AN EVENING WITH THE INVESTIGATORS Perspectives on Key Questions and Emerging Research in the Management of Lymphoma and Multiple Myeloma

CME Information

TARGET AUDIENCE

This activity is intended for medical oncologists, hematologyoncology fellows and other allied healthcare professionals involved in the treatment of hematologic cancers.

OVERVIEW OF ACTIVITY

Hematologic cancers include the lymphomas, the leukemias, multiple myeloma (MM) and other related disorders (eg. myelodysplastic syndrome, myeloproliferative diseases) stemming from lymphoid and myeloid progenitor cell lines. Taken together, it is estimated that 172,910 new lymphoid, myeloid and leukemic cancer cases will be identified in the United States in the year 2017 and 58,300 individuals will die from these diseases. Importantly, nearly 70 drug products with more than 120 distinct FDA-approved indications are currently labeled for use in the management of hematologic cancers. Although this extensive list of available treatment options is reassuring for patients and oncology healthcare professionals, it poses a challenge to the practicing clinician who must maintain up-to-date knowledge of appropriate clinical management strategies across a vast spectrum of liquid and solid tumors. This is particularly true, however, within the realm of Hodgkin and non-Hodgkin lymphoma (including chronic lymphocytic leukemia [CLL]) and MM, where the past several years have seen a staggering number of important clinical and research advances.

These video proceedings from a CME symposium held during the 2017 ASCO Annual Meeting feature discussions with leading researchers with expertise in hematologic cancers regarding the latest clinical research findings and actual patient cases from their practices for whom these data sets had the potential to have an impact on care. By providing information on the latest research developments and their potential application to routine practice, this activity is designed not only to improve clinicians' knowledge of recent data related to the rapidly evolving hematologic oncology treatment landscape but also to provide them with practical perspectives to help them become better and more effective caregivers.

LEARNING OBJECTIVES

- Customize the use of induction, consolidation and maintenance therapeutic approaches for patients with MM in the post-transplant and nontransplant settings, considering patient- and disease-related factors, including cytogenetic profile.
- Consider published research data and other clinical factors in the best-practice selection, sequencing or combining of available therapeutic agents in the nonresearch care of patients with relapsed/refractory MM.
- Individualize the selection and sequence of systemic therapy for patients with newly diagnosed and relapsed/ refractory CLL, considering clinical presentation, biomarker profile and psychosocial status.
- Consider existing and emerging clinical research data in the formulation of therapeutic recommendations for patients with newly diagnosed and relapsed/refractory diffuse large B-cell lymphoma, follicular lymphoma and mantle cell lymphoma.
- Assess the benefits and risks of evidence-based systemic treatment options to individualize and optimize the care of patients with T-cell lymphoma.
- Review emerging clinical trial data on the efficacy and safety of brentuximab vedotin for patients with Hodgkin lymphoma (HL) and other CD30-positive lymphomas, and use this information to prioritize protocol and nonresearch options for these patients.
- Compare and contrast the mechanisms of action, efficacy and safety of approved and investigational immunotherapeutic approaches (eg, checkpoint inhibitors, chimeric antigen receptor-directed T-cell therapy) for the treatment of HL, non-Hodgkin lymphoma (NHL), CLL and MM to determine the current and/or potential utility of each in clinical practice.
- Assess the ongoing clinical trials evaluating other novel investigational approaches for HL, NHL, CLL and MM, and obtain consent from appropriate patients for study participation.

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Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 2.75 Medical Knowledge MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Please note, this program has been specifically designed for the following ABIM specialty: **medical oncology**.

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FACULTY — The following faculty (and their spouses/partners) reported relevant conflicts of interest, which have been resolved through a conflict of interest resolution process:

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No relevant conflicts of interest to disclose.

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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

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Select Publications

A randomized phase III study of ibrutinib (PCI-32765)-based therapy vs standard fludarabine, cyclophosphamide, and rituximab (FCR) chemoimmunotherapy in untreated younger patients with chronic lymphocytic leukemia (CLL). NCT02048813

Andorsky DJ et al. Phase IIIb randomized study of lenalidomide plus rituximab (R2) followed by maintenance in relapsed/ refractory NHL: Analysis of patients with double-refractory or early relapsed follicular lymphoma (FL). *Proc ASCO* 2017; Abstract 7502.

Armand P et al. **Programmed death-1 blockade with pembrolizumab in patients with classical Hodgkin lymphoma after brentuximab vedotin failure.** *J Clin Oncol* 2016;[Epub ahead of print].

Badros A et al. **Pembrolizumab, pomalidomide and low dose dexamethasone for relapsed/refractory multiple myeloma.** *Blood* 2017;[Epub ahead of print].

Barr P et al. Updated efficacy and safety from the phase 3 Resonate-2 study: Ibrutinib as first-line treatment option in patients 65 years and older with chronic lymphocytic leukemia/small lymphocytic leukemia. *Proc ASH* 2016;Abstract 234.

