Oncology Today with Dr Neil Love: Waldenström Macroglobulinemia Edition

Audio Program

CME Information

TARGET AUDIENCE

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

OVERVIEW OF ACTIVITY

WM is a rare, incurable hematologic disorder characterized by infiltration of the bone marrow and often extramedullary sites by a lymphoplasmacytic infiltrate and an immunoglobulin M (IgM) monoclonal gammopathy. Despite the usually indolent course of WM, a significant proportion of patients require treatment because of hypersecretion of IgM and the invasion of bone marrow and peripheral organs by neoplastic lymphoplasmacytic lymphoma cells. Historically a dearth of research and therapeutic advancements has persisted in the field, but a recent increase in dedicated research to better explain the pathobiology of WM has identified several clinical and genetic markers that serve to prognosticate disease course and patient outcomes. This work has led to dedicated clinical trials and the development of novel drugs and regimens, including the first FDA-approved agent for this diagnosis, ibrutinib monotherapy. The rapid emergence of treatment options, and the unique toxicities and practical nuances associated with their use, has complicated traditional therapeutic decision-making. Although several consensus- and evidence-based treatment guidelines are available to assist clinicians with making management recommendations in this dynamic clinical and research environment, the rarity of the disease means that community oncologists are likely to have limited experience caring for patients with WM.

To bridge the gap between research and patient care, this program features a joint discussion with 2 leading hematology-oncology clinical investigators. By providing access to the latest scientific developments and the perspectives of experts in the field, this CME activity will assist medical oncologists with the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Understand the criteria for diagnosis and initiation of therapy for patients with WM, and use this information to guide initial workup and treatment decision-making.
- Recall published efficacy and safety data supporting the recent FDA approval of ibrutinib/rituximab for patients with untreated WM, and use this information to identify individuals for whom this combination may be appropriate.
- Appreciate the frequency and significance of the molecular biomarkers MYD88 L265P and CXCR4, and determine how this information should be used to guide protocol and nonresearch decision-making for patients with newly diagnosed and relapsed/refractory WM.
- Formulate an evidence-based approach to the sequence and selection of therapy for patients with progressive WM, considering age and performance status, symptomatology, prior therapeutic exposure and other disease-related factors.
- Assess emerging research data on the efficacy of proteasome inhibitors, Bcl-2 inhibitors and CXCR4 antagonists in the management of WM.

ACCREDITATION STATEMENT

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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 1.5 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 specialties: **medical oncology** and **hematology**.

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HOW TO USE THIS CME ACTIVITY

This CME activity consists of an audio component. To receive credit, the participant should review the CME information, listen to the MP3s, complete the Post-test with a score of 80% or better and fill out the Educational Assessment and Credit Form located at **ResearchToPractice.com/OncologyTodayWM19/CME**. The corresponding video program is available as an alternative at **ResearchToPractice.com/OncologyTodayWM19/Video**.

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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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 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, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Daiichi Sankyo Inc, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech, Genmab, Genomic Health Inc, Gilead Sciences Inc, Guardant Health, 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, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, Natera Inc, Novartis, Oncopeptides, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sandoz Inc, a Novartis Division, Sanofi Genzyme, Seattle Genetics, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Tesaro, Teva Oncology, Tokai Pharmaceuticals Inc and Tolero Pharmaceuticals.

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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: July 2019
Expiration date: July 2020

Select Publications

Buske C et al. **Ibrutinib treatment in Waldenström's macroglobulinemia: Follow-up efficacy and safety from the iNNOVATE™ study.** *Proc ASH* 2018;**Abstract 149**.

Bustoros M et al. **Progression risk stratification of asymptomatic Waldenström macroglobulinemia.** *J Clin Oncol* 2019;37(16):1403-11.

Castillo JJ et al. **Ibrutinib for the treatment of Bing-Neel syndrome: A multicenter study.** *Blood* 2019;133(4):299-305.

