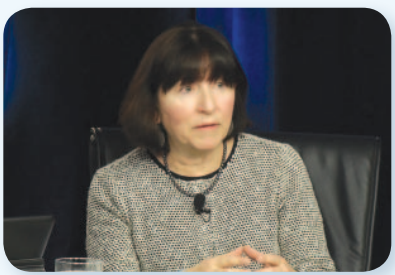
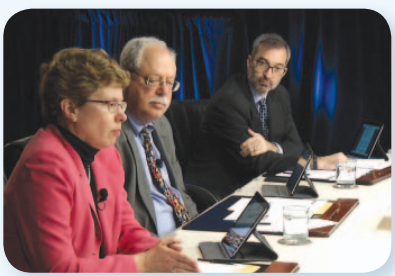
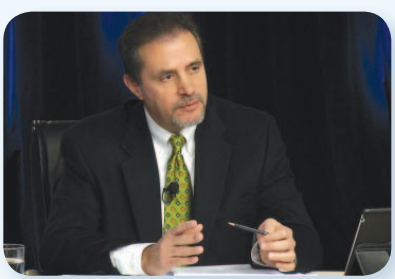
ISSUE 1 • 2015

New Biologic Insights and Recent Therapeutic Advances in the Management of Acute and Chronic Leukemias and Myelodysplastic Syndromes

Proceedings from a Clinical Investigator Think Tank







FACULTY

Jennifer R Brown, MD, PhD
Hagop M Kantarjian, MD
Charles A Schiffer, MD
B Douglas Smith, MD
David P Steensma, MD
Wendy Stock, MD, MA

MODERATOR

Neil Love, MD

CONTENTS

2 Audio CDs

From the publishers of:
Hematologic Oncology™ UPDATE

CME Certified

Subscribe to Podcasts or download MP3s of this program at ResearchToPractice.com/LeukemiaTT115

Follow us at Facebook.com/ResearchToPractice Follow us on Twitter @DrNeilLove

New Biologic Insights and Recent Therapeutic Advances in the Management of Acute and Chronic Leukemias and Myelodysplastic Syndromes

A Continuing Medical Education Audio Program

OVERVIEW OF ACTIVITY

Hematologic cancers include the lymphomas, the leukemias, multiple myeloma and other related disorders (eg, myelodysplastic syndromes [MDS] and myeloproliferative diseases) stemming from lymphoid and myeloid progenitor cell lines. Taken together, it is estimated that approximately 162,020 new lymphoid, myeloid and leukemic cancer cases will be identified in the United States in the year 2015 and 56,630 individuals will die from these diseases. Although an extensive list of treatment options is available for these patients, this poses a challenge to the practicing clinician who must maintain up-to-date knowledge of appropriate clinical management strategies across a vast spectrum of diseases. To address this issue, this CME program brings together leading clinical investigators to provide biologic insights into the recent therapeutic advances in the management of acute and chronic leukemias and MDS. By reviewing the available clinical trial data and relevant case scenarios, this initiative will provide perspectives on gaps in medical knowledge and illuminate treatment ambiguities pertinent to the treatment of these diseases.

LEARNING OBJECTIVES

- Appraise recent data on therapeutic advances and changing practice standards in the management of select acute and chronic leukemias and MDS, and refine or validate existing treatment algorithms based on discussion of this information.
- Recognize evidence-based therapeutic options for patients with progressive chronic myeloid leukemia.
- Appreciate the FDA approvals of novel targeted agents indicated for the treatment of newly diagnosed and relapsed or refractory chronic lymphocytic leukemia, and discern how these treatments can be appropriately integrated into clinical practice.
- Review existing and evolving clinical trial data to recommend safe therapeutic alternatives for patients with acute myeloid leukemia, including acute promyelocytic leukemia, and increase knowledge regarding investigational options designed for patients who are not candidates for intensive therapy.
- Apply the results of emerging clinical research to optimize treatment for young adult and adult patients with newly diagnosed and recurrent acute lymphoblastic leukemia.
- Counsel patients with MDS about supportive and systemic treatment options to manage disease-related cytopenias and minimize leukemic progression.

