# **Oncology Grand Rounds**

Nurse and Physician Investigators Discuss New Agents, Novel Therapies and Actual Cases from Practice

Part 4: Lymphomas and Chronic Lymphocytic Leukemia

# **CNE** Information

# 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 Hodgkin lymphoma (HL), non-Hodgkin lymphoma (NHL) and chronic lymphocytic leukemia (CLL).

## **OVERVIEW OF ACTIVITY**

The unique clinical characteristics and treatment considerations of the many individual cancers originating from the blood, lymph or marrow necessitate the subdivision of these diseases by common etiologic pathway. These categories include the lymphomas, the leukemias, multiple myeloma and related disorders (eg, myelodysplastic syndromes, myeloproliferative diseases) stemming from lymphoid and myeloid progenitor cell lines. The need for continuing education on all hematologic cancer subtypes is great, particularly for HL and NHL, including CLL. The current list of available treatment options is extensive, which, while reassuring for patients and oncology healthcare professionals, poses quite 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. Over the past several years, substantial progress has been made in the development and evaluation of novel agents for various lymphoma subtypes. Mature clinical trial results have illustrated the efficacy of several new investigational therapies, a number of which have now entered the clinic, altering the therapeutic algorithms for HL and various subtypes of NHL. Furthermore, as novel agents and strategies have been associated with impressive clinical benefit, there is widespread enthusiasm that additional important advances are on the near horizon.

Although medical oncologists have been routinely responsible for counseling patients with regard to therapeutic decisionmaking, oncology nurses play an integral role in the successful delivery of systemic anticancer therapy and the preservation of patient physical and psychosocial well-being. These video proceedings from the fourth part of a 7-part integrated CNE curriculum originally held at the 2017 ONS Annual Congress feature discussions with leading lymphoma 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.

#### LEARNING OBJECTIVES

- Provide patient-focused education to enhance clinical decision-making regarding the available systemic agents used in the management of indolent and aggressive forms of B-cell and T-cell lymphomas and HL.
- Appreciate the contribution of patient performance status/ comorbidities, biomarker profile, prior therapeutic exposure and psychosocial status on the selection and sequence of systemic therapy for newly diagnosed and relapsed/ refractory (R/R) CLL.
- Review recent therapeutic advances in the management of newly diagnosed and R/R diffuse large B-cell, follicular and mantle cell lymphoma, and use this information to counsel patients regarding protocol and nonresearch options.
- Consider available and emerging data informing the clinical use of brentuximab vedotin and immune checkpoint inhibitors in the therapeutic management of HL.

#### **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 2.2 contact hours is provided by Research To Practice during the period of July 2017 through July 2018.

This activity is awarded 2.2 ANCC pharmacotherapeutic contact hours.

# **ONCC/ILNA CERTIFICATION INFORMATION**

The program content has been reviewed by the Oncology Nursing Certification Corporation (ONCC) and is acceptable for recertification points. To review certification qualifications please visit **ResearchToPractice.com/ONS2017/ILNA**.

ONCC review is only for designating content to be used for recertification points and is not for CNE accreditation. CNE programs must be formally approved for contact hours by an

acceptable accreditor/approver of nursing CE to be used for recertification by ONCC. If the CNE provider fails to obtain formal approval to award contact hours by an acceptable accrediting/approval body, no information related to ONCC recertification may be used in relation to the program.

# 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 80% or better and fill out the Educational Assessment and Credit Form located at **ResearchToPractice.com/ONSLymphomas2017/CNE**.

## CONTENT VALIDATION AND DISCLOSURES

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 CNE 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 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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No relevant conflicts of interest to disclose.

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Advisory Committee and Consulting Agreements: Celgene Corporation, Gilead Sciences Inc, Takeda Oncology, TG Therapeutics Inc; Contracted Research: Allos Therapeutics, Celgene Corporation, Gilead Sciences Inc, Novartis, TG Therapeutics Inc. **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, Acerta Pharma, Adaptive Biotechnologies, Agendia Inc, Agios Pharmaceuticals Inc, Amgen Inc, Ariad Pharmaceuticals Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Baxalta Inc, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, CTI BioPharma Corp, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, Halozyme Inc, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Kite Pharma Inc, Lexicon Pharmaceuticals Inc, Lilly, Medivation Inc. a Pfizer Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, NanoString Technologies, Natera Inc, Novartis, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sanofi Genzyme, Seattle Genetics, Sigma-Tau Pharmaceuticals Inc, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Tesaro Inc, Teva Oncology and Tokai Pharmaceuticals 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: July 2017

#### Expiration date: July 2018

There is no implied or real endorsement of any product by RTP or the American Nurses Credentialing Center.

