

# Oncology Nursing™

U P D A T E

HODGKIN AND NON-HODGKIN LYMPHOMA EDITION

Clinical Investigator and Nursing Perspectives  
on the Management of Common Cancers

**FACULTY INTERVIEWS**

Mollie Moran, MSN, CNP, AOCNP

Andrew M Evens, DO, MSc

Sonali M Smith, MD

Barbara Barnes Rogers, CRNP, MN, AOCN, ANP-BC

**EDITOR**

Neil Love, MD

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2 Audio CDs



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# *Oncology Nursing Update: Hodgkin and Non-Hodgkin Lymphoma Edition*

A Continuing Nursing Education Audio Series

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## **OVERVIEW OF ACTIVITY**

The treatment of Hodgkin and non-Hodgkin lymphoma remains a challenge for many healthcare professionals. However, recent clinical research gains have made an abundance of treatment options available to patients with these hematologic cancers. Furthermore, published results from ongoing clinical trials continually lead to the emergence of new therapeutic regimens and changes in the use of existing treatments. To provide oncology nurses with knowledge, information and strategies they can use to address the disparate needs of patients, the *Oncology Nursing Update* audio series employs one-on-one interviews with medical oncologists and nurses who are experts in these diseases. As a result, upon completion of this CNE activity, oncology nurses should be able to better counsel and educate patients while developing up-to-date approaches for the management of Hodgkin and non-Hodgkin lymphoma.

## **PURPOSE STATEMENT**

To present the most current research developments in Hodgkin and non-Hodgkin lymphoma and to provide the perspectives of nurse practitioners and clinical investigators on the diagnosis and treatment of these diseases.

## **LEARNING OBJECTIVES**

- Appraise the recent FDA approvals of ibrutinib, idelalisib and obinutuzumab, and discern how these agents can be appropriately integrated into clinical practice for patients with chronic lymphocytic leukemia and other B-cell neoplasms.
- Discuss the risks and benefits associated with novel agents and combination regimens under evaluation for indolent and aggressive B-cell and T-cell non-Hodgkin lymphomas.
- Develop a plan to manage the side effects associated with commonly used systemic therapies to support quality of life and continuation of treatment.
- Evaluate the efficacy and safety of brentuximab vedotin for patients with CD30-positive lymphomas, and integrate this information into patient care.
- Identify opportunities to enhance the collaborative role of oncology nurses in the comprehensive biopsychosocial care of patients with Hodgkin and non-Hodgkin lymphomas.

## **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 2.5 contact hours is provided by Research To Practice during the period of June 2015 through June 2016.

## **FOR SUCCESSFUL COMPLETION**

This is an audio CNE program. This booklet contains CNE information, including learning objectives, faculty disclosures, a Post-test and an Educational Assessment and Credit Form. The corresponding website [ResearchToPractice.com/ONULymphoma115](http://ResearchToPractice.com/ONULymphoma115) also includes links to relevant abstracts and full-text articles.

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**FACULTY INTERVIEWS**



**3 Mollie Moran, MSN, CNP, AOCNP**

The James Cancer Hospital at  
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Columbus, Ohio



**3 Andrew M Evens, DO, MSc**

Professor of Medicine  
Chief, Division of Hematology/Oncology  
Tufts Medical Center  
Director, Lymphoma Program  
Director, Tufts Cancer Center  
Boston, Massachusetts



**4 Sonali M Smith, MD**

Associate Professor  
Section of Hematology/Oncology  
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The University of Chicago  
Chicago, Illinois



**4 Barbara Barnes Rogers, CRNP, MN, AOCN, ANP-BC**

Adult Hematology-Oncology Nurse Practitioner  
Fox Chase Cancer Center  
Philadelphia, Pennsylvania