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 2.75 *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 contains an audio component. To receive credit, the participant should review the CME information, listen to the CDs, complete the Post-test with a score of 70% or better and fill out the Educational Assessment and Credit Form located in the back of this booklet or on our website at **ResearchToPractice.com/LeukemiaTT115/CME**.

This activity is supported by educational grants from Boehringer Ingelheim Pharmaceuticals Inc, Celgene Corporation, Genentech BioOncology, Gilead Sciences Inc, Jazz Pharmaceuticals Inc, Novartis Pharmaceuticals Corporation and Teva Oncology.

Release date: October 2015; Expiration date: October 2016

FACULTY

Jennifer R Brown, MD, PhD
Director
Chronic Lymphocytic Leukemia Center
Dana-Farber Cancer Institute
Associate Professor of Medicine
Harvard Medical School
Boston, Massachusetts

B Douglas Smith, MD
Professor of Oncology
Division of Hematologic Malignancies
The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins
Baltimore, Maryland

Hagop M Kantarjian, MD
Chairman and Professor
Leukemia Department
The University of Texas
MD Anderson Cancer Center
Houston, Texas

David P Steensma, MD
Faculty Member, Adult Leukemia Program
Dana-Farber Cancer Institute
Associate Professor of Medicine
Harvard Medical School
Boston, Massachusetts

Charles A Schiffer, MD
Professor of Medicine and Oncology
Joseph Dresner Chair for Hematologic Malignancies; Chief, Multidisciplinary Leukemia/Lymphoma Group
Wayne State University School of Medicine
Karmanos Cancer Institute
Detroit, Michigan

Wendy Stock, MD, MA
Professor of Medicine
University of Chicago
Director, Leukemia Program
Chicago, Illinois

MODERATOR

Neil Love, MD
Research To Practice
Miami, Florida

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 grantors.

CONTENT VALIDATION AND DISCLOSURES

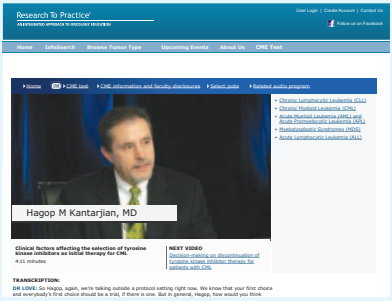
Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-the-art education. We assess potential conflicts of interest with faculty, planners and managers of CME activities. Real or apparent conflicts of interest are identified and resolved through 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 — **Dr Kantarjian** has no real or apparent conflicts of interest to disclose. 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: **Dr Brown** — Advisory Committee: Celgene Corporation, Emergent BioSolutions Inc, Gilead Sciences Inc, Janssen Biotech Inc, MorphoSys, Pharmacyclics Inc, ProNAi Therapeutics Inc; Consulting Agreements: Boehringer Ingelheim Pharmaceuticals Inc, Celgene Corporation, Emergent BioSolutions Inc, Genentech BioOncology, Gilead Sciences Inc, GlaxoSmithKline, Janssen Biotech Inc, MorphoSys, Pharmacyclics Inc, ProNAi Therapeutics Inc, Roche Laboratories Inc. **Dr Schiffer** — Advisory Committee: Boehringer Ingelheim Pharmaceuticals Inc, Eisai Inc, Novartis Pharmaceuticals Corporation, Takeda Oncology; Consulting Agreement: Celgene Corporation; Contracted Research: Amgen Inc, Bristol-Myers Squibb Company, Celgene Corporation, Novartis Pharmaceuticals Corporation, Pfizer Inc, Takeda Oncology; Research Support: MedImmune Inc; Other Remunerated Activities: Pfizer Inc, Takeda Oncology. **Dr Smith** — Advisory Committee: Bristol-Myers Squibb Company, Celgene Corporation, Novartis Pharmaceuticals Corporation, Pfizer Inc. **Dr Steensma** — Advisory Committee: Amgen Inc, Celgene Corporation, Genoptix Inc. **Dr Stock** — Advisory Committee: Amgen Inc, Gilead Sciences Inc, Sigma-Tau Pharmaceuticals Inc.

