# **RTP ONDEMAND**

Current Controversies and Emerging Data Sets in Follicular Lymphoma and Chronic Lymphocytic Leukemia

## **CME Information**

## TARGET AUDIENCE

This activity is intended for medical oncologists, hematologists, hematology-oncology fellows and other healthcare providers involved in the treatment of hematologic cancers.

#### **OVERVIEW OF ACTIVITY**

Hematologic oncology and related blood disorders are some of the most rapidly evolving fields in all of medicine. Results presented at major conferences from a plethora of ongoing clinical trials lead to the continual emergence of new therapeutic agents and changes in the indications for existing treatments. In order to offer optimal patient care, the practicing hematologist-oncologist must be well informed of these advances. To bridge the gap between research and patient care, this program uses one-on-one discussion with Dr Jonathan Friedberg about treatment controversies and the integration of key data sets recently presented into the practical management of follicular lymphoma and chronic lymphocytic leukemia.

### LEARNING OBJECTIVES

- Appraise recent data on therapeutic advances and changing practice standards in follicular lymphoma (FL) and chronic lymphocytic leukemia (CLL), and integrate this information, as appropriate, into current clinical care.
- Identify patients with FL who may benefit from maintenance systemic treatment.
- Recall new data with investigational agents demonstrating promising activity in FL.
- Apply the results of emerging clinical research to the selection of optimal systemic therapy for patients with newly diagnosed and relapsed or refractory CLL.
- Identify ongoing clinical trials evaluating innovative investigational approaches for FL and CLL, and obtain consent from appropriate patients for study participation.

#### 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 1.25 *AMA PRA Category 1 Credits*<sup>TM</sup>. 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 75% or better and fill out the Educational Assessment and Credit Form located on our website at ResearchToPractice.com/RTPODHem113/CME.

### CONTENT VALIDATION AND DISCLOSURES

Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-theart 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 his spouse/partner) reported real or apparent conflicts of interest, which have been resolved through a conflict of interest resolution process:

#### Jonathan W Friedberg, MD, MMSc

Samuel Durand Professor of Medicine Director, Wilmot Cancer Center University of Rochester Rochester, New York

Advisory Committee: Genentech BioOncology; Data and Safety Monitoring Board: Lilly USA LLC.

**MODERATOR** — Dr Love is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME activities from the following commercial interests: AbbVie Inc, Algeta US, Allos Therapeutics, Amgen Inc, ArQule Inc, Astellas, AstraZeneca Pharmaceuticals LP, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, Biodesix Inc, Biogen Idec, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Daiichi Sankyo Inc, Dendreon Corporation, Eisai Inc, EMD Serono Inc, Foundation Medicine Inc, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, Incyte Corporation, Lilly USA LLC, Medivation Inc, Merck, Millennium: The Takeda Oncology Company, Mundipharma International Limited, Novartis Pharmaceuticals Corporation, Novocure, Onyx Pharmaceuticals Inc, Prometheus Laboratories Inc, Regeneron Pharmaceuticals, Sanofi, Seattle Genetics, Spectrum Pharmaceuticals Inc and Teva Oncology.

#### **RESEARCH TO PRACTICE STAFF AND EXTERNAL**

**REVIEWERS** — The scientific staff and reviewers for Research To Practice have no real or apparent conflicts of interest to disclose. This educational activity contains discussion of published and/or investigational uses of agents that are not indicated by the Food and Drug Administration. Research To Practice does not recommend the use of any agent outside of the labeled indications. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications and warnings. The opinions expressed are those of the presenters and are not to be construed as those of the publisher or grantor.

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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:** August 2013

Expiration date: August 2014

# **Select Publications**

Brown JR et al. Final results of a phase I study of idelalisib (GS-1101) a selective inhibitor of PI3Kδ, in patients with relapsed or refractory CLL. *Proc ASCO* 2013; Abstract 7003.

Byrd JC et al. Targeting BTK with ibrutinib in relapsed chronic lymphocytic leukemia. N Engl J Med 2013;369(1):32-42.

Flinn I et al. The BRIGHT study of first-line bendamustine-rituximab (BR) or R-CHOP/R-CVP in advanced indolent non-Hodgkin's lymphoma (NHL) or mantle cell lymphoma (MCL). *Proc ICML* 2013; Abstract 084.

Fowler NH et al. Lenalidomide and rituximab for untreated indolent lymphoma: Final results of a phase II study. *Proc ASH* 2012; Abstract 901.

Ghielmini ME et al. Long-term follow-up of patients with follicular lymphoma (FL) receiving single agent rituximab at two different schedules in study SAKK 35/98. *Proc ASCO* 2009; Abstract 8512.

Goede V et al. Obinutuzumab (GA101) plus chlorambucil (Clb) or rituximab (R) plus Clb versus Clb alone in patients with chronic lymphocytic leukemia (CLL) and preexisting medical conditions (comorbidities): Final stage 1 results of the CLL11 (B021004) phase III trial. *Proc ASCO* 2013;Abstract 7004.

