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Cancer Conference Update

Audio Reviews of 42 Presentations from the 2015 American Society of Hematology Annual Meeting in Orlando, Florida

FACULTY INTERVIEWS

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CONTENTS

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Cancer Conference Update

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OVERVIEW OF ACTIVITY

Hematologic oncology and related blood disorders are some of the most rapidly evolving fields in all of medicine. Results presented at major conferences from a plethora of ongoing clinical trials lead to the continual emergence of new therapeutic agents and changes in the indications for existing treatments. In order to offer optimal patient care, the practicing hematologist-oncologist must be well informed of these advances. To bridge the gap between research and patient care, this issue of *Cancer Conference Update* uses one-on-one discussions with hematologic oncology clinical investigators to provide perspectives on the integration of key data sets presented at the 2015 American Society of Hematology Annual Meeting into the practical management of various hematologic cancers and related blood disorders.

LEARNING OBJECTIVES

- Recall new data with investigational agents demonstrating promising activity in hematologic cancers.
- Evaluate recent clinical findings with the JAK2 inhibitor ruxolitinib for patients with myelofibrosis and polycythemia vera in order to inform patients about protocol and clinical options.
- Recognize the recent FDA approvals of panobinostat, elotuzumab, daratumumab and ixazomib in multiple myeloma (MM), and effectively identify patients for whom treatment with these novel agents may be appropriate.
- Compare and contrast the benefits and risks of immunomodulatory agents, proteasome inhibitors or both as systemic treatment for active MM.
- Develop an understanding of the biologic rationale for and early efficacy and toxicity data with the use of immunotherapeutic approaches for patients with various lymphoma subtypes and MM.
- Appraise recent data on therapeutic advances and changing practice standards in MM, and integrate this information, as appropriate, into current clinical care.
- Develop an understanding of emerging efficacy and side-effect data with novel agents and combination regimens under evaluation for indolent and aggressive B-cell non-Hodgkin lymphomas.
- Recognize the potential role of novel agents and regimens in the management of newly diagnosed and relapsed/refractory acute and chronic leukemias.

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Interview with Noopur Raje, MD

Tracks 1-14

Track 1 Abstract 391: The Phase III IFM/DFCI 2009 trial evaluating autologous stem cell transplant (ASCT) for multiple myeloma (MM) in the era of new drugs

Track 2 Differences in duration of maintenance therapy on the IFM/DFCI 2009 and DETERMINATION trials

Track 3 Abstract 191: Evaluation of minimal residual disease (MRD) by next-generation sequencing is highly predictive of progression-free survival (PFS) on the IFM/DFCI 2009 trial

Track 4 Abstract 25: SWOG-S0777 — PFS and overall survival advantage with RVd versus Rd for patients with previously untreated MM without intent for immediate ASCT

Track 5 Abstract 373: Weekly carfilzomib with dexamethasone for relapsed/refractory MM — Updated results of the CHAMPION-1 study

Track 6 Abstract 727: The Phase III TOURMALINE-MM1 study — Extension of PFS with the novel oral proteasome inhibitor (PI) ixazomib in combination with Rd for patients with relapsed/refractory MM

Track 7 Abstract 378: Activity and side-effect profile of the novel oral PI oprozomib with pomalidomide/dexamethasone for relapsed/refractory MM

Track 8 Abstract 28: ELOQUENT-2 — Updated results from a Phase III trial of elotuzumab with Rd for relapsed/refractory MM

Track 9 Abstracts 29, 507 and 508: Daratumumab alone or in combination with Rd or pomalidomide/dexamethasone for relapsed/refractory MM

Track 10 Management of daratumumab-related infusion reactions

Track 11 Abstract 187: Efficacy and safety of panobinostat with RVd for transplant-eligible patients with newly diagnosed MM

Track 12 Perspective on the current roles of panobinostat, elotuzumab and daratumumab in clinical practice

Track 13 Abstracts 505, 506: The anti-PD-1 antibody pembrolizumab in combination with Rd or pomalidomide/dexamethasone for relapsed/refractory MM

Track 14 Abstract LBA-1: First-in-human study of B cell maturation-targeted chimeric antigen receptor T cells in advanced MM

