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 162,020 new lymphoid, myeloid and leukemic cancer cases were identified in the United States in the year 2015, and 56,630 individuals died from these diseases. Of importance, currently more than 60 drug products are labeled for use in the management of hematologic cancers, comprising 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 quite 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 57th 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 multiple myeloma (MM). 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.

LEARNING OBJECTIVES
- Appraise recent data on therapeutic advances and changing practice standards in MM, amyloidosis and Waldenström macroglobulinemia (WM), and integrate this information, as appropriate, into current clinical care.
- Develop a risk-adapted treatment plan for patients with smoldering MM, considering the roles of observation and active treatment.
- Compare and contrast the benefits and risks of immunomodulatory agents, proteasome inhibitors or both as systemic treatment for active MM.
- Customize the use of induction and maintenance therapeutic approaches in the post-transplant and nontransplant settings based on patient- and disease-related factors, including cytogenetic profile.
- Consider available research data and other clinical factors in the best-practice selection, sequencing or combining of carfilzomib and pomalidomide in the nonresearch care of patients with relapsed, refractory MM.
- Recognize the recent FDA approvals of panobinostat, daratumumab and ixazomib, and effectively identify patients for whom treatment with these novel agents may be appropriate.
- Develop an evidence-based algorithm for the use of stem cell transplant, chemotherapy and/or novel targeted agents for the management of primary amyloidosis.
- Appreciate the recent FDA approval of ibrutinib for patients with WM, and safely integrate this agent, where applicable, into clinical practice.
- Recall new data with investigational agents demonstrating promising activity in MM, WM and amyloidosis.
- Assess the ongoing clinical trials evaluating innovative developmental approaches for MM, WM and amyloidosis, 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 live activity 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.
AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) — MAINTENANCE OF CERTIFICATION (MOC)

Successful completion of this CME activity enables the participant to earn up to 2.75 MOC points in the American Board of Internal Medicine’s (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider’s responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Please note, this program has been specifically designed for the following ABIM specialty: medical oncology.

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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 80% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/ASHMM16/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 conflicts of interest with faculty, planners and managers of CME activities. 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 relevant conflicts of interest, which have been resolved through a conflict of interest resolution process:

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Contracted Research: Amgen Inc, Celgene Corporation, Onyx Pharmaceuticals, an Amgen subsidiary, Sanofi.

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No relevant conflicts of interest to disclose.


RESEARCH TO PRACTICE STAFF AND EXTERNAL REVIEWERS — The scientific staff and reviewers for Research To Practice have no relevant conflicts of interest to disclose.

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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

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Dimopoulos MA et al. Randomized phase 2 study of the all-oral combination of investigational proteasome inhibitor (PI) ixazomib plus cyclophosphamide and low-dose dexamethasone (ICd) in patients (pts) with newly diagnosed multiple myeloma (NDMM) who are transplant- ineligible (NCT02046070). Proc ASH 2015;Abstract 26.


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Moreau P et al. Ixazomib, an investigational oral proteasome inhibitor (PI), in combination with lenalidomide and dexamethasone (IRd), significantly extends progression-free survival (PFS) for patients (pts) with relapsed and/or refractory multiple myeloma (RMM): The phase 3 Tourmaline-MM1 study (NCT01564537). Proc ASH 2015;Abstract 727.


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Moreau P et al. **Combination of international scoring system 3, high lactate dehydrogenase, and t(4;14) and/or del(17p) identifies patients with multiple myeloma (MM) treated with front-line autologous stem-cell transplantation at high risk of early MM progression-related death.** *J Clin Oncol* 2014;32(20):2173-80.


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Reeder CB et al. **Once- versus twice-weekly bortezomib induction therapy with CyBorD in newly diagnosed multiple myeloma.** *Blood* 2010;115(16):3416-7.


Straka C et al. **Results from two phase III studies of bortezomib (BTZ) consolidation vs observation (OBS) post-transplant in patients (pts) with newly diagnosed multiple myeloma (NDMM).** *Proc ASCO* 2015;Abstract 8511.


Majer I et al. Estimating utilities for panobinostat in combination with bortezomib and dexamethasone versus bortezomib and dexamethasone in relapsed and/or refractory multiple myeloma; evidence from the PANORAMA-1 trial. Proc ASH 2015;Abstract 4504.


Moreau P et al. Ixazomib, an investigational oral proteasome inhibitor (PI), in combination with lenalidomide and dexamethasone (IRd), significantly extends progression-free survival (PFS) for patients (pts) with relapsed and/or refractory multiple myeloma (RRMM): The phase 3 Tourmaline-MM1 study (NCT01564537). Proc ASH 2015;Abstract 727.


Stewart AK et al. Carfilzomib, lenalidomide, and dexamethasone vs lenalidomide and dexamethasone in patients (pts) with relapsed multiple myeloma: Interim results from ASPIRE, a randomized, open-label, multicenter phase 3 study. Proc ASH 2014;Abstract 79.

Select Publications


Lonial S et al. ELOQUENT-2: A phase III, randomized, open-label study of lenalidomide (len)/dexamethasone (dex) with/without elotuzumab (elo) in patients (pts) with relapsed/refractory multiple myeloma (RRMM). *Proc ASCO* 2015;Abstract 8508.


Moreau P et al. Ixazomib, an investigational oral proteasome inhibitor (PI), in combination with lenalidomide and dexamethasone (IRd), significantly extends progression-free survival (PFS) for patients (pts) with relapsed and/or refractory multiple myeloma (RRMM): The phase 3 Tourmaline-MM1 study (NCT01564537). *Proc ASH* 2015;Abstract 727.


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