AN EVENING WITH THE INVESTIGATORS

Perspectives on Key Questions and Emerging Research in the Management of Lymphoma and Multiple Myeloma

A special audio supplement to a CME symposium held during the 2017 American Society of Clinical Oncology Annual Meeting featuring expert comments on the application of emerging research to patient care

Faculty Interviews

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Hematologic Oncology™ UPDATE

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An Evening with the Investigators: Perspectives on Key Questions and Emerging Research in the Management of Lymphoma and Multiple Myeloma
A Continuing Medical Education Activity

OVERVIEW OF ACTIVITY

The treatment of hematologic cancers remains a challenge for many healthcare professionals and patients despite recent gains in the management of lymphoid, myeloid and leukemic 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

- Customize the use of induction, consolidation and maintenance therapeutic approaches for patients with multiple myeloma (MM) in the post-transplant and nontransplant settings, considering patient- and disease-related factors, including cytogenetic profile.
- Consider published research data and other clinical factors in the best-practice selection, sequencing or combining of available therapeutic agents in the nonresearch care of patients with relapsed/refractory (R/R) MM.
- Individualize the selection and sequence of systemic therapy for patients with newly diagnosed and R/R chronic lymphocytic leukemia (CLL), considering clinical presentation, biomarker profile and psychosocial status.
- Consider existing and emerging clinical research data in the formulation of therapeutic recommendations for patients with newly diagnosed and R/R diffuse large B-cell lymphoma, follicular lymphoma and mantle cell lymphoma.
- Review emerging clinical trial data on the efficacy and safety of brentuximab vedotin for patients with Hodgkin lymphoma (HL) and other CD30-positive lymphomas, and use this information to prioritize protocol and nonresearch options for these patients.
- Compare and contrast the mechanisms of action, efficacy and safety of approved and investigational immunotherapeutic approaches such as chimeric antigen receptor T-cell-directed therapy for the treatment of HL, non-Hodgkin lymphoma, CLL and MM to determine the current and/or potential utility of each in clinical practice.

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This activity is supported by educational grants from AbbVie Inc, Amgen Inc, AstraZeneca Pharmaceuticals LP/Acerta Pharma, Bayer HealthCare Pharmaceuticals, Bristol-Myers Squibb Company, Celgene Corporation, Genentech BioOncology, Kite Pharma Inc and Seattle Genetics.

Release date: October 2017; Expiration date: October 2018

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FACULTY — **Dr Rajkumar** had no relevant conflicts of interest to disclose. The following faculty (and his spouse/partner) reported a relevant conflict of interest, which has been resolved through a conflict of interest resolution process: **Dr Friedberg** — Data and Safety Monitoring Board: Bayer HealthCare Pharmaceuticals.

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Interview with Jonathan W Friedberg, MD, MMSc

Tracks 1-20

Track 1 Current up-front management strategies for chronic lymphocytic leukemia (CLL)

Track 2 Ibrutinib versus FCR (fludarabine/cyclophosphamide/rituximab) as up-front treatment of CLL

Track 3 Ibrutinib as up-front treatment for CLL with del(17p)

Track 4 Treatment with ibrutinib for patients with atrial fibrillation or those receiving anticoagulation

Track 5 Clinical trials evaluating venetoclax in the up-front treatment of CLL

Track 6 Activity and duration of therapy with venetoclax in CLL

Track 7 Rate of acquiring the del(17p) abnormality during clonal evolution

Track 8 Choice of second-line therapy for patients with CLL and del(17p) after disease progression on ibrutinib

Track 9 Management strategy for venetoclax-associated tumor lysis syndrome

Track 10 Primary results of the Phase III GALLIUM study: Obinutuzumab-based induction and maintenance therapy prolongs progression-free survival (PFS) for patients with previously untreated follicular lymphoma

Track 11 PI3 kinase inhibitors in the treatment of relapsed indolent B-cell lymphomas

Track 12 Comparison of the toxicity profiles of idelalisib versus copanlisib

Track 13 Toxicity profiles of the Bruton tyrosine kinase (BTK) inhibitors ibrutinib and acalabrutinib

Track 14 Perspective on the benefits of maintenance rituximab in younger and older patients with mantle cell lymphoma (MCL)