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, Amgen Inc, Astellas Scientific and Medical Affairs Inc, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Daiichi Sankyo Inc, Dendreon Corporation, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, ImmunoGen Inc, Incyte Corporation, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Lilly, Medivation Inc, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, NanoString Technologies, Novartis Pharmaceuticals Corporation, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics Inc, Prometheus Laboratories Inc, Regeneron Pharmaceuticals, Sanofi, Seattle Genetics, Sigma-Tau Pharmaceuticals Inc, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Teva Oncology, Tokai Pharmaceuticals Inc and VisionGate Inc.

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.

Video Highlights from this Clinical Investigator Think Tank



Visit www.ResearchToPractice.com/LeukemiaTT115/Video to access a number of short video highlight segments and corresponding text transcripts from the Think Tank proceedings featuring discussion of key clinical and research issues focused on the management of acute and chronic leukemias and myelodysplastic syndromes.

TRACKS 1-21

Track 1 **Case discussion:** A 65-year-old man with high-risk chronic lymphocytic leukemia (CLL) requiring treatment for progressively worsening cytopenias and lymphadenopathy

Track 2 Treatment for younger versus older patients with newly diagnosed high-risk CLL

Track 3 Phase Ib study of obinutuzumab with fludarabine/cyclophosphamide or bendamustine as initial therapy for CLL

Track 4 Potential role of lenalidomide in the treatment of CLL

Track 5 Investigation of rituximab or ofatumumab as maintenance therapy for CLL

Track 6 Clinical implications of the CLL11 trial of obinutuzumab/chlorambucil in patients with CLL and comorbidities

Track 7 Activity and clinical use of ibrutinib for relapsed or refractory CLL

Track 8 Incidence of ibrutinib-associated side effects

Track 9 **Case discussion:** A 64-year-old woman with del(11q) CLL receives idelalisib after disease progression on multiple treatment regimens

Track 10 Management of idelalisib-associated side effects

Track 11 Activity and tolerability of idelalisib/rituximab in patients aged 65 or older with treatment-naïve CLL

Track 12 Clinical experience with the Bcl-2 inhibitor venetoclax (ABT-199) as treatment for relapsed/refractory CLL

Track 13 Key issues and controversies in the management of chronic myelogenous leukemia (CML)

Track 14 **Case discussion:** A 29-year-old man with chronic-phase CML has not yet acheived a major molecular response after 1 year of initial therapy with nilotinib

Track 15 Selection of nilotinib, dasatinib or imatinib as initial therapy for patients with CML

Track 16 Considerations for changing tyrosine kinase inhibitor (TKI) therapy in patients who have not achieved a major molecular response

Track 17 Perspectives on continuation of TKI therapy for patients with CML who wish to conceive children

Track 18 **Case discussion:** A 56-year-old man with low- to intermediate-risk CML develops pleural effusions during treatment with dasatinib

Track 19 Management of TKI-associated pleural effusion

Track 20 Mechanism of action of the protein synthesis inhibitor omacetaxine mepesuccinate

Track 21 Clinical experience with omacetaxine mepesuccinate for patients with CML

TRACKS 22-43

Track 22 SORAML: Results of a Phase II trial of sorafenib versus placebo in addition to standard therapy for younger patients with newly diagnosed acute myeloid leukemia (AML)

Track 23 Activity of sorafenib in patients with FLT3-ITD mutation-negative versus FLT3-ITD mutation-positive AML

Track 24 Efficacy of azacitidine as treatment for elderly patients with AML

Track 25 Recent clinical data with the polo-like kinase inhibitor volasertib in elderly patients with AML

