VOL 1 | ISSUE 3

Lymphoma and Chronic Lymphocytic Leukemia™

UPDATE

Conversations with Oncology Investigators

Bridging the Gap between Research and Patient Care

FACULTY INTERVIEWS

Laurie H Sehn, MD, MPH

Andrew D Zelenetz, MD, PhD

EDITOR

Neil Love, MD

Lymphoma and Chronic Lymphocytic Leukemia™

UPDATE

Contact Information	Neil Love, MD Research To Practice One Biscayne Tower 2 South Biscayne Boulevard, Suite 3600 Miami, FL 33131 Fax: (305) 377-9998 Email: DrNeilLove@ResearchToPractice.com
For CME/CNE Information	Email: CE@ResearchToPractice.com

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 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

- Evaluate recent data on therapeutic advances and changing practice standards in Hodgkin and non-Hodgkin lymphoma, including chronic lymphocytic leukemia (CLL), and integrate this information, as appropriate, into current clinical practice.
- Individualize the selection and sequence of systemic therapy for patients with newly diagnosed and relapsed/refractory CLL, considering the clinical presentation and disease characteristics.
- Consider current and emerging clinical research data in the formulation of therapeutic recommendations for patients with newly diagnosed and relapsed/refractory follicular lymphoma and diffuse large B-cell lymphoma.
- Integrate new and existing therapeutic strategies into the best-practice management of Hodgkin lymphoma.
- Review emerging clinical trial data on the efficacy and safety of brentuximab vedotin for Hodgkin lymphoma and other CD30-positive lymphomas, and use this information to prioritize protocol and nonresearch options for patients.

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This activity is supported by educational grants from AbbVie Inc, AstraZeneca Pharmaceuticals LP/Acerta Pharma, Bayer HealthCare Pharmaceuticals, Celgene Corporation, Genentech BioOncology, Gilead Sciences Inc and Seattle Genetics.

Release date: May 2018; Expiration date: May 2019

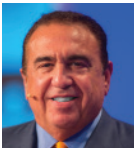
CME INFORMATION

FACULTY AFFILIATIONS

Laurie H Sehn, MD, MPH
Centre for Lymphoid Cancer
BC Cancer Agency and University
of British Columbia
Vancouver, British Columbia, Canada

Andrew D Zelenetz, MD, PhD
Medical Director
Medical Informatics
Department of Medicine
Memorial Sloan Kettering
Cancer Center
New York, New York

EDITOR



Neil Love, MD
Research To Practice
Miami, Florida

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Interview with Laurie H Sehn, MD, MPH

Tracks 1-19

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Track 2	Management of "double-hit" DLBCL
Track 3	CNS International Prognostic Index: A risk model for CNS relapse in patients with DLBCL treated with R-CHOP
Track 4	CNS prophylaxis for patients with DLBCL
Track 5	Assessing the risk of CNS involvement and relapse for patients with primary testicular DLBCL
Track 6	Incidence and risk of bowel perforation in patients with DLBCL and gastrointestinal involvement
Track 7	**Case:** A 62-year-old man with relapsed/refractory (R/R) Stage IVB activated B-cell-like DLBCL
Track 8	Integration of chimeric antigen receptor (CAR) T-cell therapy into the treatment algorithm for patients with R/R DLBCL
Track 9	**Case:** A 31-year-old man with Stage IIB classical Hodgkin lymphoma (HL) experiences disease relapse 18 months after receiving ABVD (doxorubicin, bleomycin, vinblastine and dacarbazine)
Track 10	ECHELON-1: Results of a Phase III trial comparing brentuximab vedotin with AVD to ABVD as front-line therapy for Stage III or IV classical HL
Track 11	AETHERA: Efficacy and safety results from a Phase III trial of brentuximab vedotin for patients with HL at high risk of relapse or disease progression after autologous stem cell transplant (ASCT)
Track 12	Activity of immune checkpoint inhibitors in R/R HL
Track 13	Treatment options for elderly patients with newly diagnosed HL
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Track 15	**Case:** A 72-year-old woman with Grade I/II follicular lymphoma (FL) receives up-front bendamustine/rituximab (BR) followed by maintenance rituximab
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Track 17	Side effects associated with bendamustine in combination with obinutuzumab or rituximab in the GALLIUM trial
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Interview with Andrew D Zelenetz, MD, PhD

Tracks 1-16

Track 1	Management of chronic lymphocytic leukemia (CLL)
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Track 3	Efficacy and tolerability of ibrutinib and venetoclax for CLL
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Interview with Dr Zelenetz (continued)

Track 8	**Case:** A frail 84-year-old man with del(17p) CLL receives venetoclax and rituximab after disease progression on multiple lines of therapy, including ibrutinib
Track 9	Clinical implications of the GALLIUM trial
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Track 11	Selection of therapy for patients with R/R FL
Track 12	**Case:** A 57-year-old man with FL experiences early relapse on BR and enrolls on a clinical trial of an investigational PI3K delta inhibitor
Track 13	Role of the lenalidomide/rituximab (R^2) regimen in FL
Track 14	**Case:** A 57-year-old woman with ALK-negative anaplastic large cell lymphoma
Track 15	Ongoing Phase II study of high-dose chemotherapy with ASCT followed by maintenance romidepsin for patients with T-cell non-Hodgkin lymphoma
Track 16	Approach to CD30 testing and the use of brentuximab vedotin for patients with T-cell lymphomas

Video Program

View the corresponding video interviews with (from left) Drs Sehn and Zelenetz by Dr Love at www.ResearchToPractice.com/LymphomaCLLUpdate118/Video

SELECT PUBLICATIONS

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Thompson PA, Wierda WG. **Eliminating minimal residual disease as a therapeutic end point: Working toward cure for patients with CLL.** *Blood* 2016;127(3):279-86.