Byrd JC et al. Acalabrutinib (ACP-196) in relapsed chronic lymphocytic leukemia. N Engl J Med 2016;374(4):323-32.

Chen R et al. Phase II study of the efficacy and safety of pembrolizumab for relapsed/refractory classic Hodgkin lymphoma. *J Clin Oncol* 2017;35(19):2125-32.

Cohen A et al. B-cell maturation antigen (BCMA)-specific chimeric antigen receptor T cells (CART-BCMA) for multiple myeloma (MM): Initial safety and efficacy from a phase I study. *Proc ASH* 2016; Abstract 1147.

Davies A et al. Efficacy and safety of subcutaneous rituximab versus intravenous rituximab for first-line treatment of follicular lymphoma (SABRINA): A randomised, open-label, phase 3 trial. *Lancet Haematol* 2017;4(6):e272-82.

Fink AM et al. Lenalidomide maintenance after front line therapy substantially prolongs progression free survival in high risk CLL: Interim results of a phase 3 Study (CLL M1 study of the German CLL Study Group). *Proc ASH* 2016; Abstract 229.

Foa R et al. Results of the phase 3 study of lenalidomide versus placebo as maintenance therapy following second-line treatment for patients with chronic lymphocytic leukemia (the CONTINUUM trial). *Proc ASH* 2016; Abstract 230.

Gallamini A et al. A phase 1/2 clinical trial of brentuximab-vedotin and bendamustine in elderly patients with previously untreated advanced Hodgkin lymphoma (HALO STUDY. NCT identifier: 02467946): Preliminary report. *Proc ASH* 2017;Abstract 4154.

Jakubowiak AJ et al. Daratumumab (DARA) in combination with carfilzomib, lenalidomide, and dexamethasone (KRd) in patients (pts) with newly diagnosed multiple myeloma (MMY1001): An open-label, phase 1b study. *Proc ASCO* 2017;Abstract 8000.

Laubach J et al. An open-label, single arm, phase Ila study of bortezomib, lenalidomide, dexamethasone, and elotuzumab in newly diagnosed multiple myeloma. *Proc ASCO* 2017; Abstract 8002.

Lonial S et al. Phase 3 ELOQUENT-2 study: Extended four year follow-up (FU) of elotuzumab plus lenalidomide/dexamethasone (ELd) vs Ld in relapsed/refractory multiple myeloma (RRMM). *Proc ASCO* 2017;Abstract 8028.

Marcus RE et al. Obinutuzumab-based induction and maintenance prolongs progression-free survival (PFS) in patients with previously untreated follicular lymphoma: Primary results of the randomized phase 3 GALLIUM study. *Proc ASH* 2016; Abstract 6.

Munshi N et al. Association of minimal residual disease with superior survival outcomes in patients with multiple myeloma: A meta-analysis. *JAMA Oncol* 2017;3(1):28-35.

Roemer MG et al. **PD-L1 and PD-L2 genetic alterations define classical Hodgkin lymphoma and predict outcome.** *J Clin Oncol* 2016;34(23):2690-7.

Roussel M et al. Frontline therapy with carfilzomib, lenalidomide, and dexamethasone (KRd) induction followed by autologous stem cell transplantation, Krd consolidation and lenalidomide maintenance in newly diagnosed multiple myeloma (NDMM) patients: Primary results of the Intergroupe Francophone Du MyéLome (IFM) Krd phase II study. *Proc ASH* 2016;Abstract 1142.

Siegel DS et al. Pomalidomide plus low-dose dexamethasone in patients with relapsed/refractory multiple myeloma and moderate renal impairment: A pooled analysis of three clinical trials. *Leuk Lymphoma* 2016;57(12):2833-8.

Sweetenham JW et al. Updated efficacy and safety data from the AETHERA trial of consolidation with brentuximab vedotin after autologous stem cell transplant (ASCT) in Hodgkin lymphoma patients at high risk of relapse. *Biol Blood Marrow Transplant* 2016;22(3):S36-7.

Select Publications

Usmani SZ et al. Open-label, multicenter, dose escalation phase 1b study to assess the subcutaneous delivery of daratumumab in patients (pts) with relapsed or refractory multiple myeloma (PAVO). *Proc ASH* 2016; Abstract 1149.

Younes A et al. Nivolumab for classical Hodgkin's lymphoma after failure of both autologous stem-cell transplantation and brentuximab vedotin: A multicentre, multicohort, single-arm phase 2 trial. *Lancet Oncol* 2016;17(9):1283-94.

Zelenetz AD et al. Updated analysis of overall survival in randomized phase III study of idelalisib in combination with bendamustine and rituximab in patients with relapsed/refractory CLL. *Proc ASH* 2016; Abstract 231.