Interview with Jeff Sharman, MD

Tracks 1-12

Track 1 Abstract 495: RESONATE-2: Clinical ramifications of a Phase III study of ibrutinib versus chlorambucil in patients age 65 or older with treatment-naïve chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma

Track 2 Choosing between ibrutinib and obinutuzumab/chlorambucil for patients with CLL

Track 3 Abstract 717: Importance of pharmacovigilance during ibrutinib therapy for CLL in routine clinical practice

Track 4 Risks and benefits of ibrutinib versus FCR

Track 5 Abstract 831: Activity and tolerability of the BTK inhibitor acalabrutinib (ACP-196) for patients with relapsed/refractory CLL

Track 6 Clinical experience with and forecast on the role of venetoclax for patients with CLL with and without 17p deletions

Track 7 Mitigating venetoclax-associated tumor lysis syndrome

Track 8 Abstract LBA-6: Venetoclax monotherapy induces deep remissions, including complete remission and undetectable MRD, in ultrahigh-risk, relapsed/refractory CLL with 17p deletion

Track 9 Abstract 493: Subanalysis of the GREEN study — Efficacy and safety of obinutuzumab with bendamustine for previously untreated CLL

Track 10 Activity of obinutuzumab monotherapy in symptomatic, previously untreated CLL

Track 11 Abstract 834: Early efficacy data with pembrolizumab for relapsed/refractory CLL including Richter transformation

Track 12 Abstract 471: Alliance 051103 — Rituximab/lenalidomide (R^2) with ibrutinib for previously untreated follicular lymphoma

Interview with Richard M Stone, MD

Tracks 1-14

Track 1 Abstract 6: CALGB-10603 (RATIFY) — Midostaurin in combination with daunorubicin/cytarabine induction and high-dose cytarabine consolidation and as maintenance therapy for patients with newly diagnosed acute myeloid leukemia (AML) and FLT3 mutations

Track 2 Abstract 321: Results of a Phase I/II dose-escalation study of the potent FLT3/AXL inhibitor gilteritinib (ASP2215) for patients with relapsed/refractory AML

Track 3 Abstract 323: Efficacy and safety of AG-221, a potent inhibitor of mutant IDH2, in relapsed/refractory AML

Track 4 Abstract 452: Oral azacitidine monotherapy for patients with AML

Track 5 Abstract 345: Long-term follow-up of STIM1 (Stop Imatinib Study) for patients with chronic myeloid leukemia (CML)

Track 6 Choosing between imatinib, dasatinib and nilotinib in CML

Track 7 Abstract 80: A dose-intensified pegylated asparaginase pediatric regimen for adult patients with untreated acute lymphoblastic leukemia

Track 8 Abstracts 91, 92: Evaluation of the novel agents eltrombopag and luspatercept in low- and intermediate-risk myelodysplastic syndromes (MDS)

Track 9 Abstract 908: SWOG-S1117 — Azacitidine alone or in combination with lenalidomide or vorinostat for higher-risk MDS and chronic myelomonocytic leukemia

Track 10 Perspective on the efficacy of venetoclax in AML

Track 11 Abstract 56: Activity of the novel antifibrotic immunomodulatory agent PRM-151 alone or in combination with ruxolitinib for patients with primary myelofibrosis (MF), postessential thrombocythemia MF or postpolycythemia vera MF

Track 12 Abstract 59: COMFORT-II — Long-term efficacy and safety results of a Phase III study of ruxolitinib versus best available therapy (BAT) for MF

Track 13 Clinical experience with ruxolitinib in polycythemia vera

Track 14 Abstract 58: PERSIST-1 — Results of a Phase III trial of pacritinib versus BAT in MF

Interview with Michelle A Fanale, MD

Tracks 1-8

Track 1 Abstracts 583, 584: Immune checkpoint inhibition in relapsed/refractory classical Hodgkin lymphoma (HL)

Track 2 Abstract 586: Brentuximab vedotin with bendamustine demonstrates marked activity in patients with heavily pretreated, relapsed/refractory HL and anaplastic large T-cell lymphoma