Castillo JJ et al. **Ibrutinib dose reduction does not affect progression-free survival in patients with Waldenstrom macroglobulinemia.** *Proc ASH* 2018;**Abstract 1598**.

Castillo JJ et al. **Ibrutinib withdrawal symptoms in patients with Waldenström macroglobulinemia.** *Haematologica* 2018;103(7):e307-10.

Castillo JJ et al. **Impact of ibrutinib dose intensity on patient outcomes in previously treated Waldenström macroglobulinemia.** *Haematologica* 2018;103(10):e466-8.

Castillo JJ et al. **Multicenter prospective phase II study of venetoclax in patients with previously treated Waldenstrom macroglobulinemia.** *Proc ASH* 2018;**Abstract 2888**.

Castillo JJ et al. **Prospective clinical trial of ixazomib, dexamethasone, and rituximab as primary therapy in Waldenström macroglobulinemia.** *Clin Cancer Res* 2018;24(14):3247-52.

Castillo JJ et al. **Response and survival for primary therapy combination regimens and maintenance rituximab in Waldenström macroglobulinaemia.** *Br J Haematol* 2018;181(1):77-85.

Castillo JJ, Treon SP. **Initial evaluation of the patient with Waldenström macroglobulinemia.** *Hematol Oncol Clin North Am* 2018;32(5):811-20.

Dimopoulos MA, et al; iNNOVATE Study Group and the European Consortium for Waldenström's Macroglobulinemia. **Phase 3 trial of ibrutinib plus rituximab in Waldenström's macroglobulinemia.** *N Engl J Med* 2018;378(25):2399-410.

Gavriatopoulou M et al. **How I treat rituximab refractory patients with WM.** *Oncotarget* 2018;9(96):36824-5.

Gavriatopoulou M et al. **Ibrutinib for rituximab-refractory Waldenström macroglobulinemia.** *Oncotarget* 2017;9(16):12536-7.

Gertz MA. **Waldenström macroglobulinemia: 2019 update on diagnosis, risk stratification, and management.** *Am J Hematol* 2019;94(2):266-76.

Gertz MA. **Selecting initial therapy for newly diagnosed Waldenström macroglobulinemia.** *J Clin Oncol* 2018;36(27):2749-51.

Gertz MA. **Waldenström macroglobulinemia treatment algorithm 2018.** *Blood Cancer J* 2018;8(4):40.

Gustine JN et al. **TP53 mutations are associated with mutated MYD88 and CXCR4, and confer an adverse outcome in Waldenström macroglobulinaemia.** *Br J Haematol* 2019;184(2):242-5.

Gustine JN et al. **Ibrutinib discontinuation in Waldenström macroglobulinemia: Etiologies, outcomes, and IgM rebound.** *Am J Hematol* 2018;93(4):511-7.

Kastritis E et al. **Waldenström's macroglobulinaemia: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up.** *Ann Oncol* 2019;30(5):860-2.

Kastritis E, Dimopoulos MA. **Proteasome inhibitors in Waldenström macroglobulinemia.** *Hematol Oncol Clin North Am* 2018;32(5):829-40.

Sklavenitis-Pistofidis R et al. **Bortezomib overcomes the negative impact of CXCR4 mutations on survival of Waldenstrom macroglobulinemia patients.** *Blood* 2018;132(24):2608-12.

Treon SP et al. **Genomic landscape of Waldenström macroglobulinemia.** *Hematol Oncol Clin North Am* 2018;32(5):745-52.

Treon SP et al. **Ibrutinib monotherapy in symptomatic, treatment-naïve patients with Waldenström macroglobulinemia.** *J Clin Oncol* 2018;36(27):2755-61.

Treon SP et al. **MYD88 wild-type Waldenstrom macroglobulinaemia: Differential diagnosis, risk of histological transformation, and overall survival.** *Br J Haematol* 2018;180(3):374-80.

Treon SP, Castillo JJ. **The real world of Waldenström's macroglobulinaemia.** *Lancet Haematol* 2018;5(7):e275-6.