

BEYOND THE GUIDELINES

Investigator Perspectives on Current Clinical Issues and Ongoing Research in the Management of Lymphoma, Chronic Lymphocytic Leukemia and Multiple Myeloma

CME Information

TARGET AUDIENCE

This program is intended for medical oncologists, hematologists, hematology-oncology 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 stemming from lymphoid and myeloid progenitor cell lines. Taken together, it is estimated that approximately 174,250 new lymphoid, myeloid and leukemic cancer cases will be identified in the United States in the year 2018, and 56,100 individuals will die from these diseases. Importantly, nearly 70 drug products are currently labeled for use in the management of hematologic cancers with more than 120 distinct FDA-approved indications. 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.

Several consensus- and evidence-based treatment guidelines are available and aim to assist clinicians with making management decisions in this dynamic clinical and research environment. However, in situations where multiple acceptable therapeutic options exist, such guidelines may not be particularly helpful at the time of decision-making. By exploring the perspectives of leading investigators regarding a number of clinical scenarios and reviewing key data sets, this activity will assist medical oncologists, hematologists, hematology-oncology fellows and other allied healthcare professionals in the development of evidence-based strategies for the treatment of hematologic cancers.

LEARNING OBJECTIVES

- Individualize the selection and sequence of systemic therapy for patients with newly diagnosed and relapsed/refractory (R/R) 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 R/R diffuse large B-cell lymphoma, follicular lymphoma and mantle cell lymphoma.
- Incorporate new therapeutic strategies into the best-practice management of newly diagnosed and R/R Hodgkin lymphoma (HL).
- 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 R/R MM.
- Compare and contrast the mechanisms of action, efficacy and safety of approved and investigational immunotherapeutic approaches (eg, immune 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.
- Design and implement a plan of care to recognize and manage side effects and toxicities associated with existing and recently approved systemic therapies in the management of HL, NHL, CLL and MM to support quality of life and continuation of treatment.
- 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:

Stephen Maxted Ansell, MD, PhD

Professor of Medicine
Division of Hematology
Mayo Clinic
Rochester, Minnesota

Clinical Trials: Affimed, Bristol-Myers Squibb Company, Regeneron Pharmaceuticals Inc, Takeda Oncology, Trillium Therapeutics Inc.

Matthew S Davids, MD, MMSc

Associate Director, Center for Chronic Lymphocytic Leukemia
Assistant Professor of Medicine
Harvard Medical School
Dana-Farber Cancer Institute
Boston, Massachusetts

Advisory Committee: Incyte Corporation, Pharmacyclics LLC, an AbbVie Company, TG Therapeutics Inc; **Consulting Agreements:** AstraZeneca Pharmaceuticals LP, Celgene Corporation, Genentech, Janssen Biotech Inc, MEI Pharma Inc, Merck, Pharmacyclics LLC, an AbbVie Company, Roche Laboratories Inc, Verastem Inc; **Contracted Research:** Bristol-Myers Squibb Company, Genentech, MEI Pharma Inc, Pharmacyclics LLC, an AbbVie Company, Surface Oncology, TG Therapeutics Inc, Verastem Inc.

Rafael Fonseca, MD

Getz Family Professor of Cancer
Chair, Department of Internal Medicine
Mayo Clinic Arizona
Scottsdale, Arizona

Advisory Committee: Amgen Inc, Janssen Biotech Inc; **Consulting Agreements:** Amgen Inc, Bayer HealthCare Pharmaceuticals, Bristol-Myers Squibb Company, Celgene Corporation, Janssen Biotech Inc, Merck, Novartis, Pharmacyclics LLC, an AbbVie Company, Sanofi Genzyme, Takeda Oncology.

Paul G Richardson, MD

Clinical Program Leader
Director of Clinical Research
Jerome Lipper Multiple Myeloma Center
Department of Medical Oncology
Dana-Farber Cancer Institute
RJ Corman Professor of Medicine
Harvard Medical School
Boston, Massachusetts

Advisory Committee: Bristol-Myers Squibb Company, Celgene Corporation, Novartis, Takeda Oncology.

Laurie H Sehn, MD, MPH

Centre for Lymphoid Cancer
BC Cancer Agency and University of British Columbia
Vancouver, British Columbia, Canada

Consulting Agreements: AbbVie Inc, Amgen Inc, AstraZeneca Pharmaceuticals LP, Celgene Corporation, Genentech, Janssen Biotech Inc, Lundbeck, Roche Laboratories Inc, Seattle Genetics, Takeda Oncology.

Anas Younes, MD

Chief, Lymphoma Service
Memorial Sloan Kettering Cancer Center
New York, New York

Consulting Agreements: Bayer HealthCare Pharmaceuticals, Bristol-Myers Squibb Company, Celgene Corporation, Incyte Corporation, Janssen Biotech Inc, Merck, Novartis; **Contracted Research:** Bristol-Myers Squibb Company, Novartis.

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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

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Select Publications

Rafael Fonseca, MD

Cavo M et al. **Daratumumab plus bortezomib-melphalan-prednisone (VMP) in elderly (≥ 75 y) patients (Pts) with newly diagnosed multiple myeloma (NDMM) ineligible for transplantation (ALCYONE).** ASCO 2018;Abstract 8031.

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Martinez-Lopez J et al. **Long-term prognostic significance of response in multiple myeloma after stem cell transplantation.** *Blood* 2011;118(3):529-34.

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Young K et al. **Multiple myeloma: Patient outcomes in real-world practice.** *Br J Haematol* 2016;175(2):252-64.

Paul G Richardson, MD

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Matthew S Davids, MD, MMSc

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

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Hamblin TJ et al. **Unmutated Ig V(H) genes are associated with a more aggressive form of chronic lymphocytic leukemia.** *Blood* 1999;94(6):1848-54.

Kovacs G et al. **Minimal residual disease assessment improves prediction of outcome in patients with chronic lymphocytic leukemia (CLL) who achieve partial response: Comprehensive analysis of two phase III studies of the German CLL study group.** *J Clin Oncol* 2016;34(31):3758-65.

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Anas Younes, MD

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Johnson P et al. **Adapted treatment guided by interim PET-CT scan in advanced Hodgkin's lymphoma.** *N Engl J Med* 2016;374(25):2419-29.

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Stephen Maxted Ansell, MD, PhD

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- Dreyling M et al. **Phosphatidylinositol 3-kinase inhibition by copanlisib in relapsed or refractory indolent lymphoma.** *J Clin Oncol* 2017;35(35):3898-905.
- Dreyling M et al. **Ibrutinib versus temsirolimus in patients with relapsed or refractory mantle-cell lymphoma: An international, randomised, open-label, phase 3 study.** *Lancet* 2016;387(10020):770-8.
- Fisher RI et al. **Multicenter phase II study of bortezomib in patients with relapsed or refractory mantle cell lymphoma.** *J Clin Oncol* 2006;24(30):4867-74.
- Fowler N et al. **RELEVANCE: Phase III randomized study of lenalidomide plus rituximab (R2) versus chemotherapy plus rituximab, followed by rituximab maintenance, in patients with previously untreated follicular lymphoma.** ASCO 2018;Abstract 7500.
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