VOL 1 | ISSUE 1

Multiple Myeloma™ UPDATE

Conversations with Oncology Investigators

Bridging the Gap between Research and Patient Care

FACULTY INTERVIEWS

Edward A Stadtmauer, MD
Sarah A Holstein, MD, PhD
Paul G Richardson, MD
Shaji K Kumar, MD

EDITOR

Neil Love, MD

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1 Audio CD

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Multiple Myeloma™ UPDATE

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Multiple Myeloma Update
A Continuing Medical Education Audio Series

OVERVIEW OF ACTIVITY

Multiple myeloma (MM) is a plasma cell neoplasm that accounts for approximately 12% of all hematologic cancers and carries with it one of the worst death to new cases ratios. Although MM only represented 1.8% of all new cancer cases diagnosed in the United States in 2017, practicing clinicians would be hard pressed to identify another area of oncology in which the research database — and available treatments — has evolved more rapidly over the past decade. In addition to significantly altering the natural history of MM, novel agents, including proteasome inhibitors, immunomodulatory agents and BTK inhibitors, have contributed to recent treatment gains for 2 related blood disorders — Waldenström macroglobulinemia (WM) and amyloidosis. Featuring the latest research developments along with expert perspectives, this CME activity will deliver to community-based oncology clinicians highly applicable, current clinical information delving into the individualized and multifaceted management of these disorders.

LEARNING OBJECTIVES

- Use patient and disease characteristics, including cytogenetic profile, to customize induction and maintenance therapeutic approaches in the transplant and nontransplant settings.
- Consider available research data and other clinical factors in the best-practice selection, sequencing and combination of current and recently approved novel agents in the nonresearch care of patients with relapsed/refractory MM.
- Design and implement a plan of care to recognize and manage side effects and toxicities associated with recently approved systemic therapies to support quality of life and continuation of treatment.
- Develop an evidence-based algorithm for the use of stem cell transplantation, chemotherapy and/or novel targeted agents for the management of amyloidosis.
- Consider clinical and other patient-related factors in the sequence and selection of systemic therapy for WM requiring active treatment.
- Develop risk-adapted treatment plans for patients with smoldering MM, considering the roles of observation and active treatment.

ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Penn State College of Medicine and Research To Practice. Penn State College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

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Interview with Edward A Stadtmauer, MD

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Interview with Sarah A Holstein, MD, PhD

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Track 6	Ixazomib-associated gastrointestinal toxicity
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Interview with Dr Holstein (continued)

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Video Program

View the corresponding video interviews with (from left) Drs Stadtmauer, Holstein, Richardson and Kumar by Dr Love at www.ResearchToPractice.com/MMUpdate118/Video

QUESTIONS (PLEASE CIRCLE ANSWER):

1. **Because it is universally expressed on malignant plasma cells, which of the following antigens is an attractive target for CAR T-cell-directed therapy in MM?***
   a. BCMA
   b. CD19
   c. CD33

2. **A study presented at the 2016 ASH Annual Meeting demonstrated that daratumumab _____ safely be administered via subcutaneous injection.***
   a. Could
   b. Could not

3. **Which of the following proteasome inhibitors has demonstrated activity in myeloma affecting the central nervous system?***
   a. Bortezomib
   b. Ixazomib
   c. Carfilzomib
   d. Marizomib

4. **Ibrutinib is FDA approved for the treatment of _____.**
   a. Chronic graft-versus-host disease
   b. WM
   c. Both a and b
   d. Neither a nor b

5. **Infusion-related reactions associated with the administration of daratumumab tend to persist over the course of the patient's treatment.**
   a. True
   b. False

6. **Which of the following side effects is NOT associated with ixazomib therapy?**
   a. Arthralgia
   b. Gastrointestinal toxicity
   c. Peripheral neuropathy
   d. All of the above

7. **Sensitivity to venetoclax for MM has primarily been observed in patients with t(11;14) disease.***
   a. True
   b. False

8. **The Phase III randomized ELOQUENT-2 study evaluating elotuzumab/lenalidomide/dexamethasone versus lenalidomide/dexamethasone _____ a significant improvement in progression-free survival with the addition of elotuzumab for patients with R/R MM.**
   a. Demonstrated
   b. Did not demonstrate

9. **Which of the following categories reflects the mechanism of action of isatuximab?***
   a. Anti-CD38 monoclonal antibody
   b. Anti-PD-1/PD-L1 antibody
   c. IMiD
   d. Proteasome inhibitor

10. **Recent data presented from the Myeloma X and XI trials demonstrated that lenalidomide maintenance therapy improved outcomes for transplant-eligible patients with _____.**
    a. High-risk MM
    b. Standard-risk MM
    c. Both a and b
    d. Neither a nor b

* The content of this question refers to drugs or the use of drugs that have not yet received FDA approval.

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Multiple Myeloma 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
Biologic rationale for and efficacy and tolerability of CAR T cells targeting BCMA in MM	4 3 2 1	4 3 2 1
Activity and ongoing investigation of the anti-CD38 antibody isatuximab for R/R MM	4 3 2 1	4 3 2 1
Biologic rationales for the effectiveness of venetoclax in patients with MM and for the lower risk of associated tumor lysis syndrome compared to chronic lymphocytic leukemia	4 3 2 1	4 3 2 1
Safety and effectiveness of subcutaneous daratumumab	4 3 2 1	4 3 2 1
Emerging research data with and nonresearch role, if any, of ixazomib as a component of induction and maintenance therapy	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 multiple myeloma 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:

- Use patient and disease characteristics, including cytogenetic profile, to customize induction and maintenance therapeutic approaches in the transplant and nontransplant settings. . . . . 4 3 2 1 N/M N/A
- Consider available research data and other clinical factors in the best-practice selection, sequencing and combination of current and recently approved novel agents in the nonresearch care of patients with relapsed/refractory MM. . . . . 4 3 2 1 N/M N/A
- Design and implement a plan of care to recognize and manage side effects and toxicities associated with recently approved systemic therapies to support quality of life and continuation of treatment. . . . . 4 3 2 1 N/M N/A
- Develop an evidence-based algorithm for the use of stem cell transplantation, chemotherapy and/or novel targeted agents for the management of amyloidosis. . . . . 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:

- Consider clinical and other patient-related factors in the sequence and selection of systemic therapy for WM requiring active treatment. . . . . 4 3 2 1 N/M N/A
- Develop risk-adapted treatment plans for patients with smoldering MM, considering the roles of observation and active treatment. . . . . 4 3 2 1 N/M N/A

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: . . . . . .

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

4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

Faculty	Knowledge of subject matter	Effectiveness as an educator
Edward A Stadtmauer, MD	4 3 2 1	4 3 2 1
Sarah A Holstein, MD, PhD	4 3 2 1	4 3 2 1
Paul G Richardson, MD	4 3 2 1	4 3 2 1
Shaji K Kumar, MD	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

Please recommend additional faculty for future activities:

. . . . . .

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