Track 26 **Case discussion:** A 65-year-old woman presenting with hemiparesis and an unusually high white blood cell count is diagnosed with acute promyelocytic leukemia (APL)

Track 27 Options for initial therapy in APL

Track 28 Activity of all-trans retinoic acid in combination with arsenic trioxide in APL

Track 29 Clinical landscape of emerging research in myelodysplastic syndromes (MDS)

Track 30 **Case discussion:** A 77-year-old woman is diagnosed with intermediate-risk MDS after presenting with pancytopenia and fatigue

Track 31 Choice between azacitidine and decitabine as initial therapy and consideration of allogeneic stem cell transplant in patients with intermediate-risk MDS

Track 32 Management of azacitidine-associated cytopenias

Track 33 Investigational options for patients with MDS progressing on azacitidine

Track 34 Results of a Phase III study of lenalidomide versus placebo in red blood cell transfusion-dependent patients with low- to intermediate-risk MDS without del(5q) and unresponsive or refractory to erythropoiesis-stimulating agents

Track 35 Clinical management of acute lymphoblastic leukemia (ALL) in the community compared to tertiary care settings

Track 36 Comparison of adult and pediatric treatment regimens for ALL and use of pediatric regimens in the adult population

Track 37 Benefits and risks associated with the inclusion of asparaginase in treatment regimens for ALL

Track 38 Mechanism of action and historical development of asparaginase in ALL

Track 39 Clinical experience with different preparations of asparaginase in ALL

Track 40 Benefits of the Erwinia-based preparation of asparaginase

Track 41 Emerging data with the monoclonal antibody blinatumomab as treatment for ALL

Track 42 ECOG-E1910: An ongoing Phase III trial of chemotherapy with or without blinatumomab for adult patients with newly diagnosed BCR-ABL-negative B-lineage ALL

Track 43 Magnitude of clinical responses observed with chimeric antigen receptor T-cell therapy in ALL

SELECT PUBLICATIONS

Bigliardi S et al. **Safety profile of Erwinia asparaginase treatment in adults with newly diagnosed acute lymphoblastic leukemia: A retrospective monocenter study.** *Leuk Lymphoma* 2015;56(3):770-3.

Cortes JE et al. **Final analysis of the efficacy and safety of omacetaxine mepesuccinate in patients with chronic- or accelerated-phase chronic myeloid leukemia: Results with 24 months of follow-up.** *Cancer* 2015;121(10):1637-44.

Cortes J et al. **Final study results of the phase 3 dasatinib versus imatinib in newly diagnosed chronic myeloid leukemia in chronic phase trial (DASISION, CA180-056).** *Proc ASH* 2014;**Abstract 152**.

Döhner H et al. **Randomized, phase 2 trial of low-dose cytarabine with or without volasertib in AML patients not suitable for induction therapy.** *Blood* 2014;124(9):1426-33.

Goede V et al. **Obinutuzumab as frontline treatment of chronic lymphocytic leukemia: Updated results of the CLL11 study.** *Leukemia* 2015;29(7):1602-4.

Goede V et al. **Obinutuzumab plus chlorambucil in patients with CLL and coexisting conditions.** *N Engl J Med* 2014;370(12):1101-10.

Greil R et al. **Rituximab maintenance after chemoimmunotherapy induction in 1st and 2nd line improves progression free survival: Planned interim analysis of the international randomized AGMT-CLL8/a Mabtenance trial.** *Proc ASH* 2014;**Abstract 20**.

Grupp SA et al. **T cells engineered with a chimeric antigen receptor (CAR) targeting CD19 (CTL019) have long term persistence and induce durable remissions in children with relapsed, refractory ALL.** *Proc ASH* 2014;**Abstract 380**.

Mahon FX et al. **Interim analysis of a pan European stop tyrosine kinase inhibitor trial in chronic myeloid leukemia: The EURO-SKI study.** *Proc ASH* 2014;**Abstract 151**.

