

# Lymphoma and Chronic Lymphocytic Leukemia Update

Issue 1, 2018

*(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 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.

### ACCREDITATION STATEMENT

Research To Practice is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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Research To Practice designates this enduring material for a maximum of 2.75 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### 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 2.75 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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### 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/LymphomaCLLUpdate118/Video/CME](https://www.researchtopractice.com/LymphomaCLLUpdate118/Video/CME). The corresponding audio program is available as an alternative at [ResearchToPractice.com/LymphomaCLLUpdate118](https://www.researchtopractice.com/LymphomaCLLUpdate118).

### CONTENT VALIDATION AND DISCLOSURES

Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-the-art 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:** AbbVie Inc, Amgen Inc, Celgene Corporation, Genentech BioOncology, Gilead Sciences Inc, Janssen Biotech Inc, Roche Laboratories Inc, Seattle Genetics, Takeda Oncology.

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**Consulting Agreements:** Adaptive Biotechnologies, Amgen Inc, Celgene Corporation, Genentech BioOncology, Gilead Sciences Inc, Janssen Biotech Inc, Novartis, Roche Laboratories 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 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:** May 2018

**Expiration date:** May 2019

## Select Publications

- Anderson MA et al. **Clinicopathological features and outcomes of progression of CLL on the BCL2 inhibitor venetoclax.** *Blood* 2017;129(25):3362-70.
- 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; KEYNOTE-087. **Phase II study of the efficacy and safety of pembrolizumab for relapsed/refractory classic Hodgkin lymphoma.** *J Clin Oncol* 2017;35(19):2125-32.
- Connors J et al; ECHELON-1 Study Group. **Brentuximab vedotin with chemotherapy for stage III or IV Hodgkin's lymphoma.** *N Engl J Med* 2018;378(4):331-44.
- Dreyling M et al. **Phase II study of copanlisib, a PI3K inhibitor, in relapsed or refractory, indolent or aggressive lymphoma.** *Ann Oncol* 2017;28(9):2169-78.
- Furman R et al. **Idelalisib and rituximab in relapsed chronic lymphocytic leukemia.** *N Engl J Med* 2014;370(11):997-1007.
- 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.
- International CLL-IPI working group. **An international prognostic index for patients with chronic lymphocytic leukaemia (CLL-IPI): A meta-analysis of individual patient data.** *Lancet Oncol* 2016;17(6):779-90.
- Kipps TJ et al. **Chronic lymphocytic leukaemia.** *Nat Rev Dis Primers* 2017;3:17008.
- 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.
- 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.
- Locke FL et al. **Phase 1 results of ZUMA-1: A multicenter study of KTE-C19 anti-CD19 CAR T cell therapy in refractory aggressive lymphoma.** *Mol Ther* 2017;25(1):285-95.
- Maddocks KJ et al. **Etiology of ibrutinib therapy discontinuation and outcomes in patients with chronic lymphocytic leukemia.** *JAMA Oncol* 2015;1(1):80-7.
- Marcus R et al. **Obinutuzumab for the first-line treatment of follicular lymphoma.** *N Engl J Med* 2017;377(14):1331-44.
- Moskowitz CH et al; AETHERA Study Group. **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 SM et al. **Five-year experience with single-agent ibrutinib in patients with previously untreated and relapsed/refractory chronic lymphocytic leukemia/small lymphocytic leukemia.** *Proc ASH* 2016;Abstract 233.
- Rummel M et al. **Four versus two years of rituximab maintenance (R-maintenance) following bendamustine plus rituximab (B-R): Initial results of a prospective, randomized multicenter phase 3 study in first-line follicular lymphoma (the StiL NHL7-2008 MAINTAIN study).** *Proc ASH* 2017;Abstract 483.
- Schmitz N et al. **CNS International Prognostic Index: A risk model for CNS relapse in patients with diffuse large B-cell lymphoma treated with R-CHOP.** *J Clin Oncol* 2016;34(26):3150-6.
- Seymour JF et al. **Venetoclax plus rituximab in relapsed or refractory chronic lymphocytic leukaemia: A phase 1b study.** *Lancet Oncol* 2017;18(2):230-40.
- 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.
- Thompson PA et al. **Fludarabine, cyclophosphamide, and rituximab treatment achieves long-term disease-free survival in IGHV-mutated chronic lymphocytic leukemia.** *Blood* 2016;127(3):303-9.
- Wierda W et al. **Venetoclax in relapsed/refractory chronic lymphocytic leukemia (CLL) with 17p deletion: Outcomes and minimal residual disease (MRD) from the full population of the pivotal M13-982 trial.** *Proc SOHO* 2017;Abstract CLL-102.
- Woyach JA et al. **BTKC481S-mediated resistance to ibrutinib in chronic lymphocytic leukemia.** *J Clin Oncol* 2017;35(13):1437-43.