Track 15 Activity of venetoclax in relapsed or refractory MCL

Track 16 ZUMA-2: Ongoing Phase II trial of KTE-C19 chimeric antigen receptor (CAR) T-cell-directed therapy in relapsed/refractory MCL

Track 17 Efficacy and safety of KTE-C19 and CTL019 anti-CD19 CAR T-cell therapy for patients with relapsed or refractory lymphoma

Track 18 Role of lenalidomide in the treatment of diffuse large B-cell lymphoma (DLBCL)

Track 19 Effectiveness of brentuximab vedotin in CD30-positive DLBCL

Track 20 Brentuximab vedotin as consolidation therapy for patients with Hodgkin lymphoma who are at high risk for residual disease after autologous stem cell transplant (ASCT)

Interview with S Vincent Rajkumar, MD

Tracks 1-17

Track 1 CAR T-cell therapy for multiple myeloma (MM)

Track 2 Clinical role of ASCT in the era of novel agents and regimens for MM

Track 3 Selection of induction therapy for standard-risk versus high-risk MM

Track 4 Elotuzumab and daratumumab in relapsed MM

Track 5 Approach to the selection of induction therapy for elderly patients with standard-risk MM

Track 6 Incorporation of ixazomib into proteasome inhibitor-containing regimens for MM

Track 7 Tolerability profile of ixazomib compared to bortezomib or carfilzomib

Track 8 Cardiac complications of carfilzomib in patients with MM

Track 9 Management and mitigation strategies of carfilzomib-associated dyspnea

Track 10 Maintenance therapy options for patients with standard-risk versus high-risk MM

Track 11 Potential use of ixazomib as maintenance therapy in MM

Track 12 Long-term treatment of MM with proteasome inhibitors

Track 13 The mSMART approach to managing MM

Interview with Dr Rajkumar (continued)

Track 14 Therapeutic options for patients with MM initially treated with RVd (lenalidomide/bortezomib/dexamethasone) and ASCT who experience disease relapse while receiving lenalidomide maintenance

Track 15 Duration of lenalidomide maintenance therapy

Track 16 Efficacy of daratumumab in combination with dexamethasone and bortezomib or lenalidomide in relapsed or refractory MM

Track 17 Venetoclax as a potential treatment for MM with t(11;14)

Video Program

View the corresponding video interviews with (from left) Drs Friedberg and Rajkumar by Dr Love at www.ResearchToPractice.com/HemInvestigators17/Video.

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SELECT PUBLICATIONS

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POST-TEST

An Evening with the Investigators: Perspectives on Key Questions and Emerging Research in the Management of Lymphoma and Multiple Myeloma

QUESTIONS (PLEASE CIRCLE ANSWER):

1. **Which of the following observations was made in the Phase III GALLIUM study evaluating obinutuzumab- versus rituximab-based induction and maintenance therapy for previously untreated follicular lymphoma?**
   a. No difference in PFS
   b. PFS favoring rituximab
   c. PFS favoring obinutuzumab

2. **The majority of patients with del(17p) CLL _____.**
   a. Present up front with the 17p deletion
   b. Acquire the 17p deletion over the course of their disease

3. **Tumor lysis syndrome is an adverse event associated with venetoclax therapy for patients with CLL.**
   a. True
   b. False

4. **_____ is an FDA-approved orally bioavailable inhibitor of the delta isoform of PI3 kinase for the treatment of relapsed CLL.**
   a. Copanlisib
   b. Ibrutinib
   c. Idelalisib
   d. TGR-1202

5. **The results of the Phase III POLLUX trial of lenalidomide and dexamethasone with or without daratumumab for patients with MM who have received 1 or more prior lines of therapy failed to demonstrate a statistically significant improvement in PFS with the addition of daratumumab.**
   a. True
   b. False

6. **Which of the following statements is false about the use of proteasome inhibitors in the management of MM?**
   a. Carfilzomib is associated with shortness of breath
   b. In comparison to bortezomib, carfilzomib is associated with a higher incidence of neuropathy
   c. Ixazomib is an orally bioavailable proteasome inhibitor
   d. All of the above
   e. None of the above

