# Oncology Grand Rounds

## *Nurse and Physician Investigators Discuss New Agents, Novel Therapies and Actual Cases from Practice*

## Part 1: Lymphoma and Chronic Lymphocytic Leukemia

### CNE Information

#### TARGET AUDIENCE

This activity has been designed to meet the educational needs of oncology nurses, nurse practitioners and clinical nurse specialists involved in the treatment of lymphoma and chronic lymphocytic leukemia (CLL).

#### OVERVIEW OF ACTIVITY

Taken together, it is estimated that approximately 174,250 new lymphoid, myeloid and leukemic cancer cases will be identified in the United States in 2018, and 58,100 individuals will die from these diseases. Of importance, nearly 70 drug products with more than 120 distinct FDA-approved indications are labeled for use in the management of hematologic cancers today. Although this extensive list of available treatment options is reassuring for patients and oncology healthcare professionals, it poses a challenge to the practicing clinician who must maintain up-to-date knowledge of appropriate management strategies across a vast spectrum of liquid and solid tumors. This is particularly true within the realm of Hodgkin lymphoma (HL) and non-Hodgkin lymphoma (NHL), including chronic lymphocytic leukemia (CLL), where the past several years have seen substantial progress in the development and evaluation of novel agents. Mature clinical trial results have illustrated the efficacy of several new investigational therapies, a number of which have now entered the clinic, altering the therapeutic algorithms for HL and various subtypes of NHL. Furthermore, enthusiasm is widespread that additional advancements are on the horizon as other novel agents and strategies have already been associated with impressive clinical benefit.

Although medical oncologists have been routinely responsible for counseling patients with regard to therapeutic decision-making, oncology nurses play an integral role in the successful delivery of systemic anticancer therapy and the preservation of patient physical and psychosocial well-being. These video proceedings from the first part of a 6-part integrated CNE curriculum originally held at the 2018 ONS Annual Congress feature discussions with leading lymphoma investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

#### PURPOSE STATEMENT

By providing information on the latest research developments in the context of expert perspectives, this CNE activity will assist oncology nurses, nurse practitioners and clinical nurse specialists with the formulation of state-of-the-art clinical management strategies to facilitate optimal care of patients with lymphomas and CLL.

#### LEARNING OBJECTIVES

- Provide patient-focused education to enhance clinical decision-making regarding available systemic agents used in the management of indolent and aggressive forms of B-cell NHL, including CLL, and HL.
- Appreciate the contribution of patient performance status and comorbidities, biomarker profile and prior therapeutic exposure to the selection and sequence of systemic therapy for newly diagnosed and relapsed/refractory (R/R) CLL.
- Review recent therapeutic advances in the management of newly diagnosed and R/R diffuse large B-cell lymphoma, follicular lymphoma, mantle cell lymphoma and HL, and use this information to counsel patients regarding protocol and nonresearch options.
- Formulate supportive care strategies to manage the side effects associated with recently approved therapeutic interventions for patients with HL, NHL and CLL.

#### ACCREDITATION STATEMENT

Research To Practice (RTP) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation.

#### CREDIT DESIGNATION STATEMENTS

This educational activity for 2.7 contact hours is provided by RTP during the period of July 2018 through July 2019.

This activity is awarded 2.7 ANCC pharmacotherapeutic contact hours.

## ONCOLOGY NURSING CERTIFICATION CORPORATION (ONCC)/INDIVIDUAL LEARNING NEEDS ASSESSMENT (ILNA) CERTIFICATION INFORMATION

The program content has been reviewed by the ONCC and is acceptable for recertification points. To review certification qualifications, please visit **ResearchToPractice.com/ONS2018/ILNA**.

ONCC review is only for designating content to be used for recertification points and is not for CNE accreditation. CNE programs must be formally approved for contact hours by an acceptable accreditor/approver of nursing CE to be used for recertification by ONCC. If the CNE provider fails to obtain formal approval to award contact hours by an acceptable accrediting/approval body, no information related to ONCC recertification may be used in relation to the program.

## FOR SUCCESSFUL COMPLETION

This is a video CNE program. To receive credit, participants should read the learning objectives and faculty disclosures, 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/ONSLymphomas2018/CNE**.

## CONTENT VALIDATION AND DISCLOSURES

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 CNE 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 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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**Advisory Committee:** Novartis; **Consulting Agreements:** Merck, Novartis, Spectrum Pharmaceuticals Inc.

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No relevant conflicts of interest to disclose.

