**TARGET AUDIENCE**
This activity has been designed to meet the educational needs of medical oncologists, hematologists, hematology-oncology fellows and other healthcare providers involved in the treatment of hematologic cancers.

**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 contrast, Hodgkin lymphoma (HL) is a rarer disease that is relatively chemo-sensitive and often curable when treated appropriately. However, care for patients who do not respond to primary treatment or those with relapsed or refractory HL remains a significant challenge for oncology clinicians. Published results from ongoing clinical trials lead to the continual emergence of new therapeutic agents and changes in the use of existing treatments. To offer optimal patient care — including the option of clinical trial participation — practicing medical oncologists, hematologists and hematology-oncology fellows must be well informed of these advances. This program uses a roundtable discussion with leading clinical investigators to assist practicing clinicians in formulating up-to-date clinical management strategies for NHL, HL and chronic lymphocytic leukemia (CLL).

**LEARNING OBJECTIVES**
- Develop an understanding of emerging efficacy and side-effect data with novel agents and combination regimens under evaluation for indolent and aggressive B-cell and T-cell NHL.
- Incorporate new therapeutic strategies into the best-practice management of HL.
- Develop an algorithm for the evaluation and treatment of newly diagnosed and relapsed/refractory CLL.
- Devise an evidence-based approach to the sequential systemic treatment of peripheral T-cell lymphoma.
- Use available research evidence and understand the controversies surrounding the use of CNS prophylaxis to guide treatment decision-making for patients with diffuse large B-cell lymphoma.

**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 2.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**HOW TO USE THIS CME ACTIVITY**
This CME activity consists of a video component. To receive credit, the participant should watch the video, complete the Post-test with a score of 70% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/HOUTT113/Video/CME.

**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 potential conflicts of interest with faculty, planners and managers of CME activities. Real or apparent 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 real or apparent conflicts of interest, which have been resolved through a conflict of interest resolution process:

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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

Last review date: November 2013
Expiration date: November 2014
Select Publications

A randomized, open-label, phase 3 trial of A+AVD versus ABVD as frontline therapy in patients with advanced classical Hodgkin lymphoma. NCT01712490


Chen R et al. Two-year follow-up of patients with relapsed/refractory Hodgkin treated with brentuximab vedotin prior to reduced intensity allogeneic hematopoietic cell transplantation. Proc ICML 2013;Abstract 140.


ECOG-E2408: A 3-arm randomized phase II trial of bendamustine-rituximab (BR) followed by rituximab vs bortezomib-BR (BVR) followed by rituximab vs BR followed by lenalidomide/rituximab in high risk follicular lymphoma. NCT01216683


Goede V et al. Obinutuzumab (GA101) + chlorambucil (Clb) or rituximab + Clb versus Clb alone in patients with chronic lymphocytic leukemia (CLL) and preexisting medical conditions (comorbidities): Final stage 1 results of the CLL11 (BO21004) phase III trial. Proc ASCO 2013;Abstract 7004.


Moskowitz AJ et al. PET-adapted sequential therapy with brentuximab vedotin and augmented-ICE induces FDG-PET normalization in 92% of patients with relapsed and refractory Hodgkin lymphoma. Proc ICML 2013;Abstract 141.

Nowakowski GS et al. Combination of lenalidomide with R-CHOP is well tolerated and effective as initial therapy for aggressive B-cell lymphomas — A phase II study. Proc ASH 2012;Abstract 689.

O’Brien SM et al. A phase II study of the selective phosphatidylinositol 3-kinase delta (PI3Kδ) inhibitor idelalisib (GS-1101) in combination with rituximab in treatment-naive patients (pts) ≥65 years with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL). Proc ASCO 2013;Abstract 7005.

O’Connor OA et al. Belinostat, a novel pan-histone deacetylase inhibitor in relapsed or refractory peripheral T-cell lymphoma: Results from the BELIEF trial. Proc ASCO 2013;Abstract 8507.


Randomized phase II open label study of lenalidomide R-CHOP (R2CHOP) vs R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine and prednisone) in patients with newly diagnosed diffuse large B cell lymphoma. NCT01856192


