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

OVERVIEW OF ACTIVITY
Taken together, it is estimated that approximately 85,420 new non-Hodgkin lymphoma (NHL) and chronic lymphocytic leukemia (CLL) cases were identified in the United States in the year 2013, and 23,600 individuals died from these diseases. Of importance, currently more than 60 drug products are labeled for use in the management of hematologic cancers, with more than 70 distinct FDA-approved indications. Although this extensive list of available treatment options is reassuring for patients and oncology healthcare professionals, it poses a challenge to the practicing clinician who must maintain up-to-date knowledge of appropriate clinical management strategies across a vast spectrum of liquid and solid tumors. These proceedings from a CME symposium during the 55th ASH Annual Meeting use the perspectives of renowned experts in the field of hematologic oncology to frame a relevant discussion of the optimal management of various forms of NHL. By providing information on the latest research developments and their potential application to routine practice, this activity is designed to assist hematologists, medical oncologists and hematology-oncology fellows with the formulation of up-to-date clinical management strategies for NHL.

LEARNING OBJECTIVES
• Appraise recent data on therapeutic advances and changing practice standards in NHL, including CLL, and integrate this information, when appropriate, into current clinical care.
• Develop an algorithm for the risk-stratified induction treatment of follicular lymphoma, diffuse large B-cell lymphoma and mantle-cell lymphoma.
• Compare and contrast completed and ongoing clinical trials evaluating novel investigational approaches for B-cell lymphomas and CLL, and use this information to prioritize clinical trial opportunities or expanded access programs available to patients.
• Appreciate the recent FDA approval of obinutuzumab, and discern how this agent can be optimally integrated into clinical practice for patients with CLL.
• Customize the selection of systemic therapy for patients with progressive mantle-cell lymphoma, recognizing the recent addition of lenalidomide and ibrutinib as FDA-endorsed options for these patients.
• Recognize the role of novel agents in the management of peripheral T-cell lymphoma and/or advanced-stage cutaneous T-cell lymphoma, and ensure appropriate supportive care measures to minimize side effects.
• Recall new data with and assess ongoing trials of investigational agents demonstrating promising activity in NHL.

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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:

Brad S Kahl, MD
Skoronski Chair of Lymphoma Research
Associate Professor
University of Wisconsin School of Medicine and Public Health
Associate Director for Clinical Research
UW Carbone Cancer Center
Madison, Wisconsin

Advisory Committee: Celgene Corporation, Cephalon Inc, Genentech BioOncology, Millennium: The Takeda Oncology Company, Roche Laboratories Inc; Contracted Research: Abbott Laboratories, Cephalon Inc, Genentech BioOncology.

Mitchell R Smith, MD, PhD
Director of Lymphoid Malignancies Program at Taussig Cancer Institute
Cleveland Clinic
Cleveland, Ohio

Advisory Committee: Celgene Corporation, Cephalon Inc; Speakers Bureau: Allos Therapeutics, Spectrum Pharmaceuticals Inc.

Steven M Horwitz, MD
Assistant Attending
Lymphoma Service
Division of Hematologic Oncology
Memorial Sloan-Kettering Cancer Center
New York, New York


Michele E Ghielmini, MD, PhD
Honorary Professor of Medicine
University of Bern
Medical Director
Oncology Institute of Southern Switzerland
Bellinzona, Switzerland

Advisory Committee: Celgene Corporation, GlaxoSmithKline; Consulting Agreement: Millennium: The Takeda Oncology Company; Speakers Bureau: Mundipharma International Limited, Pfizer Inc, Roche Laboratories Inc.

Laurie H Sehn, MD, MPH
Centre for Lymphoid Cancer
BC Cancer Agency and University of British Columbia
Vancouver, British Columbia, Canada

Consulting Agreements: Amgen Inc, Celgene Corporation, Cephalon Inc, Genentech BioOncology, Gilead Sciences Inc, GlaxoSmithKline, Lundbeck Canada Inc, Roche Laboratories Inc; Contracted Research: Lundbeck Canada Inc, Roche Laboratories Inc.

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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: March 2014
Expiration date: March 2015
Brad Kahl, MD


Mitchell R Smith, MD, PhD


Brown JR et al. Safety and efficacy of obinutuzumab (GA101) with fludarabine/cyclophosphamide (G-FC) or bendamustine (G-B) in the initial therapy of patients with chronic lymphocytic leukemia (CLL): Results from the phase 1b Galton trial (GA04779g). Proc ASH 2013; Abstract 523.


Steven M Horwitz, MD

A randomized phase III study to evaluate the efficacy of chemoimmunotherapy with the monoclonal antibody campath-1H (alemtuzumab) given in combination with 2-weekly CHOP versus 2-weekly CHOP alone and consolidated by autologous stem cell transplant, in young patients with previously untreated systemic peripheral T-cell lymphomas. *NCT00646854*


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Study of pralatrexate versus observation following CHOP-based chemotherapy in previously undiagnosed peripheral T-cell lymphoma patients. *NCT01420679*


Michele E Ghielmini, MD, PhD


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Laurie H Sehn, MD, MPH