**5 SELECT PUBLICATIONS**

**6 POST-TEST**

**7 EDUCATIONAL ASSESSMENT AND CREDIT FORM**

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## EDITOR



**Neil Love, MD**  
Research To Practice  
Miami, Florida

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**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: **Ms Moran** — Advisory Committee: Genentech BioOncology. **Dr Evens** — Advisory Committee and Consulting Agreements: Celgene Corporation, Genentech BioOncology, Takeda Oncology; Contracted Research: Takeda Oncology; Speakers Bureau: Celgene Corporation. **Dr Smith** — Advisory Committee: Celgene Corporation, Pharmacyclics Inc, Seattle Genetics, TG Therapeutics Inc; Consulting Agreement: Celgene Corporation; Data and Safety Monitoring Board: Genentech BioOncology; Speakers Bureau: Janssen Biotech Inc. **Ms Rogers** — Advisory Committee: Gilead Sciences Inc, Takeda Oncology; Speakers Bureau: Seattle Genetics, Takeda Oncology.

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Submit them to us via Facebook or Twitter  
and we will do our best to get them answered for you

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## Interview with Mollie Moran, MSN, CNP, AOCNP

### Tracks 1-18

- Track 1 Case discussion:** A 71-year-old patient with chronic lymphocytic leukemia (CLL) whose disease progresses on multiple lines of rituximab-based regimens receives ibrutinib on a clinical trial
- Track 2** Ibrutinib in patients with relapsed CLL
- Track 3** Management of ibrutinib-associated side effects
- Track 4** Risk of bleeding during treatment with ibrutinib
- Track 5** Precautions with ibrutinib for patients who are receiving anticoagulants
- Track 6 Case discussion:** An 88-year-old patient with previously treated CLL and coexisting morbidities who is on long-term warfarin therapy receives the PI3-kinase delta inhibitor idelalisib in combination with rituximab
- Track 7** Safety profile of idelalisib in CLL
- Track 8** Clinical experience with the anti-CD20 antibody obinutuzumab in elderly patients with untreated CLL
- Track 9** Obinutuzumab-associated infusion reactions
- Track 10 Case discussion:** A 27-year-old patient with Stage IA Hodgkin lymphoma (HL) whose disease relapses after 2 prior lines of therapy achieves a complete remission with the antibody-drug conjugate brentuximab vedotin (BV)
- Track 11** Counseling patients about the side effects of BV
- Track 12** Selective targeting of tumor cells with BV
- Track 13** Peripheral neuropathy associated with BV
- Track 14 Case discussion:** A 68-year-old patient who initially received CHOP and an autologous stem cell transplant (ASCT) for peripheral T-cell lymphoma (PTCL) not otherwise specified presents with recurrent disease
- Track 15** Family support for patients diagnosed with cancer
- Track 16** Counseling patients with PTCL
- Track 17** Alterations in lifestyle after a cancer diagnosis
- Track 18** Side effects associated with romidepsin

## Interview with Andrew M Evens, DO, MSc

### Tracks 1-17

- Track 1 Case discussion:** An 81-year-old patient with relapsed/refractory mantle-cell lymphoma (MCL) experiences a dramatic response to ibrutinib on a clinical trial
- Track 2** Activity and tolerability of bendamustine/rituximab in elderly patients with MCL
- Track 3** Educating patients about the biology, treatment and prognosis of MCL
- Track 4** Efficacy of bortezomib, lenalidomide and ibrutinib in MCL
- Track 5** Sequencing systemic agents in MCL
- Track 6** Oral proteasome inhibitors for MCL
- Track 7** Rationale for using lenalidomide for the treatment of lymphomas
- Track 8** Risks and benefits of lenalidomide for MCL
- Track 9** Coping strategies for patients with an incurable cancer
- Track 10** Efficacy and tolerability of ibrutinib in relapsed MCL
- Track 11** Mechanisms of action of the B-cell receptor signaling inhibitors ibrutinib and idelalisib
- Track 12** Incidence of lymphocytosis in patients with MCL treated with ibrutinib
- Track 13** Management of bleeding complications associated with ibrutinib
- Track 14** Role of idelalisib for the treatment of indolent non-Hodgkin lymphoma (NHL)
- Track 15** Tolerability and side-effect profile of idelalisib
- Track 16** Side effects of the Bcl-2 inhibitor venetoclax (ABT-199)
- Track 17** Hospice care for patients with hematologic cancer

