome, but with an additional risk of bleeding, compared to the standard treatment of anticoagulation and elastic compression stockings for patients with acute iliofemoral deep vein thrombosis on the CaVenT study.
 - a. True
 - b. False
15. In the SAVE-ONCO study, the administration of semuloparin did not result in a decrease in VTE among patients who received chemotherapy for locally advanced or metastatic cancer and who had higher baseline risk for VTE.
 - a. True
 - b. False
16. The antibody-drug conjugate brentuximab vedotin has demonstrated activity in which of the following?
 - a. ALCL
 - b. HL
 - c. MM
 - d. Both a and b
 - e. None of the above

Cancer Conference Update — Issue 1, 2012

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
MM-015 study: Melphalan and prednisone followed by continuous lenalidomide maintenance (MPR-R) in elderly patients with newly diagnosed MM (NDMM) and risks of second primary cancers with lenalidomide	4 3 2 1	4 3 2 1
Phase I/II study of carfilzomib, lenalidomide and low-dose dexamethasone in NDMM	4 3 2 1	4 3 2 1
COMFORT-I and COMFORT-II studies of ruxitinib in MF	4 3 2 1	4 3 2 1
Updates of TIDEL-II, ENESTnd and ENESTcmr studies of nilotinib in CP-CML	4 3 2 1	4 3 2 1
R-CHOP versus R-FC followed by maintenance rituximab in elderly patients with MCL	4 3 2 1	4 3 2 1
Benefits of romidepsin in common subtypes of relapsed or refractory PTCL	4 3 2 1	4 3 2 1
ECOG-E4402 (RESORT) study results of 2 rituximab dosing strategies for low tumor burden FL	4 3 2 1	4 3 2 1
GAUSS study of obinutuzumab (GA101) versus rituximab in relapsed CD20-positive indolent B-cell NHL	4 3 2 1	4 3 2 1
SAVE-ONCO study: VTE prevention with semuloparin in patients with cancer initiating chemotherapy	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
☐ 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:

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:

- Apply emerging clinical research data to the rational selection of treatment for patients with hematologic cancers. 4 3 2 1 N/M N/A
- Consider the potential clinical benefits and risks of maintenance therapy approaches for patients with diverse hematologic cancers. 4 3 2 1 N/M N/A
- Appraise emerging efficacy and safety data with novel agents and combination approaches for newly diagnosed or relapsed/refractory indolent or aggressive B- and T-cell non-Hodgkin lymphomas and multiple myeloma (MM). 4 3 2 1 N/M N/A
- Tailor up-front and maintenance therapy approaches for elderly patients with newly diagnosed MM (NDMM). 4 3 2 1 N/M N/A
- Counsel patients with JAK2 mutation-positive or mutation-negative myelofibrosis (MF) about the benefits and risks of available and emerging JAK1/JAK2 inhibitors. 4 3 2 1 N/M N/A
- Effectively apply the results of practice-changing clinical research to the care of patients with chronic myeloid leukemia (CML). 4 3 2 1 N/M N/A
- Integrate new therapeutic strategies into the best-practice management of Hodgkin lymphoma (HL). 4 3 2 1 N/M N/A
- Appraise recent data on the use of hypomethylating and immunomodulating agents in the treatment of acute myeloid leukemia (AML) and the myelodysplastic syndromes (MDS), and integrate this information, where appropriate, into current clinical care. 4 3 2 1 N/M N/A
- Counsel patients with newly diagnosed or recurrent cancer about their risk of disease- and/or treatment-related thromboembolism, and offer prophylaxis to appropriately selected patients to mitigate this safety concern. 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.

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

PART 2 — Please tell us about the faculty and editor for this educational activity

	4 = Excellent	3 = Good	2 = Adequate	1 = Suboptimal	
Faculty	Knowledge of subject matter				Effectiveness as an educator
Sagar Lonial, MD	4	3	2	1	4 3 2 1
Srdan Verstovsek, MD, PhD	4	3	2	1	4 3 2 1
Owen A O'Connor, MD, PhD	4	3	2	1	4 3 2 1
Brad S Kahl, MD	4	3	2	1	4 3 2 1
Kenneth A Bauer, MD	4	3	2	1	4 3 2 1
Hagop M Kantarjian, MD	4	3	2	1	4 3 2 1
Editor	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 editor for this activity:

REQUEST FOR CREDIT — Please print clearly

Name: Specialty:

Professional Designation:

☐ MD ☐ DO ☐ PharmD ☐ NP ☐ RN ☐ PA ☐ Other

Street Address: Box/Suite:

City, State, Zip:

Telephone: Fax:

Email:

Research To Practice designates this enduring material for a maximum of 3.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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

Signature: Date:

The expiration date for this activity is April 2013. To obtain a certificate of completion and receive credit for this activity, please complete the Post-test, fill out the Educational Assessment and Credit Form and fax both to (800) 447-4310, or mail both to Research To Practice, One Biscayne Tower, 2 South Biscayne Boulevard, Suite 3600, Miami, FL 33131. You may also complete the Post-test and Educational Assessment online at www.ResearchToPractice.com/CACU112/CME.

Cancer Conference **Update**

Editor	Neil Love, MD
Managing Editor and CME Director	Kathryn Ault Ziel, PhD
Scientific Director	Richard Kaderman, PhD
Editorial	Clayton Campbell Gloria Kelly, PhD Jean Pak Margaret Peng
Creative Manager	Fernando Rendina
Graphic Designers	Jessica Benitez Tamara Dabney Silvana Izquierdo
Copy Editing Manager	Kirsten Miller
Senior Production Editor	Aura Herrmann
Copy Editors	Margo Harris Rosemary Hulce Pat Morrissey/Havlin Alexis Oneca
Production Manager	Tracy Potter
Audio Production	Frank Cesarano
Web Master	John Ribeiro
Multimedia Project Manager	Marie Philemon
Faculty Relations Manager	Melissa Molieri
Continuing Education Administrator for Nursing	Julia W Aucoin, DNS, RN-BC, CNE
Contact Information	Neil Love, MD Research To Practice One Biscayne Tower 2 South Biscayne Boulevard, Suite 3600 Miami, FL 33131 Fax: (305) 377-9998 Email: DrNeilLove@ResearchToPractice.com Email: CE@ResearchToPractice.com
For CME/CNE Information	

Copyright © 2012 Research To Practice. All rights reserved.

The compact discs, Internet content and accompanying printed material are protected by copyright. No part of this program may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording or utilizing any information storage and retrieval system, without written permission from the copyright owner.

The opinions expressed are those of the presenters and are not to be construed as those of the publisher or grantors.

Participants have an implied responsibility to use the

newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management.

Any procedures, medications or other courses of diagnosis or treatment discussed or suggested in this activity should not be used by clinicians without evaluation of their patients' conditions and possible contraindications or dangers in use, review of any applicable manufacturer's product information and comparison with recommendations of other authorities.

Cancer Conference **Update**

Copyright © 2012 Research To Practice.

This activity is supported by educational grants from
Celgene Corporation, Genentech BioOncology/Biogen Idec,
Novartis Pharmaceuticals Corporation, Onyx Pharmaceuticals Inc and Sanofi.

Research
To Practice®

Sponsored by Research To Practice.

Last review date: April 2012

Release date: April 2012

Expiration date: April 2013

Estimated time to complete: 3.5 hours