Track 3 Abstract 519: Post-transplant outcome of brentuximab vedotin as first-line salvage therapy for relapsed/refractory HL prior to ASCT

Track 4 Abstract 582: Brentuximab vedotin with ESHAP for relapsed/refractory HL

Track 5 Abstract 813: Efficacy and tolerability of everolimus with R-CHOP for previously untreated diffuse large B-cell lymphoma (DLBCL)

Track 6 Abstract 814: Brentuximab vedotin with R-CHOP as front-line therapy for intermediate- to high-risk DLBCL

Track 7 Abstract 182: Activity of the antibody-drug conjugate denintuzumab mafodotin in relapsed/refractory B-cell lineage non-Hodgkin lymphoma

Track 8 Abstract 518: Limitations of the Phase II SWOG-S1106 trial — R-hyper CVAD versus R/bendamustine → ASCT for patients with mantle-cell lymphoma

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Armand P et al. **PD-1 blockade with pembrolizumab in patients with classical Hodgkin lymphoma after brentuximab vedotin failure: Safety, efficacy, and biomarker assessment.** *Proc ASH* 2015;**Abstract 584**.

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Harrison CN et al. **Long-term efficacy and safety in COMFORT-II, a phase 3 study comparing ruxolitinib with best available therapy for the treatment of myelofibrosis: 5-year final study results.** *Proc ASH* 2015;**Abstract 59**.

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Shah JJ et al. **Phase I/II trial of the efficacy and safety of combination therapy with lenalidomide/bortezomib/dexamethasone (RVD) and panobinostat in transplant-eligible patients with newly diagnosed multiple myeloma.** *Proc ASH* 2015;**Abstract 187**.

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Stilgenbauer S et al. **Venetoclax (ABT-199/GDC-0199) monotherapy induces deep remissions, including complete remission and undetectable MRD, in ultra-high risk relapsed/refractory chronic lymphocytic leukemia with 17p deletion: Results of the pivotal international phase 2 study.** *Proc ASH* 2015;**Abstract LBA-6**.

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Ujjani CS et al. **Phase I study of rituximab, lenalidomide, and ibrutinib in previously untreated follicular lymphoma (Alliance 051103).** *Proc ASH* 2015;**Abstract 471**.

Usmani S et al. **Clinical efficacy of daratumumab monotherapy in patients with heavily pretreated relapsed or refractory multiple myeloma.** *Proc ASH* 2015;**Abstract 29**.

Vannucchi AM et al. **Analysis of outcomes by patient subgroups in patients with myelofibrosis treated with pacritinib vs best available therapy (BAT) in the phase III Persist-1 trial.** *Proc ASH* 2015;**Abstract 58**.

Verstovsek S et al. **PRM-151 in myelofibrosis: Durable efficacy and safety at 72 weeks.** *Proc ASH* 2015;**Abstract 56**.

QUESTIONS (PLEASE CIRCLE ANSWER):

1. **A study analyzing the predictive value of MRD in a subset of patients on the IFM/DFCI 2009 trial demonstrated that MRD negativity from testing by next-generation sequencing was highly predictive of PFS.**
   a. True
   b. False

2. **The SWOG-S0777 trial evaluating RVd versus Rd for previously untreated MM without an intent for immediate ASCT demonstrated statistically significant improvement(s) in _____ for patients who received RVd.**
   a. Median PFS
   b. Median overall survival
   c. Both a and b
   d. Neither a nor b

3. **The results of the Phase III TOURMALINE-MM1 trial of lenalidomide and dexamethasone with or without ixazomib for patients with relapsed/refractory MM failed to demonstrate a statistically significant improvement in PFS with the addition of ixazomib.**
   a. True
   b. False

4. **_____ is a monoclonal antibody with single-agent activity that recently received FDA approval as treatment for patients with MM who have received at least 3 prior lines of therapy.**
   a. Elotuzumab
   b. Daratumumab
   c. Ixazomib

5. **The results of the Phase III RESONATE-2 trial evaluating ibrutinib versus chlorambucil for patients age 65 years or older with untreated CLL/small lymphocytic lymphoma without 17p deletion demonstrated that single-agent ibrutinib is superior to chlorambucil in terms of _____.**
   a. PFS
   b. Overall survival
   c. Both a and b
   d. Neither a nor b