O'Brien S et al. **Efficacy and safety of ibrutinib in patients with relapsed or refractory chronic lymphocytic leukemia or small lymphocytic leukemia with 17p deletion: Results from the phase II RESONATE™-17 trial.** *Proc ASH* 2014;**Abstract 327**.

O'Brien SG et al. **Spirit 2: An NCRI randomised study comparing dasatinib with imatinib in patients with newly diagnosed CML.** *Proc ASH* 2014;**Abstract 517**.

Park JH et al. **CD19-targeted 19-28z CAR modified autologous T cells induce high rates of complete remission and durable responses in adult patients with relapsed, refractory B-cell ALL.** *Proc ASH* 2014;**Abstract 382**.

Platzbecker U et al. **Improved outcome with ATRA-arsenic trioxide compared to ATRA-chemotherapy in non-high risk acute promyelocytic leukemia — Updated results of the Italian-German APL0406 trial on the extended final series.** *Proc ASH* 2014;**Abstract 12**.

Rea D et al. **Dasatinib or nilotinib discontinuation in chronic phase chronic myeloid leukemia patients with durably undetectable *BCR-ABL* transcripts: Interim analysis of the STOP 2G-TKI study with a minimum follow-up of 12 months — On behalf of the French CML Group Filmc.** *Proc ASH* 2014;**Abstract 811**.

Roberts A et al. **Determination of recommended Phase 2 dose of ABT-199 (GDC-0199) combined with rituximab in patients with relapsed/refractory chronic lymphocytic leukemia.** *Proc ASH* 2014;**Abstract 325**.

Röllig C et al. **Sorafenib versus placebo in addition to standard therapy in younger patients with newly diagnosed acute myeloid leukemia: Results from 267 patients treated in the randomized placebo-controlled SAL-Soraml trial.** *Proc ASH* 2014;**Abstract 6**.

Santini V et al. **Efficacy and safety of lenalidomide versus placebo in RBC-transfusion dependent patients with IPSS low/intermediate (int-1)-risk myelodysplastic syndromes without del(5q) and unresponsive or refractory to erythropoiesis-stimulating agents: Results from a randomized phase 3 study (CC-5013-MDS-005).** *Proc ASH* 2014;**Abstract 409**.

Seymour JF et al. **International phase 3 study of azacitidine vs conventional care regimens in older patients with newly diagnosed AML with >30% blasts.** *Blood* 2015;126(3):291-9.

Sharman J et al. **Second interim analysis of a phase 3 study of idelalisib (ZYDELIG®) plus rituximab for relapsed chronic lymphocytic leukemia: Efficacy analysis in patient subpopulations with del(17p) and other adverse prognostic factors.** *Proc ASH* 2014;**Abstract 330**.

Topp MS et al. **Safety and activity of blinatumomab for adult patients with relapsed or refractory B-precursor acute lymphoblastic leukaemia: A multicentre, single-arm, phase 2 study.** *Lancet Oncol* 2015;16(1):57-66.

POST-TEST

New Biologic Insights and Recent Therapeutic Advances in the Management of Acute and Chronic Leukemias and Myelodysplastic Syndromes

QUESTIONS (PLEASE CIRCLE ANSWER):

1. **Which of the following agents approved for the treatment of CML is classified as a protein synthesis inhibitor?**
   a. Bosutinib
   b. Dasatinib
   c. Omacetaxine mepesuccinate
   d. Ponatinib
   e. All of the above

2. **Which of the following is an adverse event associated with idelalisib treatment in patients with CLL?**
   a. Transaminitis
   b. Pneumonitis
   c. Colitis
   d. Both a and b
   e. All of the above

3. **The achievement of partial responses with lymphocytosis in patients with CLL may be observed as part of the clinical pattern of response associated with _____ treatment.**
   a. Single-agent idelalisib
   b. Single-agent ibrutinib
   c. Both a and b

4. **Lenalidomide therapy did not result in improved rates of transfusion independence when compared to placebo in patients with low/intermediate-risk MDS without del(5q) who were unresponsive or refractory to erythropoiesis-stimulating agents.**
   a. True
   b. False

