VOL 1 | ISSUE 1

Chronic Lymphocytic Leukemia™

UPDATE

Conversations with Oncology Investigators

Bridging the Gap between Research and Patient Care

FACULTY INTERVIEWS

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EDITOR

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1 Audio CD

Chronic Lymphocytic Leukemia™

U P D A T E

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OVERVIEW OF ACTIVITY

The clinical course of chronic lymphocytic leukemia (CLL) and outcomes for patients vary widely, largely based on the presence of individual predictive and other risk factors. In recent years the identification of cytogenetic abnormalities and their subsequent incorporation into traditional clinical staging systems has refined clinicians' ability to determine patient prognosis, and based on the improved understanding of the biology of CLL, a number of novel agents and therapeutic strategies have been investigated. Some of these efforts have proven successful and are already available for use in the clinic, but along with these many exciting advances, vexing questions and clinical challenges are emerging simultaneously. To bridge the gap between research and patient care, this program features one-on-one discussions with leading hematology-oncology 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 evidence-based and current therapeutic strategies, which in turn facilitates optimal patient care.

LEARNING OBJECTIVES

- Recall the incidence, prognostic significance and clinical implications of select biomarkers and chromosomal abnormalities that may be associated with a diagnosis of CLL, and use this information to develop evidence-based testing algorithms in general oncology practice.
- Individualize the selection of systemic therapy for patients with newly diagnosed CLL, considering clinical presentation, biomarker profile and psychosocial status.
- Implement a plan of care to recognize and manage side effects and toxicities associated with current and recently approved systemic therapies in the management of CLL.
- Appreciate recent therapeutic advances and related FDA approvals in CLL, and discern how these agents can be appropriately integrated into routine clinical practice.
- Review emerging clinical data on the efficacy and safety of the recently FDA-approved antibody-drug conjugate moxetumomab pasudotox for hairy cell leukemia.
- Evaluate available data with and consider the potential clinical roles of novel agents and regimens that may provide treatment options for additional patients beyond those for whom they were initially indicated.

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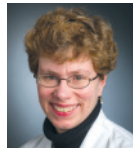

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Interview with Prof John G Gribben, MD, DSc, FMedSci

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Video Program

View the corresponding video interviews with (from left) Prof Gribben and Dr Brown by Dr Love at www.ResearchToPractice.com/CLLUpdate118/Video

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Submit them to us via Facebook or Twitter and we will do our best to get them answered for you

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. **Results from the Phase III MURANO trial for patients with relapsed/refractory CLL demonstrated a significant improvement in progression-free survival with _____ compared to bendamustine/rituximab.**
   a. Venetoclax/rituximab
   b. Obinutuzumab/venetoclax/ibrutinib
   c. Acalabrutinib

2. **Which of the following statements is true about patients with CLL with deletion 17p?**
   a. They have a poor prognosis
   b. They are also likely to have TP53 gene mutations
   c. They respond well to chemotherapy
   d. All of the above
   e. Both a and b

3. **The ongoing placebo-controlled Phase III CLL12 trial is evaluating _____ versus watch and wait for patients with previously untreated Binet Stage A CLL at risk of disease progression.**
   a. Idelalisib
   b. Ibrutinib
   c. Venetoclax

4. **Data suggest that the risk of treatment-associated atrial fibrillation is _____ with acalabrutinib than it is with ibrutinib.**
   a. Lower
   b. Higher
   c. Neither a nor b, the risk is equivalent

5. **The iLLUMINATE trial is investigating ibrutinib or chlorambucil in combination with _____ for patients with previously untreated CLL.**
   a. Rituximab
   b. Obinutuzumab
   c. Venetoclax

6. **Which dose of venetoclax does the package insert recommend to minimize the risk of TLS?**
   a. 400 mg once daily
   b. 20 mg once daily
   c. 20 mg at initiation, ramping up to 400 mg over 5 weeks

7. **An ibrutinib side effect that increases in frequency and severity with time is _____.**
   a. Atrial fibrillation
   b. Hypertension
   c. Gastrointestinal symptoms
   d. All of the above

8. **Which of the following statements is true regarding patients with CLL with IGHV-mutated genes (more than 2%) versus those with unmutated IGHV?**
   a. They respond better to chemoimmunotherapy with FCR
   b. They have better overall survival
   c. Both a and b
   d. Neither a nor b

9. **The recently FDA-approved agent moxetumomab pasudotox, which has shown promising efficacy for hairy cell leukemia, belongs to which class of agents?**
   a. Antibody-drug conjugates
   b. PI3 kinase inhibitors
   c. BTK inhibitors

10. **For patients with CLL receiving acalabrutinib who experience treatment-associated headache, the side effect typically _____.**
    a. Occurs within the first 1 to 2 months of treatment and then dissipates
    b. Occurs throughout the course of therapy

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Chronic Lymphocytic Leukemia Update — Volume 1, Issue 1

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
Results and clinical implications of the Phase III MURANO trial investigating venetoclax/rituximab for patients with relapsed/refractory CLL	4 3 2 1	4 3 2 1
Emerging data on the benefits and risks of the antibody-drug conjugate moxetumomab pasudotox for patients with hairy cell leukemia	4 3 2 1	4 3 2 1
Ongoing investigation of checkpoint inhibitors for patients with Richter's transformation	4 3 2 1	4 3 2 1
Efficacy of CAR T-cell therapy in patients with CLL	4 3 2 1	4 3 2 1
Monitoring and management of TLS associated with venetoclax	4 3 2 1	4 3 2 1
Efficacy and tolerability of BTK inhibitors for CLL	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).....

Approximately how many new patients with CLL do you see per year? ..... patients

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 the incidence, prognostic significance and clinical implications of select biomarkers and chromosomal abnormalities that may be associated with a diagnosis of CLL, and use this information to develop evidence-based testing algorithms in general oncology practice. ..... 4 3 2 1 N/M N/A
- Individualize the selection of systemic therapy for patients with newly diagnosed CLL, considering clinical presentation, biomarker profile and psychosocial status. ..... 4 3 2 1 N/M N/A
- Implement a plan of care to recognize and manage side effects and toxicities associated with current and recently approved systemic therapies in the management of CLL. ..... 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:

- Appreciate recent therapeutic advances and related FDA approvals in CLL, and discern how these agents can be appropriately integrated into routine clinical practice. . . . . 4 3 2 1 N/M N/A
- Review emerging clinical data on the efficacy and safety of the recently FDA-approved antibody-drug conjugate moxetumomab pasudotox for hairy cell leukemia. . . . 4 3 2 1 N/M N/A
- Evaluate available data with and consider the potential clinical roles of novel agents and regimens that may provide treatment options for additional patients beyond those for whom they were initially indicated. . . . . 4 3 2 1 N/M N/A

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. . . . . .

Would you recommend this activity to a colleague?

☐ Yes ☐ No

If no, please explain: . . . . . .

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Faculty	Knowledge of subject matter	Effectiveness as an educator
Prof John G Gribben, MD, DSc, FMedSci	4 3 2 1	4 3 2 1
Jennifer R Brown, MD, PhD	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

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