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QUESTIONS (PLEASE CIRCLE ANSWER):

1. **The pivotal study evaluating the combination of idelalisib and rituximab versus rituximab alone for patients with relapsed CLL who are not eligible for standard chemotherapy demonstrated that the combination resulted in a significant improvement in _____.**
   a. Progression-free survival (PFS)
   b. Overall survival
   c. Both a and b

2. **According to the CNS International Prognostic Index risk model, approximately _____ of patients with DLBCL are in the category of high risk for CNS involvement.**
   a. 10%
   b. 25%
   c. 40%

3. **Which of the following statements is true regarding the Phase III ECHELON-1 trial comparing brentuximab vedotin in combination with AVD to ABVD for advanced classical HL?**
   a. Patients with R/R disease were evaluated
   b. Brentuximab vedotin with AVD was superior to ABVD in terms of PFS
   c. Both a and b

4. **Which of the following observations was made in the Phase III GALLIUM study evaluating obinutuzumab- versus rituximab-based induction and maintenance therapy for previously untreated FL?**
   a. No difference in PFS
   b. PFS favoring rituximab
   c. PFS favoring obinutuzumab

5. **Side effects associated with ibrutinib include _____.**
   a. Hypertension
   b. Myalgias/arthralgias
   c. Diarrhea
   d. All of the above

6. **A recent study by Seymour and colleagues investigating the combination of venetoclax and rituximab for R/R CLL demonstrated that patients who achieved a complete response and a minimal residual disease-negative status had durable remissions after discontinuing therapy.**
   a. True
   b. False

7. **Which of the following categories reflects the mechanism of action of copanlisib?**
   a. Anti-PD-1/PD-L1 antibody
   b. Bruton tyrosine kinase inhibitor
   c. Bcl-2 inhibitor
   d. PI3 kinase inhibitor

8. **Results of the Phase III AETHERA trial evaluating brentuximab vedotin versus placebo as consolidation therapy after ASCT for patients with HL at high risk of relapse or progression demonstrated a statistically significant advantage in _____ with brentuximab vedotin.**
   a. Overall survival
   b. PFS
   c. Both a and b
   d. Neither a nor b

9. **Which of the following statements is true regarding immune checkpoint inhibitors for the treatment of HL?**
   a. They elicit high overall response rates
   b. Remissions are usually not durable
   c. Both a and b

10. **The transaminitis associated with idelalisib _____.**
    a. Is often observed in patients with heavily pretreated disease
    b. Is immune mediated
    c. Requires permanent discontinuation of the drug in all cases
    d. All of the above
    e. Both a and b

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Lymphoma and Chronic Lymphocytic Leukemia Update — Volume 1, Issue 3

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
Efficacy and safety results from the Phase III GALLIUM trial and FDA approval of obinutuzumab for untreated FL	4 3 2 1	4 3 2 1
Available research data with and clinical role of CAR T-cell therapy for aggressive lymphomas	4 3 2 1	4 3 2 1
Top-line efficacy and safety results from the Phase III ECHELON-1 trial evaluating brentuximab vedotin with AVD versus ABVD as front-line therapy for advanced classical HL	4 3 2 1	4 3 2 1
The CNS International Prognostic Index risk model for CNS relapse in patients with DLBCL	4 3 2 1	4 3 2 1
Activity of venetoclax with rituximab for R/R CLL	4 3 2 1	4 3 2 1
Efficacy and tolerability of immune checkpoint inhibitors for R/R HL	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 the following do you see per year?

CLL..... HL..... FL.....
Mantle cell lymphoma..... DLBCL..... T-cell lymphoma.....

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
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☐ Other (please explain):.....

If you intend to implement any changes in your practice, please provide 1 or more examples:

.....

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4 = Yes 3 = Will consider 2 = No 1 = Already doing N/M = LO not met N/A = Not applicable

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- Evaluate recent data on therapeutic advances and changing practice standards in Hodgkin and non-Hodgkin lymphoma, including chronic lymphocytic leukemia (CLL), and integrate this information, as appropriate, into current clinical practice..... 4 3 2 1 N/M N/A
- Individualize the selection and sequence of systemic therapy for patients with newly diagnosed and relapsed/refractory CLL, considering the clinical presentation and disease characteristics..... 4 3 2 1 N/M N/A
- Consider current and emerging clinical research data in the formulation of therapeutic recommendations for patients with newly diagnosed and relapsed/refractory follicular lymphoma and diffuse large B-cell lymphoma..... 4 3 2 1 N/M N/A

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As a result of this activity, I will be able to:

- Integrate new and existing therapeutic strategies into the best-practice management of Hodgkin lymphoma. . . . . 4 3 2 1 N/M N/A
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Please describe any clinical situations that you find difficult to manage or resolve that you would like to see addressed in future educational activities:

. . . . . .

Would you recommend this activity to a colleague?

☐ Yes ☐ No If no, please explain: . . . . . .

Additional comments about this activity:

. . . . . .

. . . . . .

PART 2 — Please tell us about the faculty and editor for this educational activity

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Faculty	Knowledge of subject matter	Effectiveness as an educator
Laurie H Sehn, MD, MPH	4 3 2 1	4 3 2 1
Andrew D Zelenetz, 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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Neil Love, MD
Research To Practice
One Biscayne Tower
2 South Biscayne Boulevard, Suite 3600
Miami, FL 33131

This activity is supported by educational grants from AbbVie Inc, AstraZeneca Pharmaceuticals LP/Acerta Pharma, Bayer HealthCare Pharmaceuticals, Celgene Corporation, Genentech BioOncology, Gilead Sciences Inc and Seattle Genetics.

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Release date: May 2018
Expiration date: May 2019
Estimated time to complete: 2.5 hours