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 accounts for approximately 10% of all hematologic cancer cases and carries with it the worst death/new cases ratio of nearly 75%. Although patients with asymptomatic smoldering myeloma often have an indolent course for many years without therapy and are usually followed with observation, the 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. Both novel proteasome inhibitors and immunomodulatory agents have effectively transformed the standard treatment for patients with newly diagnosed and relapsed/refractory MM.

These video proceedings from the second part of a 5-part integrated CNE curriculum originally held at the 2015 ONS Annual Congress feature discussions with leading hematologic 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.

PURPOSE STATEMENT
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 treatment regimens, and appropriately sequence available therapies in the long-term care of patients with active MM.

• Develop supportive care algorithms to both recognize and manage side effects attributable to proteasome inhibitors and immunomodulatory agents.

• Counsel individuals regarding the rationale for the use of maintenance therapeutic approaches in the post-transplant and nontransplant settings, focusing on the role of patient- and disease-related factors, including cytogenetic profile.

• Identify opportunities to enhance the collaborative role of oncology nurses in the comprehensive biopsychosocial care of patients with MM.

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 1.6 contact hours is provided by Research To Practice during the period of August 2015 through August 2016.

FOR SUCCESSFUL COMPLETION
This is a video CNE program. To receive credit, participants should read the learning objectives and faculty disclosures, watch the video, complete the Post-test with a score of 75% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/ONSMM2015/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 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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Chair, Department of Internal Medicine
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Advisory Committee: Applied Bioscience, Bristol-Myers Squibb Company; Consulting Agreements: Bayer HealthCare Pharmaceuticals, Bristol-Myers Squibb Company, Novartis Pharmaceuticals Corporation, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics Inc, Sanofi; Contracted Research: Amgen Inc, Celgene Corporation, Onyx Pharmaceuticals, an Amgen subsidiary, Sanofi.

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MODERATOR — Dr Love is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME/CNE activities from the following commercial interests: AbbVie Inc, Amgen Inc, Astellas Scientific and Medical Affairs Inc, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Daiichi Sankyo Inc, Dendreon Corporation, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, ImmunoGen Inc, Incyte Corporation, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Lilly, Medivation Inc, Merck, Myriad Genetic Laboratories Inc, NanoString Technologies, Novartis Pharmaceuticals Corporation, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics Inc, Prometheus Laboratories Inc, Regeneron Pharmaceuticals, Sanofi, Seattle Genetics, Sigma-Tau Pharmaceuticals Inc, SirTex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Teva Oncology, Tokai Pharmaceuticals Inc and VisionGate Inc.

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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

Last review date: August 2015
Expiration date: August 2016

There is no implied or real endorsement of any product by RTP or the American Nurses Credentialing Center.
A phase III randomized, double-blind study of maintenance therapy with CC-5013 (NSC 703813) or placebo following autologous stem cell transplantation for multiple myeloma. NCT00114101

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

A phase 3, randomized, placebo-controlled, double-blind study of oral ixazomib citrate (MLN9708) maintenance therapy in patients with multiple myeloma following autologous stem cell transplant. NCT02181413

A phase 3, randomized, placebo-controlled, double-blind study of oral ixazomib maintenance therapy after initial therapy in patients with newly diagnosed multiple myeloma not treated with stem cell transplantation. NCT02312258


Carfilzomib/cyclophosphamide/dexamethasone with maintenance carfilzomib in untreated transplant-eligible patients with symptomatic MM to evaluate the benefit of upfront ASCT. NCT02315716

CLARION: 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

Davis F et al. Are there benefits to long-term bisphosphonate treatment in multiple myeloma (MM) — Insights from temporal analyses of zoledronic acid (ZOL) versus clodronate (CLO) in the MRC Myeloma IX trial. Proc ASCO 2011;Abstract 8011.

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

IFM2005-02: Relevance of maintenance therapy using lenalidomide (Revlimid®) after autologous stem cell transplantation patients under the age of 65. (Open, randomised, multi-centric trial versus placebo.) NCT00430365

Facon T et al. Initial phase 3 results of the FIRST (frontline investigation of lenalidomide + dexamethasone versus standard thalidomide) trial (MM-020/IFM 07 01) in newly diagnosed multiple myeloma (NDMM) patients (pts) ineligible for stem cell transplantation (SCT). Proc ASH 2013;Abstract 2.

FORTE: Evaluation of the safety and the efficacy of carfilzomib combined with cyclophosphamide and dexamethasone (CCyd) or lenalidomide and dex (CRd) followed by ASCT or 12 cycles of carf combined with dex and len for patients eligible for ASCT with newly diagnosed multiple myeloma. NCT02203643


Phase II study of the combination of MLN 9708 with lenalidomide as maintenance therapy post autologous stem cell transplant in patients with multiple myeloma. NCT01718743

Plesner T et al. Safety and efficacy of daratumumab with lenalidomide and dexamethasone in relapsed or relapsed, refractory multiple myeloma. Proc ASH 2014;Abstract 84.

Randomized phase III trial of bortezomib, lenalidomide and dexamethasone (VRd) versus carfilzomib, lenalidomide, dexamethasone (CRd) followed by limited or indefinite lenalidomide maintenance in patients with newly diagnosed symptomatic multiple myeloma. NCT01863550

Richardson PG et al. PANORAMA 1: A randomized, double-blind, phase 3 study of panobinostat or placebo plus bortezomib and dexamethasone in relapsed or relapsed and refractory multiple myeloma. Proc ASCO 2014;Abstract 8510.


TOURMALINE-MM1: A phase 3, randomized, double-blind, multicenter study comparing oral ixazomib (MLN9708) plus lenalidomide and dexamethasone versus placebo plus lenalidomide and dexamethasone in adult patients with relapsed and/or refractory multiple myeloma. NCT01564537

TOURMALINE-MM2: A phase 3, randomized, double-blind, multicenter study comparing oral ixazomib (MLN9708) plus lenalidomide and dexamethasone versus placebo plus lenalidomide and dexamethasone in adult patients with newly diagnosed multiple myeloma. NCT01850524