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**Advisory Committee:** Genentech BioOncology, Seattle Genetics; Contracted Research: Celgene Corporation, Takeda Oncology; **Educational Presentation:** AstraZeneca Pharmaceuticals LP.

**MODERATOR** — **Dr Love** is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME/CNE activities from the following commercial interests: AbbVie Inc, Acerta Pharma — A member of the AstraZeneca Group, Adaptive Biotechnologies, Agendia Inc, Agios Pharmaceuticals Inc, Amgen Inc, Ariad Pharmaceuticals Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Baxalta Inc, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, CTI BioPharma Corp, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, Halozyme Inc, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Kite Pharma Inc, Lexicon Pharmaceuticals Inc, Lilly, Medivation Inc, a Pfizer Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, NanoString Technologies, Natera Inc, Novartis, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sanofi Genzyme, Seattle Genetics, Sigma-Tau Pharmaceuticals Inc, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Tesaro Inc, Teva Oncology and Tokai Pharmaceuticals Inc.

**RESEARCH TO PRACTICE CME/CNE PLANNING COMMITTEE MEMBERS, STAFF AND REVIEWERS** — Planners, scientific staff and independent reviewers for Research To Practice have 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

**Release date:** July 2018

**Expiration date:** July 2019

## Select Publications


Alduaij W et al. **Novel type II anti-CD20 monoclonal antibody (GA101) evokes homotypic adhesion and actin-dependent, lysosome-mediated cell death in B-cell malignancies.** *Blood* 2011;117(17):4519-29.

Amengual JE et al. **A phase 1 study of romidepsin and pralatrexate reveals marked activity in relapsed and refractory T-cell lymphoma.** *Blood* 2018;131(4):397-407.

Amengual JE et al. **A phase 1 study of pralatrexate plus romidepsin reveals marked activity in patients with relapsed or refractory (R/R) peripheral T-cell lymphoma (PTCL).** *Proc ICML* 2017;**Abstract 76**.

Andorsky DJ et al. **Phase IIIb randomized study of lenalidomide plus rituximab (R2) followed by maintenance in relapsed/refractory NHL: Analysis of patients with double-refractory or early relapsed follicular lymphoma (FL).** *Proc ASCO* 2017;**Abstract 7502**.

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.

Barr P et al. **Updated efficacy and safety from the phase 3 Resonate-2 study: Ibrutinib as first-line treatment option in patients 65 years and older with chronic lymphocytic leukemia/small lymphocytic leukemia.** *Proc ASH* 2016;**Abstract 234**.

Brahmer JR et al. **Management of immune-related adverse events in patients treated with immune checkpoint inhibitor therapy: American Society of Clinical Oncology clinical practice guideline.** *J Clin Oncol* 2018;[Epub ahead of print].

Burger JA et al. **Ibrutinib as initial therapy for patients with chronic lymphocytic leukemia.** *N Engl J Med* 2015;373(25):2425-37.

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. **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 JM et al. **Brentuximab vedotin with chemotherapy for stage III or IV Hodgkin's lymphoma.** *N Engl J Med* 2018;378(4):331-44.

Davids MS, Letai A. **ABT-199: Taking dead aim at BCL-2.** *Cancer Cell* 2013;23(2):139-41.

Davies A et al. **Efficacy and safety of subcutaneous rituximab versus intravenous rituximab for first-line treatment of follicular lymphoma (SABRINA): A randomised, open-label, phase 3 trial.** *Lancet Oncol* 2017;4(6):e272-e282.

Dreyling M et al. **Phosphatidylinositol 3-kinase inhibition by copanlisib in relapsed or refractory indolent lymphoma.** *J Clin Oncol* 2017;35(35):3898-905.

Eichhorst B et al. **First-line chemoimmunotherapy with bendamustine and rituximab versus fludarabine, cyclophosphamide, and rituximab in patients with advanced chronic lymphocytic leukaemia (CLL10): An international, open-label, randomised, phase 3, non-inferiority trial.** *Lancet Oncol* 2016;17(7):928-42.

Gibb A et al. **Results of a phase II study of brentuximab vedotin in the first line treatment of hodgkin lymphoma patients considered unsuitable for standard chemotherapy (BREVITY).** *Proc ICML* 2017;**Abstract 69**.

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**.

Gopal AK et al. **PI3Kδ inhibition by idelalisib in patients with relapsed indolent lymphoma.** *N Engl J Med* 2014;370(11):1008-18.

