

Clinical Investigator and Nursing Perspectives on the Management of Non-Hodgkin Lymphoma and Chronic Lymphocytic Leukemia

OVERVIEW OF ACTIVITY

Non-Hodgkin lymphoma (NHL) comprises a heterogeneous group of lymphoproliferative disorders and is one of the most rapidly evolving fields in hematology and oncology. In 2012, the numbers of estimated new cases of NHL and chronic lymphocytic leukemia (CLL) in the United States were 70,130 and 16,060, respectively, with approximately 23,000 deaths estimated from these diseases. Increasingly, the age of patients diagnosed with NHL has risen during the past 2 decades, which may result in more significant comorbid conditions that will complicate treatment. Published results from ongoing clinical trials lead to the continual emergence of new therapeutic agents and changes in the use of existing treatments. To provide oncology nurses with therapeutic strategies to address the disparate needs of patients with NHL/CLL, the *Oncology Nursing Update* audio series employs one-on-one interviews with medical oncologists and nurses who are experts in caring for patients with NHL/CLL. Upon completion of this CNE activity, oncology nurses should be able to formulate an up-to-date and more complete approach to the care of patients with NHL/CLL.

LEARNING OBJECTIVES

- Relate therapeutic algorithms for the management of indolent and aggressive forms of B-cell NHL to appropriate patient-focused education to enhance clinical decision-making.
- Apply the results of emerging clinical research to the therapeutic and supportive care of patients with newly diagnosed and relapsed/refractory CLL.
- Explain the risks and benefits of evidence-based treatment approaches and agents to patients with T-cell lymphoma requiring systemic therapy.
- Evaluate the preliminary safety profiles and response outcomes of investigational agents and treatment strategies undergoing evaluation in NHL and CLL, and counsel appropriately selected patients about the potential for enrollment in clinical trials.

ACCREDITATION STATEMENT

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CREDIT DESIGNATION STATEMENT

This educational activity for 3 contact hours is provided by Research To Practice during the period of March 2013 through March 2014.

HOW TO USE THIS CNE ACTIVITY

This is an audio CNE program. This website contains CNE information, including learning objectives, faculty disclosures, a Post-test and an Educational Assessment and Credit Form, as well as links to relevant abstracts and full-text articles.

To receive credit, participants should read the learning objectives and faculty disclosures, listen to the audio MP3s and complete the Post-test and Educational Assessment and Credit Form located at ResearchToPractice.com/ONUNHL113/CNE. A statement of CNE credit will be issued only upon completion of the Post-test, with a score of 70% or better, and the Educational Assessment and Credit Form. Your statement of credit will be mailed to you within 3 weeks or may be printed online.

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Hardware/Software Requirements:

A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 7 or later, Firefox 3.0 or later, Chrome, Safari 3.0 or later
Adobe Flash Player 10.2 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

There is no implied or real endorsement of any product by RTP or the American Nurses Credentialing Center.

INTERVIEW WITH MS GOODRICH

- **Case discussion:** *A 70-year-old woman with a prior history of breast cancer presents with asymptomatic Stage IIIA nonbulky follicular lymphoma (FL) and subsequently undergoes treatment with rituximab (R) on the RESORT study*
 - Phase III ECOG-E4402 (RESORT) study comparing R maintenance to R re-treatment upon disease progression for low tumor burden indolent non-Hodgkin lymphoma (NHL)
 - Hypogammaglobulinemia and chronic infections in patients receiving maintenance R
 - Bendamustine-R (BR) as front-line therapy for FL
 - Counseling patients with FL about the similarities and differences between BR and R-CHOP
 - PRIMA: Maintenance R in patients with FL who achieve a response to R-chemotherapy
 - Use of R-lenalidomide (R²) in patients with FL who are intolerant to chemotherapy
- **Case discussion:** *A 63-year-old woman with widespread adenopathy and aggressive, high-risk diffuse large B-cell lymphoma (DLBCL)*
 - Monitoring and treatment of tumor lysis syndrome
 - Use of rasburicase prophylaxis for tumor lysis syndrome
 - CNS prophylaxis for patients with DLBCL
- **Case discussion:** *A 64-year-old man with Stage IVA, Grade I FL is observed off treatment for 5 years and subsequently receives R in the face of progressive disease. The patient achieves a complete response to R followed by transformation to DLBCL*
 - Treatment of transformed FL

INTERVIEW WITH DR SMITH

- **Case discussion:** *A 58-year-old woman with asymptomatic chronic lymphocytic leukemia (CLL) and WBC rising to 200,000/mm³*
 - Detection, diagnosis and prognosis of CLL
 - Indications to initiate treatment for CLL
 - Hypersplenism in CLL
 - Management of tumor lysis syndrome — hydration, allopurinol and rasburicase
 - Undefined role of R maintenance in CLL
 - Overview of the similarities and differences between FL and CLL