## Interview with Sonali M Smith, MD

### Tracks 1-14

- Track 1** **Case discussion:** A 65-year-old patient with Stage 4b CD30-positive PTCL and poor performance status experiences an antitumor response and dramatic resolution of symptoms after treatment with BV
- Track 2** Overview of the etiology and incidence of TCL
- Track 3** Therapeutic options for patients with TCL
- Track 4** Efficacy of BV for CD30-positive TCL
- Track 5** Benefits and risks associated with BV
- Track 6** Rationale for the use of romidepsin and belinostat for relapsed/refractory TCL
- Track 7** Oral mucositis associated with pralatrexate
- Track 8** Management of side effects associated with histone deacetylase inhibitors
- Track 9** Sequencing of targeted agents for TCL
- Track 10** Inhibition of Bruton tyrosine kinase with ibrutinib
- Track 11** Reducing the risk of bleeding complications with ibrutinib
- Track 12** Mechanisms of action of lenalidomide and rituximab, alone and in combination
- Track 13** Activity of idelalisib in indolent NHL
- Track 14** Management of idelalisib-associated toxicities with dose modifications and/or treatment delays

## Interview with Barbara Barnes Rogers, CRNP, MN, AOCN, ANP-BC

### Tracks 1-12

- Track 1** **Case discussion:** A 62-year-old man with MCL whose disease progresses on multiple lines of therapy receives ibrutinib
- Track 2** Counseling patients about the toxicities associated with ibrutinib
- Track 3** Discontinuation of ibrutinib during procedures that could increase the risk of bleeding
- Track 4** **Case discussion:** A 36-year-old patient with HL previously treated with ABVD and ASCT receives BV after disease recurrence
- Track 5** Pruritus as a symptom of HL
- Track 6** Educating patients about the differences between ASCT and allogeneic stem cell transplant
- Track 7** Efficacy and tolerability of BV for HL
- Track 8** **Case discussion:** A 58-year-old patient who received topical therapy for mycosis fungoides is switched to romidepsin to achieve better disease control
- Track 9** Administration schedule and safety profile of romidepsin
- Track 10** Treatment approaches for mycosis fungoides
- Track 11** Clinical experience with pralatrexate for TCL
- Track 12** Prevention of oral mucositis associated with pralatrexate

## SELECT PUBLICATIONS

Bartlett N et al. **Ibrutinib monotherapy in relapsed/refractory follicular lymphoma (FL): Preliminary results of a Phase 2 consortium (P2C) trial.** *Proc ASH* 2014;**Abstract 800.**

Byrd JC et al. **Ibrutinib versus ofatumumab in previously treated chronic lymphoid leukemia.** *N Engl J Med* 2014;371(3):213-23.

Coiffier B et al. **Romidepsin for the treatment of relapsed/refractory peripheral T-cell lymphoma: Pivotal study update demonstrates durable responses.** *J Hematol Oncol* 2014;7:11.

Eichhorst B et al. **Frontline chemoimmunotherapy with fludarabine (F), cyclophosphamide (C), and rituximab (R) (FCR) shows superior efficacy in comparison to bendamustine (B) and rituximab (BR) in previously untreated and physically fit patients (pts) with advanced chronic lymphocytic leukemia (CLL): Final analysis of an international, randomized study of the German CLL Study Group (GCLLSG) (CLL10 study).** *Proc ASH* 2014;**Abstract 19.**

Fowler N et al. **Safety and activity of lenalidomide and rituximab in untreated indolent lymphoma: An open-label, phase 2 trial.** *Lancet Oncol* 2014;15(12):1311-8.

Furman RR et al. **Idelalisib and rituximab in relapsed chronic lymphocytic leukemia.** *N Engl J Med* 2014;370(11):997-1007.

Goede V et al. **Obinutuzumab plus chlorambucil in patients with CLL and coexisting conditions.** *N Engl J Med* 2014;370(12):1101-10.