5. **Initial management of high-risk APL (high white blood cell count, bleeding complications) should include _____.**
   a. All-trans retinoic acid
   b. Steroids
   c. Anthracycline
   d. All of the above

6. **Data from the Phase II SORAML study indicate that clinical benefit with the addition of sorafenib to standard therapy in younger patients with newly diagnosed AML was restricted to only those with FLT3-ITD mutation-positive disease.**
   a. True
   b. False

7. **In elderly patients with AML who were unfit for intensive induction therapy, the addition of volasertib, a polo-like kinase inhibitor, to low-dose cytarabine improved efficacy in terms of _____ when compared to low-dose cytarabine alone.**
   a. Response rate
   b. Median event-free survival
   c. Median overall survival
   d. Both b and c
   e. All of the above

8. **Which of the following is the mechanism of action of venetoclax (ABT-199)?**
   a. Bcl-2 inhibitor
   b. FLT3 inhibitor
   c. Protein synthesis inhibitor

9. **Intensive treatment regimens developed for pediatric patients with ALL have also been shown to be efficacious for the treatment of older adolescents and young adults with this disease.**
   a. True
   b. False

10. **In adults with relapsed/refractory ALL, the bispecific T-cell engaging monoclonal antibody _____ resulted in high complete remission rates.**
    a. Obinutuzumab
    b. Blinatumomab
    c. Ofatumumab

EDUCATIONAL ASSESSMENT AND CREDIT FORM

New Biologic Insights and Recent Therapeutic Advances in the Management of Acute and Chronic Leukemias and Myelodysplastic Syndromes

Research To Practice is committed to providing valuable continuing education for oncology clinicians, and your input is critical to helping us achieve this important goal. Please take the time to assess the activity you just completed, with the assurance that your answers and suggestions are strictly confidential.

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
Efficacy of sorafenib in patients with AML based on FLT3 mutation status	4 3 2 1	4 3 2 1
Selection of patients with CML for whom discontinuation of TKI therapy is appropriate	4 3 2 1	4 3 2 1
Response rates in a Phase II trial of volasertib combined with low-dose cytarabine in elderly patients with AML	4 3 2 1	4 3 2 1
Response and survival outcomes for patients with untreated CLL and comorbidities on the Phase III CLL11 trial evaluating obinutuzumab/chlorambucil or rituximab/chlorambucil versus chlorambucil alone	4 3 2 1	4 3 2 1
Incidence and management of pneumonitis, colitis, transaminitis and other toxicities associated with idelalisib in CLL	4 3 2 1	4 3 2 1
Magnitude of clinical responses observed with chimeric antigen receptor T-cell therapy in ALL	4 3 2 1	4 3 2 1
Results of the Phase III MDS-005 trial evaluating lenalidomide in patients with transfusion-dependent, lower-risk MDS without del(5q)	4 3 2 1	4 3 2 1
Benefits of the Erwinia-based preparation of asparaginase for patients with ALL	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).....

Was the activity evidence based, fair, balanced and free from commercial bias?

☐ Yes ☐ No If no, please explain:.....

Please identify how you will change your practice as a result of completing this activity (select all that apply).

☐ This activity validated my current practice
☐ Create/revise protocols, policies and/or procedures
☐ Change the management and/or treatment of my patients
☐ Other (please explain):.....

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

.....

The content of this activity matched my current (or potential) scope of practice.

☐ Yes ☐ No If no, please explain:.....