Hillmen P et al. **Initial results of ibrutinib plus venetoclax in relapsed, refractory CLL (Bloodwise TAP CLARITY Study): High rates of overall response, complete remission and MRD eradication after 6 months of combination therapy.** *Proc ASH* 2017;**Abstract 428**.

Le Gouill S et al. **Rituximab after autologous stem-cell transplantation in mantle-cell lymphoma.** *N Engl J Med* 2017;377(13):1250-60.

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. **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.

Mössner E et al. **Increasing the efficacy of CD20 antibody therapy through the engineering of a new type II anti-CD20 antibody with enhanced direct and immune effector cell–mediated B-cell cytotoxicity.** *Blood* 2010;115(22):4393-402.

## Select Publications


Neelapu SS et al. **Chimeric antigen receptor T-cell therapy — Assessment and management of toxicities.** *Nat Rev Clin Oncol* 2018;15(1):47-62.

Neelapu SS et al. **Axicabtagene ciloleucel (axi-cel; KTE-C19) in patients with refractory aggressive non-Hodgkin lymphomas (NHL): Primary results of the pivotal trial ZUMA-1.** *Proc ICML* 2017;**Abstract 008**.

Niederfellner G et al. **Epitope characterization and crystal structure of GA101 provide insights into the molecular basis for type I/II distinction of CD20 antibodies.** *Blood* 2011;118(2):358-67.

Prince HM et al. **Brentuximab vedotin or physician's choice in CD30-positive cutaneous T-cell lymphoma (ALCANZA): An international, open-label, randomised, phase 3, multicentre trial.** *Lancet* 2017;390(10094):555-66.

Roemer MGM et al. **PD-L1 and PD-L2 genetic alterations define classical Hodgkin Lymphoma and predict outcome.** *J Clin Oncol* 2016;34(23):2690-7.

Schuster SJ et al. **Primary analysis of Juliet: A global, pivotal, phase 2 trial of CTL019 in adult patients with relapsed or refractory diffuse large B-cell lymphoma.** *Proc ASH* 2017;**Abstract 577**.

Seymour JF et al. **Venetoclax-rituximab in relapsed or refractory chronic lymphocytic leukemia.** *N Engl J Med* 2018;378(12):1107-20.

Stilgenbauer S et al. **Venetoclax in relapsed/refractory chronic lymphocytic leukemia (CLL) with 17p deletion: Outcome and minimal residual disease from the full population of the pivotal M13-982 trial.** *Proc EHA* 2017;**Abstract S771**.

Sweetenham J et al. **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.** *Proc ASH* 2015;**Abstract 3172**.

Thieblemont C et al. **Lenalidomide maintenance compared with placebo in responding elderly patients with diffuse large B-cell lymphoma treated with first-line rituximab plus cyclophosphamide, doxorubicin, vincristine, and prednisone.** *J Clin Oncol* 2017;35(22):2473-81.

Villasboas JC, Ansell SA. **Checkpoint inhibition: Programmed cell death 1 and programmed cell death 1 ligand inhibitors in Hodgkin lymphoma.** *Cancer J* 2016;22(1):17-22.

Wang M et al. **Acalabrutinib in relapsed or refractory mantle cell lymphoma (ACE-LY-004): A single-arm, multicentre, phase 2 trial.** *Lancet* 2018;391(10121):659-67.

Wang M et al. **Efficacy and safety of acalabrutinib monotherapy in patients with relapsed/refractory mantle cell lymphoma in the phase 2 ACE-LY-004 study.** *Proc ASH* 2017;**Abstract 155**.

Woyach JA et al. **The B-cell receptor signaling pathway as a therapeutic target in CLL.** *Blood* 2012;120(6):1175-84.


### Special Session: Ethan Basch, MD, MSc


Basch E et al. **Overall survival results of a trial assessing patient-reported outcomes for symptom monitoring during routine cancer treatment.** *JAMA* 2017;318(2):197-8.

Kotronoulas G et al. **What is the value of the routine use of patient-reported outcome measures toward improvement of patient outcomes, processes of care, and health service outcomes in cancer care? A systematic review of controlled trials.** *J Clin Oncol* 2014;32(14):1480-501.

Rocque GB et al. **Resource use and Medicare costs during lay navigation for geriatric patients with cancer.** *JAMA Oncol* 2017;3(6):817-25.

Sanda MG et al. **Quality of life and satisfaction with outcome among prostate-cancer survivors.** *N Engl J Med* 2008;358(12):1250-61.