Goede V et al. **Salvage therapy with obinutuzumab (GA101) plus chlorambucil (Clb) after treatment failure of Clb alone in patients with chronic lymphocytic leukemia (CLL) and comorbidities: Results of the CLL11 study.** *Proc ASH* 2014;**Abstract 3327.**

Gopal AK et al. **PI3K $\delta$  inhibition by idelalisib in patients with relapsed indolent lymphoma.** *N Engl J Med* 2014;370(11):1008-18.

Goy A et al. **Single-agent lenalidomide in patients with mantle-cell lymphoma who relapsed or progressed after or were refractory to bortezomib: Phase II MCL-001 (EMERGE) study.** *J Clin Oncol* 2013;31(29):3688-95.

Kimbley E et al. **Rituximab plus lenalidomide improves the complete remission rate in comparison with rituximab monotherapy in untreated follicular lymphoma patients in need of therapy: Primary endpoint analysis of the randomized phase-2 trial SAKK 35/10.** *Proc ASH* 2014;**Abstract 799.**

Lee HZ et al. **FDA approval: Belinostat for the treatment of patients with relapsed or refractory peripheral T-cell lymphoma.** *Clin Cancer Res* 2015;[Epub ahead of print].

Li X et al. **Clinical and correlative analysis of a phase 2 study of lenalidomide and rituximab in previously untreated indolent non-Hodgkin lymphoma.** *Proc ASH* 2014;**Abstract 4477.**

Moskowitz CH et al. **PD-1 blockade with the monoclonal antibody pembrolizumab (MK-3475) in patients with classical Hodgkin lymphoma after brentuximab vedotin failure: Preliminary results from a phase 1b study (KEYNOTE-013).** *Proc ASH* 2014;**Abstract 290.**

O'Brien S et al. **Efficacy and safety of ibrutinib in patients with relapsed or refractory chronic lymphocytic leukemia or small lymphocytic leukemia with 17p deletion: Results from the phase II RESONATE-17 trial.** *Proc ASH* 2014;**Abstract 327.**

O'Connor O et al. **Pralatrexate in patients with relapsed or refractory peripheral T-cell lymphoma: Results from the pivotal PROPEL study.** *J Clin Oncol* 2011;29(9):1182-9.

Roberts AW et al. **Determination of recommended phase 2 dose of ABT-199 (GDC-0199) combined with rituximab (R) in patients with relapsed/refractory (R/R) chronic lymphocytic leukemia (CLL).** *Proc ASH* 2014;**Abstract 325.**

Savage K et al. **Safe and effective treatment of patients with relapsed or refractory peripheral T-cell lymphoma (PTCL) and low baseline platelet counts with belinostat.** *Proc ASH* 2014;**Abstract 3075.**

Smith S et al. **Unexpected and serious toxicity observed with combined idelalisib, lenalidomide and rituximab in relapsed/refractory B cell lymphomas: Alliance A051201 and A051202.** *Proc ASH* 2014;**Abstract 3091.**

Wang M et al. **Ibrutinib and rituximab are an efficacious and safe combination in relapsed mantle cell lymphoma: Preliminary results from a phase II clinical trial.** *Proc ASH* 2014;**Abstract 627.**

Younes A et al. **Brentuximab vedotin combined with ABVD or AVD for patients with newly diagnosed Hodgkin's lymphoma: A phase 1, open-label, dose-escalation study.** *Lancet Oncol* 2013;14(13):1348-56.

**QUESTIONS (PLEASE CIRCLE ANSWER):**

1. **The following statements are true regarding the use of ibrutinib for the treatment of CLL and MCL.**
  - a. It may increase the risk of hemorrhage in patients receiving anticoagulants
  - b. It is associated with an increase in lymphocyte counts
  - c. It does not need to be withheld for patients undergoing invasive surgery
  - d. Both a and b
  
2. **The histone deacetylase inhibitor belinostat cannot be used in patients with PTCL who have low platelet counts.**
  - a. True
  - b. False
  
3. **Side effects associated with the PI3-kinase delta inhibitor idelalisib in the treatment of relapsed/refractory CLL include \_\_\_\_\_.**
  - a. Alterations in liver function tests
  - b. Diarrhea/colitis
  - c. Pneumonitis
  - d. All of the above
  