6. **A study by Byrd and colleagues evaluating the BTK inhibitor acalabrutinib (ACP-196) demonstrated _____ for patients with relapsed/refractory CLL.**
   a. A high response rate and durable remissions
   b. A high incidence of bleeding and atrial fibrillation
   c. A favorable safety profile
   d. Both a and b
   e. Both a and c

7. **A Phase II study evaluating venetoclax monotherapy for patients with relapsed/refractory CLL and del(17p) demonstrated an overall response rate of approximately _____ and undetectable MRD in some responders.**
   a. 20%
   b. 40%
   c. 80%

8. **The Phase III CALGB-10603 (RATIFY) trial evaluating midostaurin in combination with daunorubicin/cytarabine induction therapy and high-dose cytarabine consolidation and as maintenance therapy for patients with newly diagnosed AML with FLT3 mutations demonstrated improvements in overall survival for which of the following patient groups?**
   a. Those with FLT3-TKD point mutations
   b. Those with FLT3-ITD-low allelic burden
   c. Those with FLT3-ITD-high allelic burden
   d. All of the above

9. **Patients with MF must harbor a JAK mutation in order to experience a response to ruxolitinib.**
   a. True
   b. False

10. **Which of the following results best characterizes the activity of anti-PD-1 checkpoint inhibitors (eg, nivolumab, pembrolizumab) compared to brentuximab vedotin for Hodgkin lymphoma?**
    a. Higher rates of complete remission
    b. Longer duration of response
    c. Both a and b

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Cancer Conference Update — Issue 1, 2016

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
Implications of emerging Phase III data sets (eg, IFM/DFCI 2009, SWOG-S0777) on the selection of induction regimen for patients with MM	4 3 2 1	4 3 2 1
Responses with and tolerability of anti-PD-1 antibodies for patients with various lymphoma subtypes and MM	4 3 2 1	4 3 2 1
Activity of novel agents (eg, midostaurin, gilteritinib [ASP2215], AG-221) for patients with AML	4 3 2 1	4 3 2 1
Approaches to mitigation of venetoclax-associated tumor lysis syndrome	4 3 2 1	4 3 2 1
Considerations for ibrutinib as up-front treatment for patients with CLL	4 3 2 1	4 3 2 1
Efficacy of brentuximab vedotin-based treatment strategies for DLBCL, HL and anaplastic large T-cell lymphoma	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).....

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:

- Recall new data with investigational agents demonstrating promising activity in hematologic cancers..... 4 3 2 1 N/M N/A
- Evaluate recent clinical findings with the JAK2 inhibitor ruxolitinib for patients with myelofibrosis and polycythemia vera in order to inform patients about protocol and clinical options..... 4 3 2 1 N/M N/A
- Recognize the recent FDA approvals of panobinostat, elotuzumab, daratumumab and ixazomib in multiple myeloma (MM), and effectively identify patients for whom treatment with these novel agents may be appropriate..... 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
- Develop an understanding of the biologic rationale for and early efficacy and toxicity data with the use of immunotherapeutic approaches for patients with various lymphoma subtypes and MM..... 4 3 2 1 N/M N/A
- Appraise recent data on therapeutic advances and changing practice standards in MM, and integrate this information, as appropriate, into current clinical care..... 4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

As a result of this activity, I will be able to:

- Develop an understanding of emerging efficacy and side-effect data with novel agents and combination regimens under evaluation for indolent and aggressive B-cell non-Hodgkin lymphomas. . . . . 4 3 2 1 N/M N/A
- Recognize the potential role of novel agents and regimens in the management of newly diagnosed and relapsed/refractory acute and chronic leukemias. . . . . 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: . . . . . .

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
Jeff Sharman, MD	4 3 2 1	4 3 2 1
Richard M Stone, MD	4 3 2 1	4 3 2 1
Michelle A Fanale, MD	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

REQUEST FOR CREDIT — Please print clearly

Name: . . . . . Specialty: . . . . .

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I certify my actual time spent to complete this educational activity to be _____ hour(s).

Signature: . . . . . Date: . . . . .

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Cancer Conference Update

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