Oncology Grand Rounds Series:

Part 6 — Lymphomas and Chronic Lymphocytic Leukemia

CNE Information

TARGET AUDIENCE

This activity has been designed to meet the educational needs of oncology nurses, nurse practitioners and clinical nurse specialists involved in the treatment of Hodgkin lymphoma (HL), non-Hodgkin lymphoma (NHL) and chronic lymphocytic leukemia (CLL).

OVERVIEW OF ACTIVITY

Hematologic cancers include the lymphomas, the leukemias, multiple myeloma and other related disorders (eg, myelodysplastic syndromes, myeloproliferative diseases) stemming from lymphoid and myeloid progenitor cell lines. Taken together, it is estimated that approximately 171,550 new lymphoid, myeloid and leukemic cancer cases will be identified in the United States in the year 2016 and 58,320 individuals will die from these diseases. Of note, more than 60 drug products are currently 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. This is particularly true within the realm of Hodgkin and non-Hodgkin lymphoma, including CLL, where substantial progress has been made over the past several years in the development and evaluation of novel agents. Mature clinical trial results have illustrated the efficacy of several new investigational therapies, a number of which have now entered the clinic. Furthermore, enthusiasm is widespread that additional important advancements are on the horizon as other novel agents and strategies have already been associated with impressive clinical benefit.

This dynamic therapeutic environment clearly highlights the need for all members of the oncology/hematology care team to remain abreast of the ongoing sea change in the management of these diseases, particularly oncology nurses, who play an integral role in the successful delivery of systemic anticancer therapy and the preservation of patient physical and psychosocial well-being. These video proceedings from the sixth part of an 8-part integrated CNE curriculum originally held at the 2016 ONS Annual Congress feature discussions with leading oncology investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

PURPOSE STATEMENT

By providing information on the latest research developments in the context of expert perspectives, this CNE activity will assist oncology nurses, nurse practitioners and clinical nurse specialists with the formulation of state-of-the-art clinical management strategies to facilitate optimal care of patients with lymphomas and CLL.

LEARNING OBJECTIVES

- Provide patient-focused education to enhance clinical decision-making regarding the available systemic agents used in the management of indolent and aggressive forms of B-cell NHL, T-cell lymphomas and HL.
- Formulate supportive care strategies to manage the side effects associated with commonly employed therapeutic interventions for patients with HL, NHL and CLL.
- Appreciate the FDA approvals of the novel targeted agents ibrutinib, idelalisib and obinutuzumab for the treatment of newly diagnosed and relapsed/refractory (R/R) CLL, and discern how these therapies can be safely integrated into routine clinical practice.
- Recall available safety and efficacy data with bortezomib, lenalidomide and ibrutinib, and use this information when discussing recommendations regarding the selection and sequencing of therapy for R/R mantle-cell lymphoma.

ACCREDITATION STATEMENT

Research To Practice is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

CREDIT DESIGNATION STATEMENTS

This educational activity for 2.1 contact hours is provided by Research To Practice during the period of August 2016 through August 2017.

This activity is awarded 2.1 ANCC pharmacotherapeutic contact hours.

ONCC/ILNA CERTIFICATION INFORMATION

The program content has been reviewed by the Oncology Nursing Certification Corporation (ONCC) and is acceptable for recertification points. To review certification qualifications please visit **ResearchToPractice.com/ONS2016/ILNA**.

ONCC review is only for designating content to be used for recertification points and is not for CNE accreditation. CNE programs must be formally approved for contact hours by an acceptable accreditor/approver of nursing CE to be used for recertification by ONCC. If the CNE provider fails to obtain formal approval to award contact hours by an acceptable accrediting/approval body, no information related to ONCC recertification may be used in relation to the program.

FOR SUCCESSFUL COMPLETION

This is a video CNE program. To receive credit, participants should read the learning objectives and faculty disclosures, watch the video, complete the Post-test with a score of 75% or better and fill out the Educational Assessment and Credit Form located at **ResearchToPractice.com/ONSLymphoma2016/CNE**.

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 CNE 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 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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Consulting Agreements: Merck, Spectrum Pharmaceuticals Inc; **Contracted Research:** Bristol-Myers Squibb Company, Celgene Corporation, Genentech BioOncology, Gilead Sciences Inc, MedImmune Inc, Merck, Novartis Pharmaceuticals Corporation, Onyx Pharmaceuticals, an Amgen subsidiary, Seattle Genetics, Takeda Oncology; **Data and Safety Monitoring Board:** Amgen Inc; **Honoraria:** Merck, Spectrum Pharmaceuticals Inc, Seattle Genetics, Takeda Oncology.

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No relevant conflicts of interest to disclose.

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No relevant conflicts of interest to disclose.

MODERATOR — **Dr Love** is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME/CNE activities from the following commercial interests: AbbVie Inc, Acerta Pharma, Agendia Inc, Amgen Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Baxalta Inc, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, CTI BioPharma Corp, Daiichi Sankyo Inc, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Lilly, Medivation Inc, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, NanoString Technologies, Natera Inc, Novartis Pharmaceuticals Corporation, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics LLC, an AbbVie Company, 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.

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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 2016

Expiration date: August 2017

Select Publications

Alduaij W et al. **Novel type II anti-CD20 monoclonal antibody (GA101) evokes homotypic adhesion and actin-dependent, lysosome-mediated cell death in B-cell malignancies.** *Blood* 2011;117(17):4519-29.

Ansell SM et al. **PD-1 blockade with nivolumab in relapsed or refractory Hodgkin's lymphoma.** *N Engl J Med* 2015;372(4):311-9.

