Meet The Professors:

Hodgkin Lymphoma Edition, 2018 (Video Program)

CME Information

TARGET AUDIENCE

This activity is intended for hematologists, medical oncologists, hematology-oncology fellows and other healthcare providers involved in the treatment of Hodgkin lymphoma (HL).

OVERVIEW OF ACTIVITY

In contrast to the more prevalent non-Hodgkin lymphomas, HL is a rare cancer that is relatively chemosensitive and often curable when treated appropriately. However, a proportion of affected patients are either diagnosed at a far advanced stage of disease or harbor unfavorable risk factors that confer a suboptimal response to treatment and/or a high probability of early relapse. Historically the therapeutic challenge posed by this HL population was significant because no new systemic agent had been approved in this setting for more than 3 decades. The introduction of brentuximab vedotin and the anti-PD-1 antibodies nivolumab and pembrolizumab has not only improved outcomes but also added tremendous complexity to current treatment decision-making. Extensive published and ongoing research attempting to better define and expand the role of these and other agents leveraging diverse mechanisms of action further add to the realm of educational priorities related to this challenging disease.

In order to offer optimal patient care — including the option of clinical trial participation — the practicing clinician must be well informed of these advances. Featuring information on the latest research developments along with expert perspectives, this CME program is designed to assist medical oncologists with the formulation of up-to-date clinical management strategies for the care of patients with HL.

LEARNING OBJECTIVES

- Appreciate the recent FDA approval of brentuximab vedotin in combination with chemotherapy as first-line therapy for Stage III or IV classical HL (cHL), and discern how this regimen can be appropriately and safely integrated into routine clinical practice.
- Review available and emerging research information outlining the benefits and risks associated with brentuximab vedotin alone or in combination with chemotherapy for patients at first relapse, and use this information to discern for whom this approach may be appropriate prior to referral for autologous stem cell transplant.
- Develop a long-term care plan for individuals with relapsed/refractory HL, considering exposure to prior systemic therapy, eligibility for transplant, symptoms, performance status and personal goals for treatment.
- Compare and contrast the efficacy and safety of approved immunotherapeutic approaches for the treatment of HL to determine the current utility of each in clinical practice.
- Communicate with patients and their caregivers the incidence and manifestation of side effects and toxicities associated with common cytotoxic, biologic and immunotherapeutic strategies for the management of advanced cHL.
- Recall the design of ongoing clinical trials evaluating approved therapies and novel investigational agents for the treatment of HL, and counsel appropriately selected patients about availability and participation.

ACCREDITATION STATEMENT

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

CREDIT DESIGNATION STATEMENT

Research To Practice designates this enduring material for a maximum of 3.25 *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 3.25 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 this 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/MTPHL118/Video/CME**. The corresponding audio program is available as an alternative at **ResearchToPractice.com/MTPHL118**.

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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COMMUNITY ONCOLOGISTS — The following community oncologists (and their spouses/partners) reported relevant conflicts of interest, which have been resolved through a conflict of interest resolution process:

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No relevant conflicts of interest to disclose.

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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

Armand P et al. **Nivolumab for relapsed/refractory classic Hodgkin lymphoma after failure of autologous hematopoietic cell transplantation: Extended follow-up of the multicohort single-arm phase II CheckMate 205 trial.** *J Clin Oncol* 2018;36(14):1428-39.

Barrington SF et al. **PET-CT for staging and early response: Results from the Response-Adapted Therapy in Advanced Hodgkin Lymphoma study.** *Blood* 2016;127(12):1531-8.

Borchmann P et al. **PET-guided treatment in patients with advanced-stage Hodgkin's lymphoma (HD18): Final results of an open-label, international, randomised phase 3 trial by the German Hodgkin Study Group.** *Lancet* 2018;390(10114):2790-802.

Brentuximab vedotin associated with chemotherapy in untreated patients with stage I/II unfavourable Hodgkin lymphoma. A randomized phase II LYSA-FIL-EORTC Intergroup study. NCT02292979

Bröckelmann PJ et al. **Balancing risk and benefit in early-stage classical Hodgkin lymphoma.** *Blood* 2018;131(15):1666-78.

Carella AM et al. **Treatment of classical Hodgkin lymphoma in the era of brentuximab vedotin and immune checkpoint inhibitors.** *Ann Hematol* 2018;97(8):1301-15.

Connors JM 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.

Connors JM et al. **Brentuximab vedotin plus doxorubicin, vinblastine, dacarbazine (A + AVD) as frontline therapy demonstrates superior modified progression-free survival versus ABVD in patients with previously untreated stage III or IV Hodgkin lymphoma: The phase 3 Echelon-1 study.** *Proc ASH* 2017;**Abstract 6**.

Fornecker L-M et al. **PET-based response after 2 cycles of brentuximab vedotin in combination with AVD for first-line treatment of unfavorable early-stage Hodgkin lymphoma: First analysis of the primary endpoint of Breach, a randomized phase 2 trial of Lysa-FIL-EORTC Intergroup.** *Proc ASH* 2017;**Abstract 736**.

Gallamini A et al. **Early chemotherapy intensification with escalated BEACOPP in patients with advanced-stage Hodgkin lymphoma with a positive interim positron emission tomography/computed tomography scan after two ABVD cycles: Long-term results of the GITIL/FIL HD 0607 trial.** *J Clin Oncol* 2018;36(5):454-62.

Goodman A et al. **Analysis of over 100,000 patients with cancer for *CD274 (PD-L1)* amplification: Implications for treatment with immune checkpoint blockade.** *Proc ASCO-SITC* 2018;**Abstract 47**.

Herrera AF et al. **Results from a phase I/II study of brentuximab vedotin in combination with nivolumab in patients with relapsed or refractory Hodgkin lymphoma.** *Proc ASH* 2017;**Abstract 649**.

Kumar A et al. **Brentuximab vedotin and AVD followed by involved-site radiotherapy in early stage, unfavorable risk Hodgkin lymphoma.** *Blood* 2016;128(11):1458-64.

Lynch RC, Advani RH. **Risk-adapted treatment of advanced Hodgkin lymphoma with PET-CT.** *Am Soc Clin Oncol Educ Book* 2016;35:e376-85.

Moskowitz AJ et al. **Prognostic significance of baseline metabolic tumor volume in relapsed and refractory Hodgkin lymphoma.** *Blood* 2017;130(20):2196-203.

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.

Nademanee A et al. **Safety analysis of brentuximab vedotin from the phase III AETHERA trial in Hodgkin lymphoma in the post-transplant consolidation setting.** *Biol Blood Marrow Transplant* 2018;[Epub ahead of print].

Nagle S et al. **Brentuximab-induced peripheral neuropathy: Risk factors and patient experiences.** *Proc ASCO* 2017;**Abstract 120**.

O'Connor OA et al. **Brentuximab vedotin plus bendamustine in relapsed or refractory Hodgkin's lymphoma: An international, multicentre, single-arm, phase 1-2 trial.** *Lancet Oncol* 2018;19(2):257-66.

Updated efficacy and safety data from the AETHERA trial of consolidation with brentuximab vedotin after autologous stem cell transplant (ASCT) in Hodgkin lymphoma patients at high risk of relapse. *Clin Adv Hematol Oncol* 2016;14(2 Suppl 1):17-8.

Wang CM et al. **Autologous T cells expressing CD30 chimeric antigen receptors for relapsed or refractory Hodgkin lymphoma: An open-label phase I trial.** *Clin Cancer Res* 2017;23(5):1156-66.