Gyan E et al. High-dose therapy followed by autologous purged stem cell transplantation and doxorubicin-based chemotherapy in patients with advanced follicular lymphoma: A randomized multicenter study by the GOELAMS with final results after a median follow-up of 9 years. *Blood* 2009;113(5):995-1001.

Hainsworth JD et al. Rituximab plus short-duration chemotherapy followed by yttrium-90 ibritumomab tiuxetan as first-line treatment for patients with follicular non-Hodgkin lymphoma: A phase II trial of the Sarah Cannon Oncology Research Consortium. *Clin Lymphoma Myeloma* 2009;9(3):223-8.

Kahl BS et al. Results of Eastern Cooperative Oncology Group protocol E4402 (RESORT): A randomized phase III study comparing two different rituximab dosing strategies for low tumor burden follicular lymphoma. *Proc ASH* 2011;Abstract LBA-6.

Ladetto M et al. Prospective, multicenter randomized GITMO/IIL trial comparing intensive (R-HDS) versus conventional (CHOP-R) chemoimmunotherapy in high-risk follicular lymphoma at diagnosis: The superior disease control of R-HDS does not translate into an overall survival advantage. *Blood* 2008;111(8):4004-13.

Lenz G et al. Myeloablative radiochemotherapy followed by autologous stem cell transplantation in first remission prolongs progression-free survival in follicular lymphoma: Results of a prospective, randomized trial of the German Low-Grade Lymphoma Study Group. *Blood* 2004;104(9):2667-74.

Maloney DG. Anti-CD20 therapy for B-Cell lymphomas. N Engl J Med 2012;366(21):2008-16.

Martin P et al. CALGB 50803 (ALLIANCE): A phase 2 trial of lenalidomide plus rituximab in patients with previously untreated follicular lymphoma. *Proc ICML* 2013; Abstract 063.

Morschhauser F et al. Phase III trial of consolidation therapy with yttrium-90-ibritumomab tiuxetan compared with no additional therapy after first remission in advanced follicular lymphoma. *J Clin Oncol* 2008;26(32):5156-64.

O'Brien SM et al. A phase II study of the selective phosphatidylinositol 3-kinase delta (PI3K $\delta$ ) inhibitor idelalisib (GS-1101) in combination with rituximab (R) in treatment-naive patients (pts)  $\geq$ 65 years with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL). *Proc ASCO* 2013;Abstract 7005.

Pettengell R et al. Rituximab purging and/or maintenance in patients undergoing autologous transplantation for relapsed follicular lymphoma: A prospective randomized trial from the lymphoma working party of the European Group for Blood and Marrow Transplantation. J Clin Oncol 2013;31(13):1624-30.

Press OW et al. A phase III randomized Intergroup trial (SWOG S0016) of CHOP chemotherapy plus rituximab vs CHOP chemotherapy plus iodine-131-tositumomab for the treatment of newly diagnosed follicular non-Hodgkin's lymphoma. *Proc ASH* 2011;Abstract 98.

Rummel M et al. Bendamustine plus rituximab versus CHOP plus rituximab as first-line treatment for patients with indolent and mantle-cell lymphomas: An open-label, multicentre, randomised, Phase 3 non-inferiority trial. *Lancet* 2013;381(9873):1203-10.

Salles G et al. Rituximab maintenance for 2 years in patients with high tumour burden follicular lymphoma responding to rituximab plus chemotherapy (PRIMA): A phase 3, randomised controlled trial. *Lancet* 2011;377(9759):42-51. Sebban C et al. Impact of rituximab and/or high-dose therapy with autotransplant at time of relapse in patients with follicular lymphoma: A GELA study. *J Clin Oncol* 2008;26(21):3614-20.

Wiestner A et al. Single agent ibrutinib (PCI-32765) is highly effective in chronic lymphocytic leukaemia patients with 17P deletion. *Proc ICML* 2013; Abstract 008.

Wiestner A. Targeting B-Cell receptor signaling for anticancer therapy: The Bruton's tyrosine kinase inhibitor ibrutinib induces impressive responses in B-cell malignancies. *J Clin Oncol* 2013;31(1):128-30.

Zinzani PL et al. A phase II trial of short course fludarabine, mitoxantrone, rituximab followed by 90Y-ibritumomab tiuxetan in untreated intermediate/high-risk follicular lymphoma. *Ann Oncol* 2012;23(2):415-20.

Zinzani PL et al. Fludarabine and mitoxantrone followed by yttrium-90 ibritumomab tiuxetan in previously untreated patients with follicular non-Hodgkin lymphoma trial: A phase II non-randomised trial (FLUMIZ). *Lancet Oncol* 2008;9(4):352-8.