Challenging Cases in Multiple Myeloma

Oncologist and Nurse Investigators Consult on Actual Patients from the Practices of the Invited Faculty

The sixth of 6 integrated symposia in an oncology curriculum

CNE INFORMATION

TARGET AUDIENCE

This activity has been designed to meet the educational needs of oncology nurses, nurse practitioners and clinical nurse specialists involved in the treatment of multiple myeloma (MM).

OVERVIEW OF ACTIVITY

MM is a plasma cell neoplasm that accounts for approximately 10% of all hematologic cancers and carries with it the worst death/new cases ratio (3:4). Although selection of an appropriate induction regimen remains a key element of the initial management of symptomatic MM, supportive care is also a critical consideration at the time of diagnosis for all patients. The disease course for advanced myeloma is uniformly aggressive. However, the introduction of new agents with substantial activity has improved outcomes and allowed patients to experience longer periods of remission. The current challenge facing the oncology community is identification of those patients who may enjoy the greatest benefit from a specific regimen while incurring the least toxicity. As such, oncologists and nurses must be apprised of the unique risks and benefits accompanying each evidence-based treatment strategy and of the acceptable monitoring and supportive management techniques that enable early recognition of safety concerns and effective interventions to address side effects.

These video proceedings from the last part of a 6-part integrated CNE curriculum originally held at the 2013 ONS Annual Congress feature discussions with leading MM investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario. By providing information on the latest research developments in the context of expert perspectives, this CNE activity will assist oncology nurses, nurse practitioners and clinical nurse specialists with the formulation of state-of-the-art clinical management strategies to facilitate optimal care of patients with MM.

LEARNING OBJECTIVES

- Compare and contrast the benefits and risks of evidence-based induction regimens employing novel biologic agents.
- Recognize the side effects commonly attributable to available proteasome inhibitors and immunomodulatory drugs, and develop strategies to avert or mitigate these toxicities.
- Counsel patients with MM about the risks and benefits of maintenance therapy in the post-transplant and nontransplant settings.
- Appraise the role of patient- and disease-related factors in treatment decision-making.
- Identify opportunities to enhance the collaborative role of oncology nurses in the comprehensive biopsychosocial care of patients with MM to improve clinical and quality-of-life outcomes.
- Recall ongoing trials of investigational approaches and treatment strategies in MM, and consent and refer patients for study participation.

ACCREDITATION STATEMENT

Research To Practice is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

CREDIT DESIGNATION STATEMENT

This educational activity for 1.5 contact hours is provided by Research To Practice during the period of July 2013 through July 2014.

HOW TO USE THIS CNE ACTIVITY

This CNE activity consists of a video component. To receive credit, the participant should watch the video, complete the Post-test with a score of 70% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/ONSMM2013/Video/CNE.

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 CNE 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 — 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:

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Hardware/Software Requirements:
A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 7 or later, Firefox 3.0 or later, Chrome, Safari 3.0 or later
Adobe Flash Player 10.2 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

There is no implied or real endorsement of any product by RTP or the American Nurses Credentialing Center

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SELECT PUBLICATIONS

A phase 3, randomized, double-blind, multicenter study comparing oral MLN9708 plus lenalidomide and dexamethasone versus placebo plus lenalidomide and dexamethasone in adult patients with relapsed and/or refractory multiple myeloma. NCT01564537

A randomized, multicenter, phase 3 study comparing carfilzomib, lenalidomide, and dexamethasone (CRd) vs lenalidomide and dexamethasone (Rd) in subjects with relapsed multiple myeloma. NCT01080391

A randomized, open-label phase 3 study of carfilzomib, melphalan, and prednisone versus bortezomib, melphalan, and prednisone in transplant-ineligible patients with newly diagnosed multiple myeloma. NCT01818752

A randomized, open-label, phase 3 study of carfilzomib plus dexamethasone vs bortezomib plus dexamethasone in patients with relapsed multiple myeloma. NCT01568866

A randomized, open-label, phase 3 study of carfilzomib vs best supportive care in subjects with relapsed and refractory multiple myeloma. NCT01302392

Arnulf B et al. **Updated survival analysis of a randomized phase III study of subcutaneous versus intravenous bortezomib in patients with relapsed multiple myeloma.** *Haematologica* 2012;97(12):1925-8.

Attal M et al. **Lenalidomide maintenance after stem-cell transplantation for multiple myeloma.** *N Engl J Med* 2012;366(19):1782-91.

Bringhen S et al. **Efficacy and safety of once-weekly bortezomib in multiple myeloma patients.** *Blood* 2010;116(23):4745-53.

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Kumar SK et al. **A phase 1/2 study of weekly MLN9708, an investigational oral proteasome inhibitor, in combination with lenalidomide and dexamethasone in patients with previously untreated multiple myeloma (MM).** *Proc ASH* 2012;**Abstract 332**.

Lonial S et al. **Phase I study of twice-weekly dosing of the investigational oral proteasome inhibitor MLN9708 in patients (pts) with relapsed and/or refractory multiple myeloma (MM).** *Proc ASCO* 2012;**Abstract 8017**.

Ludwig H et al. **IMWG consensus on maintenance therapy in multiple myeloma.** *Blood* 2012;119(13):3003-15.

McCarthy PL et al. **Lenalidomide after stem-cell transplantation for multiple myeloma.** *N Engl J Med* 2012;366(19):1770-81.

Moreau P et al. **The future of therapy for relapsed/refractory multiple myeloma: Emerging agents and novel treatment strategies.** *Semin Hematol* 2012;49:Suppl 1:33-46.

Moreau P et al. **Subcutaneous versus intravenous administration of bortezomib in patients with relapsed multiple myeloma: A randomised, phase 3, non-inferiority study.** *Lancet Oncol* 2011;12(5):431-40.

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Siegel DS et al. **A phase 2 study of single-agent carfilzomib (PX-171-003-A1) in patients with relapsed and refractory multiple myeloma.** *Blood* 2012;120(14):2817-25.

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Warren JL et al. **Multiple myeloma treatment transformed: A population-based study of changes in initial management approaches in the United States**. *J Clin Oncol* 2013;31(16):1984-9.