7. **Lenalidomide-induced diarrhea in patients with MM may be caused by bile acid malabsorption, which may be treated with bile acid sequestrants like colestipol.**
   a. True
   b. False

8. **For frail, elderly patients with MM who have received at least 1 prior line of therapy, the administration of elotuzumab may be considered before daratumumab because _____.**
   a. Elotuzumab is easier to tolerate
   b. Elotuzumab is faster to infuse
   c. Both a and b

9. **Acalabrutinib is a(n) _____.**
   a. Anti-PD-1/PD-L1 antibody
   b. BTK inhibitor
   c. Immunomodulatory drug

10. **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. B-cell maturation antigen (BCMA)
    b. CD19
    c. CD33

EDUCATIONAL ASSESSMENT AND CREDIT FORM

An Evening with the Investigators: Perspectives on Key Questions and Emerging Research in the Management of Lymphoma and Multiple Myeloma

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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
Clinical strategies to introduce venetoclax into the up-front treatment of hematologic cancers and management of venetoclax-associated tumor lysis syndrome	4 3 2 1	4 3 2 1
Results from the Phase III GALLIUM trial of obinutuzumab or rituximab in combination with chemotherapy followed by obinutuzumab or rituximab maintenance for untreated advanced indolent non-Hodgkin lymphoma	4 3 2 1	4 3 2 1
Activity of brentuximab vedotin in CD30-positive DLBCL and Hodgkin lymphoma	4 3 2 1	4 3 2 1
Emerging data and ongoing clinical trials of CAR T-cell therapy for patients with hematologic cancers	4 3 2 1	4 3 2 1
Tolerability and side-effect differences between the BTK inhibitors ibrutinib and acalabrutinib	4 3 2 1	4 3 2 1
Effectiveness and toxicity profiles of FDA-approved (idelalisib) and investigational (copanlisib and TGR-1202) PI3K inhibitors for indolent non-Hodgkin lymphoma	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).....

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If you intend to implement any changes in your practice, please provide 1 or more examples:

.....

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- Customize the use of induction, consolidation and maintenance therapeutic approaches for patients with multiple myeloma (MM) in the post-transplant and nontransplant settings, considering patient- and disease-related factors, including cytogenetic profile. .....4 3 2 1 N/M N/A
- Consider published research data and other clinical factors in the best-practice selection, sequencing or combining of available therapeutic agents in the nonresearch care of patients with relapsed/refractory (R/R) MM. .....4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

- Individualize the selection and sequence of systemic therapy for patients with newly diagnosed and R/R chronic lymphocytic leukemia (CLL), considering clinical presentation, biomarker profile and psychosocial status. . . . . 4 3 2 1 N/M N/A
- Consider existing and emerging clinical research data in the formulation of therapeutic recommendations for patients with newly diagnosed and R/R diffuse large B-cell lymphoma, follicular lymphoma and mantle cell lymphoma. . . . . 4 3 2 1 N/M N/A
- Review emerging clinical trial data on the efficacy and safety of brentuximab vedotin for patients with Hodgkin lymphoma (HL) and other CD30-positive lymphomas, and use this information to prioritize protocol and nonresearch options for these patients. . . . . 4 3 2 1 N/M N/A
- Compare and contrast the mechanisms of action, efficacy and safety of approved and investigational immunotherapeutic approaches such as chimeric antigen receptor T-cell-directed therapy for the treatment of HL, non-Hodgkin lymphoma, CLL and MM to determine the current and/or potential utility of each in clinical practice. . . . . 4 3 2 1 N/M N/A

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Faculty	Knowledge of subject matter	Effectiveness as an educator
Jonathan W Friedberg, MD, MMSc	4 3 2 1	4 3 2 1
S Vincent Rajkumar, 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

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This activity is supported by educational grants from AbbVie Inc, Amgen Inc, AstraZeneca Pharmaceuticals LP/Acerta Pharma, Bayer HealthCare Pharmaceuticals, Bristol-Myers Squibb Company, Celgene Corporation, Genentech BioOncology, Kite Pharma Inc and Seattle Genetics.

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Release date: October 2017
Expiration date: October 2018
Estimated time to complete: 1.5 hours