INTERNATIONAL SECOND OPINION

Case-Based Discussions Focused on the Management of

Non-Hodgkin Lymphoma and Multiple Myeloma

A special audio supplement to 2 CME symposia held during the 2012 ASH Annual Meeting featuring expert comments on the application of emerging research to patient care

Faculty Interviews

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CME Certified

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OVERVIEW OF ACTIVITY

Taken together, it is estimated that approximately 148,040 new lymphoid and myeloid cancer cases were identified in the United States in the year 2012, and 54,380 individuals died from these diseases. Of importance, currently more than 50 drug products are labeled for use in the management of hematologic cancers, with more than 60 distinct FDA-approved indications. Although this extensive list of available treatment options is reassuring for patients and oncology healthcare professionals, it poses a challenge to the practicing clinician, who must maintain up-to-date knowledge of appropriate clinical management strategies across a vast spectrum of liquid and solid tumors.

This special audio highlights program of proceedings from 2 CME symposia held during the 54th ASH Annual Meeting uses the perspectives of Drs Czuczman and Stewart on cases provided by an international panel of community oncologists from the United States, India, Italy and Spain to frame a relevant discussion of the optimal management of non-Hodgkin lymphoma (NHL), chronic lymphocytic leukemia (CLL) and multiple myeloma (MM). By providing information on the latest research developments and their potential application to routine practice, this activity is designed to assist hematologists, medical oncologists and hematology-oncology fellows with the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Apply the results of emerging clinical research to the selection of optimal systemic therapy for patients with newly diagnosed CLL.
- Recall new data with investigational agents demonstrating clinical activity in NHL and MM.
- Appraise recent data on therapeutic advances and changing practice standards in NHL and MM, and integrate this information, as appropriate, into current clinical care.
- Compare and contrast the benefits and risks of immunomodulatory agents, proteasome inhibitors or both as systemic treatment for active MM.
- Identify patients with NHL or MM who may benefit from maintenance therapy in both the post-transplant and nontransplant settings.

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SELECT PUBLICATIONS

Burger J et al. **The Btk inhibitor ibrutinib (PCI-32765) in combination with rituximab is well tolerated and displays profound activity in high-risk chronic lymphocytic leukemia (CLL) patients.** *Proc ASH* 2012;**Abstract 187**.

Byrd J et al. **The Bruton's tyrosine kinase (BTK) inhibitor ibrutinib (PCI-32765) promotes high response rate, durable remissions, and is tolerable in treatment naïve (TN) and relapsed or refractory (RR) chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) patients including patients with high-risk (HR) disease: New and updated results of 116 patients in a Phase Ib/II study.** *Proc ASH* 2012;**Abstract 189**.

Coutre SE et al. **Combinations of the selective phosphatidylinositol 3-kinase-delta (PI3Kdelta) inhibitor GS-1101 (CAL-101) with rituximab and/or bendamustine are tolerable and highly active in patients with relapsed or refractory chronic lymphocytic leukemia (CLL): Results from a Phase I study.** *Proc ASH* 2012;**Abstract 191**.

Czuczman MS et al. **Ofatumumab (OFA) in combination with CHOP for previously untreated follicular lymphoma: Follow-up results.** *Proc ASH* 2012;**Abstract 1632**.

Dimopoulos MA et al. **Pomalidomide in combination with low-dose dexamethasone: Demonstrates a significant progression free survival and overall survival advantage, in relapsed/refractory MM: A Phase 3, multicenter, randomized, open-label study.** *Proc ASH* 2012;**Abstract LBA-6**.

Fowler NH et al. **Lenalidomide and rituximab for untreated indolent lymphoma: Final results of a Phase II study.** *Proc ASH* 2012;**Abstract 901**.

Klimowicz A et al. **High cereblon protein expression correlates with improved response and survival in myeloma patients treated with lenalidomide.** *Proc ASH* 2012;**Abstract 931**.

Mark TM et al. **ClaPD (clarithromycin, pomalidomide, dexamethasone) therapy in relapsed or refractory multiple myeloma.** *Proc ASH* 2012;**Abstract 77**.

Palumbo A et al. **Overall survival benefit for bortezomib-melphalan-prednisone-thalidomide followed by maintenance with bortezomib-thalidomide (VMPT-VT) versus bortezomib-melphalan-prednisone (VMP) in newly diagnosed multiple myeloma patients.** *Proc ASH* 2012;**Abstract 200**.