- Educating patients with indolent lymphoma about a “watch-and-wait” approach versus active treatment
- Promising investigational agents in CLL: ibrutinib, idelalisib (GS1101) and the Bcl-2 inhibitor ABT-199
- Evolving role of lenalidomide ± R in CLL and other lymphomas
- Avoidance of lenalidomide-associated tumor flare in CLL
- Mechanisms of action of R and lenalidomide and rationale for their synergy when used in combination
- Use of R monotherapy in CLL
- Radioimmunotherapy (RIT) as a treatment option in indolent lymphomas
- **Case discussion:** *A 63-year-old man with massive splenomegaly and progressively worsening fatigue is diagnosed with mantle-cell lymphoma (MCL) and undergoes treatment with modified hyper-CVAD*
 - Diagnostic workup for MCL
 - Treatment approaches for younger and older patients with MCL
 - Maintenance R in patients with MCL responding to R-CHOP
 - BR followed by maintenance R for relapsed MCL
 - Promising investigational agents in MCL: mTOR inhibitors everolimus and temsirolimus
- **Case discussion:** *A 60-year-old man with low-risk, germinal-center DLBCL receives R-CHOP-14, relapses 1 year later and receives R-ICE followed by HDT and ASCT followed by a second relapse 9 months later*
 - Perspective on dose-dense R-CHOP-14 versus R-CHOP-21 in DLBCL
 - Phase III study of pixantrone/R versus gemcitabine/R for aggressive, relapsed NHL not eligible for stem cell transplant

INTERVIEW WITH DR HORWITZ

- **Case discussion:** *A 69-year-old woman who responded well to initial treatment with EPOCH for angioimmunoblastic T-cell lymphoma (TCL) undergoes allogeneic stem cell transplant for a biopsy-proven recurrence and achieves remission*

- Overview of angioimmunoblastic TCL
- Key clinical differences between B-cell and T-cell lymphomas
- Activity and tolerability of EPOCH in angioimmunoblastic TCL
- Common subtypes of systemic TCL
- Perspective on allogeneic transplant for older patients with relapsed/refractory angioimmunoblastic TCL
- Treatment options for relapsed/refractory angioimmunoblastic TCL
- Mechanisms of action, efficacy and toxicity profiles of the novel agents romidepsin and pralatrexate used in the treatment of TCL
- Activity and side effects of the antibody-drug conjugate brentuximab vedotin in CD30-positive lymphomas
- Promising investigational agents in TCL: belinostat, bendamustine, KW-0761 and BTK inhibitors
- Potential role of lenalidomide in the treatment of TCL
- **Case discussion:** *An 81-year-old man with Stage 1B mycosis fungoides is enrolled in a clinical trial of pralatrexate and bexarotene after disease transformation*
 - Presentation and symptomatology of mycosis fungoides
 - Educating patients about phototherapy for the treatment of cutaneous TCL (CTCL)
 - Treatment options for patients with relapsed/refractory CTCL
 - Phase I study of pralatrexate in combination with bexarotene for patients with relapsed or refractory CTCL

INTERVIEW WITH MS MORAN

- **Case discussion:** *A 59-year-old man with MCL achieves a complete remission after treatment with R-hyper-CVAD*
 - Overview of MCL
 - Educating patients about the side effects and toxicities of R-hyper-CVAD
 - Treatment options for recurrent MCL
 - Activity and side effects of bortezomib in MCL
 - Benefits and risks of lenalidomide in MCL
- **Case discussion:** *A 63-year-old woman with Stage IVB DLBCL receives R-EPOCH on a Phase III trial and remains in complete remission after 2 years*
 - CNS prophylaxis in DLBCL
- **Case discussion:** *A 65-year-old man with FL who achieves a complete response to BR experiences disease relapse 2 years later and receives R²*
 - Response and tolerability of BR versus R-CHOP as front-line therapy in FL
 - Consideration of R up front or as maintenance therapy for FL
 - Use of R² in patients with relapsed/refractory FL
 - Lenalidomide-associated tumor flare in FL
 - RIT as a treatment option in FL
- **Case discussion:** *A 64-year-old man with CLL whose disease progresses through multiple lines of therapy is now under consideration for a clinical trial of the oral BTK inhibitor ibrutinib*
 - Risk for infections in patients with CLL
 - Counseling patients with indolent lymphomas about their diagnosis, treatment and prognosis

SELECT PUBLICATIONS

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- Delarue R et al. **R-CHOP14 compared to R-CHOP21 in elderly patients with diffuse large B-cell lymphoma (DLBCL): Final analysis of the LNH03-6B GELA study.** *Proc ASCO 2012*;Abstract 8021.
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- Dueck G et al. **Interim report of a phase 2 clinical trial of lenalidomide for T-cell non-Hodgkin lymphoma.** *Cancer 2010*;116(19):4541-8. Abstract
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- Fischer K et al. **Bendamustine combined with rituximab in patients with relapsed and/or refractory chronic lymphocytic leukemia: A multicenter phase II trial of the German Chronic Lymphocytic Leukemia Study Group.** *J Clin Oncol 2011*;29(26):3559-66. Abstract
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