4. **The oral mucositis associated with pralatrexate can be prevented and managed with \_\_\_\_\_.**
  - a. Folic acid and vitamin B12 supplementation
  - b. Dose interruption
  - c. Both a and b
  - d. Neither a nor b
  
5. **The combination of lenalidomide and rituximab elicits a high response rate and durable remissions in patients with untreated indolent lymphoma.**
  - a. True
  - b. False
  
6. **The obinutuzumab/chlorambucil combination is associated with a lower rate of infusion-related reactions than rituximab/chlorambucil when administered to patients with CLL and coexisting conditions.**
  - a. True
  - b. False
  
7. **Which of the following agents is FDA approved for the treatment of relapsed/refractory MCL?**
  - a. Lenalidomide
  - b. Ibrutinib
  - c. Bortezomib
  - d. Ixazomib
  - e. All except d
  
8. **The anti-CD30 antibody-drug conjugate brentuximab vedotin selectively targets tumor cells when used in the treatment of CD30-positive lymphomas and is associated with a lower incidence of side effects compared to chemotherapy.**
  - a. True
  - b. False



**EDUCATIONAL ASSESSMENT AND CREDIT FORM**

*Oncology Nursing Update: Hodgkin and Non-Hodgkin Lymphoma*  
Edition — Issue 1, 2015

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
Risk of ibrutinib-associated bleeding complications and strategies for risk reduction	4 3 2 1	4 3 2 1
Available efficacy and safety data with idelalisib and integration into the management of CLL and follicular lymphoma	4 3 2 1	4 3 2 1
Sequencing and selection of bortezomib, lenalidomide and ibrutinib for patients with progressive MCL	4 3 2 1	4 3 2 1
Incidence and management of side effects and toxicities associated with novel agents used in the treatment of advanced TCL (eg, pralatrexate, HDAC inhibitors, brentuximab vedotin)	4 3 2 1	4 3 2 1
CD30 testing and efficacy of brentuximab vedotin in B-cell and T-cell lymphomas	4 3 2 1	4 3 2 1

**Practice Setting:**

- Academic center/medical school       Community cancer center/hospital       Group practice  
 Solo practice       Government (eg, VA)       Other (please specify).....

**Approximately how many new patients with Hodgkin and non-Hodgkin lymphoma do you see per year?**

HL..... NHL.....

**Was the activity evidence based, fair, balanced and free from commercial bias?**

- Yes       No

If no, please explain: .....

**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:**

- Appraise the recent FDA approvals of ibrutinib, idelalisib and obinutuzumab, and discern how these agents can be appropriately integrated into clinical practice for patients with chronic lymphocytic leukemia and other B-cell neoplasms. .... 4 3 2 1 N/M N/A
- Discuss the risks and benefits associated with novel agents and combination regimens under evaluation for indolent and aggressive B-cell and T-cell non-Hodgkin lymphomas.. ... 4 3 2 1 N/M N/A
- Develop a plan to manage the side effects associated with commonly used systemic therapies to support quality of life and continuation of treatment. .... 4 3 2 1 N/M N/A
- Evaluate the efficacy and safety of brentuximab vedotin for patients with CD30-positive lymphomas, and integrate this information into patient care. .... 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 Hodgkin and non-Hodgkin lymphomas. .... 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?**

.....

.....

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

.....

.....

**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.

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

	4 = Excellent	3 = Good	2 = Adequate	1 = Suboptimal				
<b>Faculty</b>	<b>Knowledge of subject matter</b>				<b>Effectiveness as an educator</b>			
Mollie Moran, MSN, CNP, AOCNP	4	3	2	1	4	3	2	1
Andrew M Evens, DO, MSc	4	3	2	1	4	3	2	1
Sonali M Smith, MD	4	3	2	1	4	3	2	1
Barbara Barnes Rogers, CRNP, MN, AOCN, ANP-BC	4	3	2	1	4	3	2	1
<b>Editor</b>	<b>Knowledge of subject matter</b>				<b>Effectiveness as an educator</b>			
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     CNS     RN     PA     Other .....

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# Oncology Nursing<sup>™</sup>

U P D A T E

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