Palumbo A et al. **Pomalidomide cyclophosphamide and prednisone (PCP) treatment for relapsed/refractory multiple myeloma.** *Proc ASH* 2012;**Abstract 446**.

Richardson PG et al. **A Phase 2 study of elotuzumab (Elo) in combination with lenalidomide and low-dose dexamethasone (Ld) in patients (pts) with relapsed/refractory multiple myeloma (R/R MM): Updated results.** *Proc ASH* 2012;**Abstract 202**.

Schuster S et al. **Cereblon expression predicts response, progression free and overall survival after pomalidomide and dexamethasone therapy in multiple myeloma.** *Proc ASH* 2012;**Abstract 194**.

POST-TEST

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. **An ongoing Phase III Intergroup study is evaluating R-hyper-CVAD versus _____ followed by autologous stem cell transplant (ASCT) for younger patients with newly diagnosed mantle-cell lymphoma (MCL).**
   a. Bendamustine/rituximab (BR)
   b. R-CHOP
   c. Both of the above

2. **The gene expression level of cereblon may be predictive of response to immunomodulatory drug (IMiD) therapy for patients with MM.**
   a. True
   b. False

3. **_____ is a small molecule inhibitor of the delta isoform of PI3K that has demonstrated activity in patients with high-risk CLL.**
   a. Idelalisib (GS-1101)
   b. Obatoclax
   c. Ibrutinib

4. **An ongoing Phase III trial is evaluating induction therapy with the R^2 regimen (lenalidomide/rituximab) versus _____ followed by maintenance therapy with either R^2 or rituximab alone for patients with newly diagnosed follicular lymphoma.**
   a. BR
   b. R-CVP
   c. R-CHOP
   d. All of the above

5. **_____ inhibits histone deacetylase and is approved for the treatment of relapsed or refractory peripheral T-cell lymphoma.**
   a. Pralatrexate
   b. Romidepsin
   c. Both of the above
   d. None of the above

6. **A Phase III study evaluating pomalidomide in combination with low-dose dexamethasone versus high-dose dexamethasone alone for patients with relapsed/refractory MM reported a significant overall survival advantage for patients receiving the pomalidomide/low-dose dexamethasone combination.**
   a. True
   b. False

7. **Lenalidomide maintenance after stem cell transplantation for patients with MM results in a statistically significant improvement in progression-free survival.**
   a. True
   b. False

8. **Results from the Phase III MRC Myeloma IX trial demonstrated a significant reduction in the occurrence of skeletal-related events with _____.**
   a. Pamidronate
   b. Clodronate
   c. Zoledronic acid

EDUCATIONAL ASSESSMENT AND CREDIT FORM

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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
Ongoing Intergroup study of R-hyper-CVAD versus BR followed by ASCT for younger patients with newly diagnosed MCL	4 3 2 1	4 3 2 1
Ongoing Phase III study of R^2 versus rituximab-based chemo-therapy regimens (BR, R-CVP, R-CHOP) for follicular lymphoma	4 3 2 1	4 3 2 1
Overall survival benefit with bortezomib/melphalan/prednisone/thalid-omide (VMPT) → bortezomib/thalidomide maintenance therapy compared to VMP in newly diagnosed MM	4 3 2 1	4 3 2 1
Overall survival advantage with the combination of pomalidomide and low-dose dexamethasone versus low-dose dexamethasone alone in relapsed/refractory MM	4 3 2 1	4 3 2 1
Serum cereblon as a potential biomarker that predicts patient responses to IMiDs	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: .....

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 the results of emerging clinical research to the selection of optimal systemic therapy for patients with newly diagnosed CLL. . . . . 4 3 2 1 N/M N/A
- Recall new data with investigational agents demonstrating clinical activity in NHL and MM. . . . . 4 3 2 1 N/M N/A
- Appraise recent data on therapeutic advances and changing practice standards in NHL and MM, and integrate this information, as appropriate, into current clinical care. . . . . 4 3 2 1 N/M N/A
- Compare and contrast the benefits and risks of immunomodulatory agents, proteasome inhibitors or both as systemic treatment for active MM. . . . . 4 3 2 1 N/M N/A
- Identify patients with NHL or MM who may benefit from maintenance systemic treatment in both the post-transplant and nontransplant settings. . . . . 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:

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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 editor for this educational activity

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
A Keith Stewart, MBChB	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:

.....

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