# Select Publications

Alduaij W et al. Novel type II anti-CD20 monoclonal antibody (GA101) evokes homotypic adhesion and actin-dependent, lysosome-mediated cell death in B-cell malignancies. *Blood* 2011;117(17):4519-29.

Burger JA et al. **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.

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

Chen RW et al. Results of a phase II trial of brentuximab vedotin as first line salvage therapy in relapsed/refractory HL prior to AHCT. *Proc ASH* 2014; Abstract 501.

Cheson BD et al. Obinutuzumab plus bendamustine followed by obinutuzumab maintenance prolongs overall survival compared with bendamustine alone in patients with rituximab-refractory indolent non-Hodgkin lymphoma: Updated results of the GADOLIN Study. *Proc ASH* 2016; Abstract 615.

Davids MS, Letai A. ABT-199: Taking dead aim at BCL-2. Cancer Cell 2013;23(2):139-41.

Davies AJ et al. Longer term efficacy and safety of subcutaneous compared with intravenous rituximab: Updated results of the phase 3 SABRINA study. *Proc ASH* 2016; Abstract 1103.

Döhner H et al. Genomic aberrations and survival in chronic lymphocytic leukemia. N Engl J Med 2000;343(26):1910-6.

Eichhorst B et al. First-line chemoimmunotherapy with bendamustine and rituximab versus fludarabine, cyclophosphamide, and rituximab in patients with advanced chronic lymphocytic leukaemia (CLL10): An international, open-label, randomised, phase 3, non-inferiority trial. *Lancet Oncol* 2016;17(7):928-42.

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. **PI3Kō** inhibition by idelalisib in patients with relapsed indolent lymphoma. *N Engl J Med* 2014;370(11): 1008-18.

Jacobsen ED et al. Brentuximab vedotin demonstrates objective responses in a phase 2 study of relapsed/refractory DLBCL with variable CD30 expression. *Blood* 2015;125(9):1394-402.

Kim YH et al. Brentuximab vedotin demonstrates significantly superior clinical outcomes in patients with CD30-expressing cutaneous T cell lymphoma versus physician's choice (methotrexate or bexarotene): The phase 3 Alcanza study. *Proc ASH* 2016; Abstract 182.

Lampson BL et al. Idelalisib given front-line for the treatment of chronic lymphocytic leukemia results in frequent and severe immune-mediated toxicities. *Proc ASH* 2015; Abstract 497.

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.

Leonard JP et al. Randomized trial of lenalidomide alone versus lenalidomide plus rituximab in patients with recurrent follicular lymphoma: CALGB 50401 (Alliance). J Clin Oncol 2015;33(31):3635-40.

Moskowitz CH et al. Pembrolizumab in relapsed/refractory classical Hodgkin lymphoma: Primary end point analysis of the phase 2 Keynote-087 study. *Proc ASH* 2016; Abstract 1107.

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.

Mössner E et al. Increasing the efficacy of CD20 antibody therapy through the engineering of a new type II anti-CD20 antibody with enhanced direct and immune effector cell-mediated B-cell cytotoxicity. *Blood* 2010;115(22):4393-402.

Niederfellner G et al. Epitope characterization and crystal structure of GA101 provide insights into the molecular basis for type I/II distinction of CD20 antibodies. *Blood* 2011;118(2):358-67.

Stilgenbauer S et al. Venetoclax in relapsed or refractory chronic lymphocytic leukaemia with 17p deletion: A multicentre, open-label, phase 2 study. *Lancet Oncol* 2016;17(6):768-78.

# Select Publications

Sweetenham J 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. *Proc ASH* 2015; Abstract 3172.

Villasboas JC, Ansell S. Checkpoint inhibition: Programmed cell death 1 and programmed cell death 1 ligand inhibitors in Hodgkin lymphoma. *Cancer J* 2016;22(1):17-22.

Wang ML et al. Ibrutinib in combination with rituximab in relapsed or refractory mantle cell lymphoma: A single-centre, openlabel, phase 2 trial. *Lancet Oncol* 2016;17(1):48-56.

Wang ML et al. Targeting BTK with ibrutinib in relapsed or refractory mantle-cell lymphoma. *N Engl J Med* 2013;369(6): 507-16.

Woyach JA et al. The B-cell receptor signaling pathway as a therapeutic target in CLL. Blood 2012;120(6):1175-84.

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.