

Oncology Nursing™

U P D A T E

Clinical Investigator and Nursing Perspectives
on the Management of Common Cancers

FACULTY INTERVIEWS

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**MULTIPLE
MYELOMA EDITION**



Oncology Nursing Update Multiple Myeloma Edition

A Continuing Nursing Education Audio Series

OVERVIEW OF ACTIVITY

Multiple myeloma (MM) is a plasma cell neoplasm that accounts for approximately 10% of all hematologic cancers and carries with it the worst death to new cases ratio (3 to 4). Patients with advanced active disease require immediate induction therapy to prepare eligible candidates for autologous stem cell transplant (ASCT). Optimal induction therapy for both ASCT candidates and those not eligible for transplant remains an area of clinical controversy, and multiple acceptable treatment options appear to merit consideration. Recent clinical research demonstrates an abundance of treatment options now available to patients with both newly diagnosed and relapsed or refractory MM. Published results from ongoing trials continually lead to the emergence of new therapeutic regimens and changes in the use of existing treatments. To provide oncology nurses with therapeutic strategies to address the disparate needs of patients with MM, the *Oncology Nursing Update* audio series employs one-on-one interviews with medical oncologists and nurses who are experts in caring for patients with MM. Upon completion of this CNE activity, oncology nurses should be able to formulate an up-to-date and more complete approach to the care of patients with MM.

PURPOSE STATEMENT

To present the most current research developments in MM and to provide the perspectives of a clinical investigator and nurse practitioner on the diagnosis and treatment of MM.

LEARNING OBJECTIVES

- Evaluate the benefits and risks associated with systemic therapies used in the evidence-based treatment of MM, including chemotherapy regimens, proteasome inhibitors, corticosteroids and immunomodulatory drugs (IMiDs).
- Develop a plan of care to manage the side effects associated with these therapies to support quality of life and continuation of treatment.
- Recognize the recent FDA approvals of carfilzomib and pomalidomide, and identify clinical situations in which these agents may be appropriate therapeutic options.
- Identify opportunities to enhance the collaborative role of oncology nurses in the comprehensive biopsychosocial care of patients with MM.

ACCREDITATION STATEMENT

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FACULTY — Ms Miller 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 Raje** — Advisory Committee: Amgen Inc, Celgene Corporation; Consulting Agreements: Lilly, Millennium: The Takeda Oncology Company, Novartis Pharmaceuticals Corporation, Onyx Pharmaceuticals Inc; Contracted Research: Acetylon Pharmaceuticals Inc, Amgen Inc, Millennium: The Takeda Oncology Company, Novartis Pharmaceuticals Corporation.

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SELECT PUBLICATIONS

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

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. **The following statement is true regarding pomalidomide for the treatment of MM.**
 - a. Pomalidomide has high potency and is generally well tolerated
 - b. Pomalidomide was recently FDA approved in the relapsed/refractory setting
 - c. Pomalidomide can cause embryo-fetal toxicity
 - d. All of the above
2. **Which of the following approaches is associated with a lower rate of peripheral neuropathy than the standard twice-weekly intravenous administration of bortezomib?**
 - a. Subcutaneous administration
 - b. Weekly dosing schedule
 - c. Both a and b
3. **Bortezomib can be safely administered to patients with renal failure.**
 - a. True
 - b. False
4. **Recent studies have demonstrated that lenalidomide maintenance therapy after stem cell transplantation significantly improves progression-free survival compared to placebo for patients with MM.**
 - a. True
 - b. False
5. **Which of the following side effects is of concern when counseling patients with MM who are about to initiate treatment with lenalidomide?**
 - a. Rash
 - b. Myelosuppression
 - c. Thrombosis
 - d. All of the above
6. **Carfilzomib is associated with a lower incidence of peripheral neuropathy than that reported with bortezomib.**
 - a. True
 - b. False
7. **Which of the following is a common cause of renal failure — which may be reversible — in MM?**
 - a. Hypercalcemia
 - b. Long-term use of nonsteroidal anti-inflammatory drugs
 - c. Both a and b
8. **The dose of dexamethasone can be safely reduced for elderly patients with MM.**
 - a. True
 - b. False

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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
Approaches to mitigate bortezomib-associated neuropathy with subcutaneous administration	4 3 2 1	4 3 2 1
Newly approved therapeutic options for patients with relapsed or refractory MM (eg, carfilzomib, pomalidomide)	4 3 2 1	4 3 2 1
Consideration of the “RVD lite” regimen for older patients	4 3 2 1	4 3 2 1
Counseling patients with MM who are about to begin maintenance therapy	4 3 2 1	4 3 2 1

Has the activity unfairly influenced you toward a particular product or service?

Yes No

If yes, please describe what was presented:

Will this activity help you improve patient care?

Yes No Not applicable

If yes, how will it help you improve patient care?

Did the activity meet your educational needs and expectations?

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:

- Evaluate the benefits and risks associated with systemic therapies used in the evidence-based treatment of MM, including chemotherapy regimens, proteasome inhibitors, corticosteroids and immunomodulatory drugs (IMiDs). . . .4 3 2 1 N/M N/A
- Develop a plan of care to manage the side effects associated with these therapies to support quality of life and continuation of treatment.4 3 2 1 N/M N/A
- Recognize the recent FDA approvals of carfilzomib and pomalidomide, and identify clinical situations in which these agents may be appropriate therapeutic options.4 3 2 1 N/M N/A
- Identify opportunities to enhance the collaborative role of oncology nurses in the comprehensive biopsychosocial care of patients with MM.4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

What other practice changes will you make or consider making as a result of this activity?

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What additional information or training do you need on the activity topics or other oncology-related topics?

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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.

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			
Noopur Raje, MD	4	3	2	1	4	3	2	1
Kena C Miller, ARNP	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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