Lymphoma and Chronic Lymphocytic Leukemia Update Issue 2, 2017 (Video Program)

CME Information

TARGET AUDIENCE

This activity is intended for medical oncologists, hematologists, hematology-oncology fellows and other healthcare providers involved in the treatment of hematologic cancers.

OVERVIEW OF ACTIVITY

The treatment of hematologic cancer remains a challenge for many healthcare professionals and patients despite recent gains in the management of this group of diseases. Determining which treatment approach is most appropriate requires careful consideration of patient characteristics, physician expertise and available health-system resources. To bridge the gap between research and patient care, this program features one-on-one discussions with leading hematologyoncology investigators. By providing information on the latest clinical developments in the context of expert perspectives, this activity assists medical oncologists, hematologists and hematology-oncology fellows with the formulation of evidencebased and current therapeutic strategies, which in turn facilitates optimal patient care.

LEARNING OBJECTIVES

- Review emerging clinical trial data on the efficacy and safety of brentuximab vedotin for patients with Hodgkin lymphoma 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 immunotherapeutic approaches (eg, checkpoint inhibitors, chimeric antigen receptordirected T-cell therapy) for the treatment of Hodgkin and non-Hodgkin lymphoma to determine the current and/or potential utility of each in clinical practice.
- Consider current and emerging clinical research data in the formulation of therapeutic recommendations for patients with newly diagnosed and relapsed/refractory follicular, mantle cell and diffuse large B-cell lymphomas.
- Formulate an evidence-based treatment approach that incorporates small-molecule inhibitors and third-generation monoclonal antibodies for the treatment of chronic lymphocytic leukemia, and develop a plan to monitor and manage their unique toxicities.
- Assess the benefits of ongoing clinical trials for patients with hematologic cancers, and inform appropriately selected patients about these options for treatment.

ACCREDITATION STATEMENT

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AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) — MAINTENANCE OF CERTIFICATION (MOC)

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 2.5 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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HOW TO USE THIS CME ACTIVITY

This CME activity consists of a video component. To receive credit, the participant should review the CME information, watch the video, complete the Post-test with a score of 80% or better and fill out the Educational Assessment and Credit Form located at **ResearchToPractice.com/LymphomaCLL Update217/Video/CME**. The corresponding audio program is available as an alternative at **ResearchToPractice.com/LymphomaCLLUpdate217**.

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Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-theart education. We assess conflicts of interest with faculty, planners and managers of CME activities. 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 physician reviewer for fair balance, scientific objectivity of studies referenced and patient care recommendations.

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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Consulting Agreements: Celgene Corporation, Genentech BioOncology, Gilead Sciences Inc.

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Advisory Committee: Gilead Sciences Inc, Janssen Biotech Inc, Merck; Consulting Agreements: Aptevo Therapeutics, BRIM Biotechnology Inc, Gilead Sciences Inc, Janssen Biotech Inc, Merck, Sanofi Genzyme, Seattle Genetics; Contracted Research: Bristol-Myers Squibb Company, Gilead Sciences Inc, Incyte Corporation, Janssen Biotech Inc, Merck, Pfizer Inc, Seattle Genetics, Spectrum Pharmaceuticals Inc, Takeda Oncology, Teva Oncology.

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Hardware/Software Requirements:

A high-speed Internet connection A monitor set to 1280 x 1024 pixels or more Internet Explorer 11 or later, Firefox 56 or later, Chrome 61 or later, Safari 11 or later, Opera 48 or later Adobe Flash Player 27 plug-in or later Adobe Acrobat Reader (Optional) Sound card and speakers for audio **Last review date:** December 2017

Expiration date: December 2018

Select Publications

A phase 3 open label randomized study to compare the efficacy and safety of rituximab plus lenalidomide (CC-5013) versus rituximab plus chemotherapy followed by rituximab in subjects with previously untreated follicular lymphoma (RELEVANCE). NCT01650701

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.

Andorsky DJ et al. MAGNIFY: Phase IIIb randomized study of lenalidomide plus rituximab (R2) followed by lenalidomide vs rituximab maintenance in subjects with relapsed/refractory follicular, marginal zone, or mantle cell lymphoma. *Proc ASH* 2016; Abstract 1798.

Burger JA et al; RESONATE-2 Investigators. Ibrutinib as initial therapy for patients with chronic lymphocytic leukemia. N Engl J Med 2015;373(25):2425-37.

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. Five-year survival and durability results of brentuximab vedotin in patients with relapsed or refractory Hodgkin lymphoma. *Blood* 2016;128(12):1562-6.

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.

Gopal AK et al. Continued excellent outcomes in previously untreated follicular lymphoma patients after treatment with CHOP plus rituximab or CHOP plus (131) iodine-tositumomab — Long term follow-up of phase III randomized study SWOG S0016. *Proc ASH* 2016; Abstract 616.

Gopal AK et al. Sequential RCHOP, radioimmunotherapy and rituximab maintenance improves early outcomes in advanced stage follicular lymphoma: 5 year outcomes from SWOG 0801. *Proc ASH* 2016; Abstract 614.

Lampson BL et al. Idelalisib given front-line for treatment of chronic lymphocytic leukemia causes frequent immune-mediated hepatotoxicity. *Blood* 2016;128(2):195-203.

Le Gouill S et al. Rituximab maintenance after autologous stem cell transplantation prolongs survival in younger patients with mantle cell lymphoma: Final results of the randomized phase 3 LyMa trial of the Lysa/Goelams Group. *Proc ASH* 2016; Abstract 145.

Marcus R 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.

Moskowitz CH et al. Brentuximab vedotin as consolidation therapy after autologous stem-cell transplantation in patients with Hodgkin's lymphoma at risk of relapse or progression (AETHERA): A randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet* 2015;385(9980):1853-62.

O'Brien S et al. Ibrutinib for patients with relapsed or refractory chronic lymphocytic leukaemia with 17p deletion (RESONATE-17): A phase 2, open-label, multicentre study. *Lancet Oncol* 2016;17(10):1409-18.

Salles G et al. Efficacy and safety of idelalisib in patients with relapsed, rituximab- and alkylating agent-refractory follicular lymphoma: A subgroup analysis of a phase 2 study. *Haematologica* 2017;102(4):e156-9.

Sehn LH et al. **Obinutuzumab plus bendamustine versus bendamustine monotherapy in patients with rituximab-refractory indolent non-Hodgkin lymphoma (GADOLIN): A randomised, controlled, open-label, multicentre, phase 3 trial.** *Lancet Oncol* 2016;17(8):1081-93.

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. *Clin Adv Hematol Oncol* 2016;14(2 Suppl 1):17-8.

Weirda WG et al. Management of transaminase elevations in patients receiving idelalisib. Proc ASCO 2016; Abstract 7532.

Younes A et al. The landscape of new drugs in lymphoma. Nat Rev Clin Oncol 2017;14(6):335-46.

Zelenetz AD et al. Idelalisib or placebo in combination with bendamustine and rituximab in patients with relapsed or refractory chronic lymphocytic leukaemia: Interim results from a phase 3, randomised, double-blind, placebo-controlled trial. *Lancet Oncol* 2017;18(3):297-311.