Burger JA et al. **Ibrutinib as initial therapy for patients with chronic lymphocytic leukemia.** *N Engl J Med* 2015;373(25):2425-37.

Chen RW et al. **Results of a phase II trial of brentuximab vedotin as first line salvage therapy in relapsed/refractory HL prior to AHCT.** *Proc ASH* 2014;**Abstract 501**.

Davids MS, Letai A. **ABT-199: Taking dead aim at BCL-2.** Cancer Cell 2013;23(2):139-41.

Döhner H et al. **Genomic aberrations and survival in chronic lymphocytic leukemia.** *N Engl J Med* 2000;343(26):1910-6.

Fowler NH et al. **Safety and activity of lenalidomide and rituximab in untreated indolent lymphoma: An open-label, phase 2 trial.** *Lancet Oncol* 2014;15(12):1311-8.

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

Gopal AK et al. **PI3Kδ inhibition by idelalisib in patients with relapsed indolent lymphoma.** *N Engl J Med* 2014;370(11):1008-18.

Herter S et al. **Superior efficacy of the novel type II, glycoengineered CD20 antibody GA101 versus the type I CD20 antibodies rituximab and ofatumumab.** *Proc ASH* 2010;**Abstract 3925**.

Jacobsen ED et al. **Brentuximab vedotin demonstrates objective responses in a phase 2 study of relapsed/refractory DLBCL with variable CD30 expression.** *Blood* 2015;125(9):1394-402.

Lampson BL et al. **Idelalisib given front-line for the treatment of chronic lymphocytic leukemia results in frequent and severe immune-mediated toxicities.** *Proc ASH* 2015;**Abstract 497**.

Le Gouill S et al. **Rituximab maintenance versus wait and watch after four courses of R-DHAP followed by autologous stem cell transplantation in previously untreated young patients with mantle cell lymphoma: First interim analysis of the phase III prospective LyMa trial, a LYSA study.** *Proc ASH* 2014;**Abstract 146**.

Leonard JP et al. **Randomized trial of lenalidomide alone versus lenalidomide plus rituximab in patients with recurrent follicular lymphoma: CALGB 50401 (Alliance).** *J Clin Oncol* 2015;33(31):3635-40.

Moskowitz CH et al. **Brentuximab vedotin as consolidation therapy after autologous stem-cell transplantation in patients with Hodgkin's lymphoma at risk of relapse or progression (AETHERA): A randomised, double-blind, placebo-controlled, phase 3 trial.** *Lancet* 2015;385(9980):1853-62.

Moskowitz CH et al. **PD-1 blockade with the monoclonal antibody pembrolizumab (MK-3475) in patients with classical Hodgkin lymphoma after brentuximab vedotin failure: Preliminary results from a phase 1b study.** *Proc ASH* 2014;**Abstract 290**.

Mössner E et al. **Increasing the efficacy of CD20 antibody therapy through the engineering of a new type II anti-CD20 antibody with enhanced direct and immune effector cell-mediated B-cell cytotoxicity.** *Blood* 2010;115(22):4393-402.

Niederfellner G et al. **Epitope characterization and crystal structure of GA101 provide insights into the molecular basis for type I/II distinction of CD20 antibodies.** *Blood* 2011;118(2):358-67.

Peyrade F et al. **Attenuated immunochemotherapy regimen (R-miniCHOP) in elderly patients older than 80 years with diffuse large B-cell lymphoma: A multicentre, single-arm, phase 2 trial.** *Lancet Oncol* 2011;12(5):460-8.

Sehn LH et al. **GADOLIN: Primary results from a phase III study of obinutuzumab plus bendamustine compared with bendamustine alone in patients with rituximab-refractory indolent non-Hodgkin lymphoma.** *Proc ASCO* 2015;**Abstract LBA8502**.

Stilgenbauer S et al. **Venetoclax (ABT-199/GDC-0199) monotherapy induces deep remissions, including complete remission and undetectable MRD, in ultra-high risk relapsed/refractory chronic lymphocytic leukemia with 17p deletion: Results of the pivotal international phase 2 study.** *Proc ASH* 2015;**Abstract LBA-6**.

Sweetenham J et al. **Updated efficacy and safety data from the AETHERA trial of consolidation with brentuximab vedotin after autologous stem cell transplant (ASCT) in Hodgkin lymphoma patients at high risk of relapse.** *Proc ASH* 2015;**Abstract 3172**.

Select Publications

Villasboas JC, Ansell S. **Checkpoint inhibition: Programmed cell death 1 and programmed cell death 1 ligand inhibitors in Hodgkin lymphoma.** *Cancer J* 2016;22(1):17-22.

Wang ML et al. **Ibrutinib and rituximab are an efficacious and safe combination in relapsed mantle cell lymphoma: Preliminary results from a phase II clinical trial.** *Proc ASH* 2014;**Abstract 627**.

Wang M et al. **Oral lenalidomide with rituximab in relapsed or refractory diffuse large cell, follicular and transformed lymphoma: A phase II clinical trial.** *Leukemia* 2013;27(9):1902-9.

Wang ML et al. **Targeting BTK with ibrutinib in relapsed or refractory mantle-cell lymphoma.** *N Engl J Med* 2013;369(6):507-16.

Woyach JA et al. **The B-cell receptor signaling pathway as a therapeutic target in CLL.** *Blood* 2012;120(6):1175-84.

Yasenchak CA et al. **Brentuximab vedotin in combination with dacarbazine or bendamustine for frontline treatment of Hodgkin lymphoma in patients aged 60 years and above: Interim results of a multi-cohort phase 2 study.** *Proc ASH* 2015;**Abstract 587**.