Please respond to the following learning objectives (LOs) by circling the appropriate selection:

4 = Yes 3 = Will consider 2 = No 1 = Already doing N/M = LO not met N/A = Not applicable

As a result of this activity, I will be able to:

- Appraise recent data on therapeutic advances and changing practice standards in the management of select acute and chronic leukemias and MDS, and refine or validate existing treatment algorithms based on discussion of this information.....4 3 2 1 N/M N/A
- Recognize evidence-based therapeutic options for patients with progressive chronic myeloid leukemia.....4 3 2 1 N/M N/A
- Appreciate the FDA approvals of novel targeted agents indicated for the treatment of newly diagnosed and relapsed or refractory chronic lymphocytic leukemia, and discern how these treatments can be appropriately integrated into clinical practice.....4 3 2 1 N/M N/A
- Review existing and evolving clinical trial data to recommend safe therapeutic alternatives for patients with acute myeloid leukemia, including acute promyelocytic leukemia, and increase knowledge regarding investigational options designed for patients who are not candidates for intensive therapy.....4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

As a result of this activity, I will be able to:

- Apply the results of emerging clinical research to optimize treatment for young adult and adult patients with newly diagnosed and recurrent acute lymphoblastic leukemia . . . . . .4 3 2 1 N/M N/A
- Counsel patients with MDS about supportive and systemic treatment options to manage disease-related cytopenias and minimize leukemic progression . . . . . .4 3 2 1 N/M N/A

Please describe any clinical situations that you find difficult to manage or resolve that you would like to see addressed in future educational activities:

. . . . . .

Would you recommend this activity to a colleague?

☐ Yes ☐ No If no, please explain: . . . . . .

As part of our ongoing, continuous quality-improvement effort, we conduct postactivity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate your willingness to participate in such a survey.

☐ Yes, I am willing to participate in a follow-up survey.
☐ No, I am not willing to participate in a follow-up survey.

PART 2 — Please tell us about the faculty and moderator for this educational activity

4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

Faculty	Knowledge of subject matter	Effectiveness as an educator
Jennifer R Brown, MD, PhD	4 3 2 1	4 3 2 1
Hagop M Kantarjian, MD	4 3 2 1	4 3 2 1
Charles A Schiffer, MD	4 3 2 1	4 3 2 1
B Douglas Smith, MD	4 3 2 1	4 3 2 1
David P Steensma, MD	4 3 2 1	4 3 2 1
Wendy Stock, MD, MA	4 3 2 1	4 3 2 1
Moderator	**Knowledge of subject matter**	**Effectiveness as an educator**
Neil Love, MD	4 3 2 1	4 3 2 1

Please recommend additional faculty for future activities:

. . . . . .

REQUEST FOR CREDIT — Please print clearly

Name: . . . . . Specialty: . . . . . .

Professional Designation:

☐ MD ☐ DO ☐ PharmD ☐ NP ☐ RN ☐ PA ☐ Other . . . . . .

Street Address: . . . . . Box/Suite: . . . . . .

City, State, Zip: . . . . . .

Telephone: . . . . . Fax: . . . . . .

Email: . . . . . .

Research To Practice designates this enduring material for a maximum of 2.75 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

I certify my actual time spent to complete this educational activity to be _____ hour(s).

Signature: . . . . . Date: . . . . . .

The expiration date for this activity is October 2016. To obtain a certificate of completion and receive credit for this activity, please complete the Post-test, fill out the Educational Assessment and Credit Form and fax both to (800) 447-4310, or mail both to Research To Practice, One Biscayne Tower, 2 South Biscayne Boulevard, Suite 3600, Miami, FL 33131. You may also complete the Post-test and Educational Assessment online at www.ResearchToPractice.com/LeukemiaTT115/CME.

QID 1469

Hematologic Oncology™
UPDATE

Neil Love, MD
Research To Practice
One Biscayne Tower
2 South Biscayne Boulevard, Suite 3600
Miami, FL 33131

This activity is supported by educational grants from Boehringer Ingelheim Pharmaceuticals Inc, Celgene Corporation, Genentech BioOncology, Gilead Sciences Inc, Jazz Pharmaceuticals Inc, Novartis Pharmaceuticals Corporation and Teva Oncology.

Research To Practice®

Research To Practice is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Release date: October 2015
Expiration date: October 2016
Estimated time to complete: 2.75 hours

This program is printed on MacGregor XP paper, which is manufactured in accordance with the world's leading forest management certification standards.