TARGET AUDIENCE
This activity is intended for hematologists, medical oncologists, hematology-oncology fellows and other healthcare providers involved in the treatment of multiple myeloma (MM).

OVERVIEW OF ACTIVITY
Hematologic cancers include the lymphomas, the leukemias, multiple myeloma and other related disorders (eg, myelodysplastic syndrome, myeloproliferative diseases) stemming from lymphoid and myeloid progenitor cell lines. Importantly, currently nearly 70 drug products are labeled for use in the management of hematologic cancers with more than 120 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 MM, where the past several years have yielded a number of important clinical and research advances. Consensus-based guidelines aim to support oncologists and other cancer clinicians in making rational treatment recommendations, but in situations in which multiple “acceptable” therapeutic options exist, such guidelines may not be particularly helpful at the time of decision-making. Because these resources simply enumerate all diagnostic or treatment strategies supported by diverse levels of evidence rather than providing perspectives on the benefits and risks of one strategy versus another, they often leave the clinician alone to contemplate the optimal clinical approach. These proceedings from a CME symposium during the ASH Annual Meeting use an innovative strategy to formally document and present the perspectives, experiences and preferred treatment approaches of 30 myeloma-specific investigators. By providing information on the latest research developments and their potential application to routine practice, this activity is designed to assist hematologists, medical oncologists, hematology-oncology fellows and other healthcare providers involved in the treatment of MM with the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES
• Develop a risk-adapted treatment plan for patients with smoldering MM, considering the roles of observation and active treatment.
• Use patient- and disease-related factors, including cytogenetic profile, to customize the use of induction and maintenance therapeutic approaches in the transplant and nontransplant settings.
• Consider available research data and other clinical factors in the best-practice selection, sequencing and combining of current and recently approved novel agents in the nonresearch care of patients with relapsed/refractory MM.
• Design and implement a plan of care to recognize and manage side effects and toxicities associated with recently approved systemic therapies in order to support quality of life and continuation of treatment.
• Develop an evidence-based algorithm for the use of stem cell transplant, chemotherapy and/or novel targeted agents in the management of primary amyloidosis.
• Recall new data with recently approved and investigational agents demonstrating promising activity in Waldenström macroglobulinemia, and, as applicable, integrate these strategies into the protocol and nonresearch care of patients.
• Identify ongoing trials of investigational approaches in MM, amyloidosis and Waldenström macroglobulinemia, and refer appropriate patients and obtain consent 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 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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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 80% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/ASHMM17/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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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, Acerta Pharma, Agendia Inc, Amgen Inc, Ariad Pharmaceuticals Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Baxalta Inc, Bayer HealthCare Pharmaceuticals, Biodex 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, Halozyme Inc, ImmunoGen

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This activity is supported by educational grants from AbbVie Inc, Amgen Inc, AstraZeneca Pharmaceuticals LP/Acerta Pharma, Bayer HealthCare Pharmaceuticals, Celgene Corporation, Genentech BioOncology, Infinity Pharmaceuticals Inc, Janssen Biotech Inc, Merck, Pharmacyclics LLC, an AbbVie Company, Seattle Genetics and Takeda Oncology.

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 2017
Expiration date: March 2018
Select Publications

**Ola Landgren, MD, PhD**

Hitt R et al. *Centenarians: The older you get, the healthier you have been.* Lancet 1999;354(9179):652.

Kazanjian D et al. *Sustained minimal residual disease negativity in newly diagnosed multiple myeloma (NDMM) patients treated with carfilzomib (CFZ), lenalidomide (LEN), and dexamethasone (DEX) followed by 2 years of lenalidomide maintenance (CRd-R): Updated results of a phase 2 study.* Proc ASH 2016;Abstract 4527.


Landgren O. *Combination therapy for fit (younger and older) newly diagnosed multiple myeloma patients: Data support carfilzomib, lenalidomide, and dexamethasone independent of cytogenetic risk status.* Seminars Oncol 2016. Available at: http://www.seminoncol.org/article/S0093-7754(16)30114-2/abstract

Landgren O, Giralt S. *MRD-driven treatment paradigm for newly diagnosed transplant eligible multiple myeloma patients.* Bone Marrow Transplantation 2016;51(7):913-4.


**María-Victoria Mateos, MD, PhD**

Attal M et al. *Lenalidomide (LEN) maintenance (MNTC) after high-dose melphalan and autologous stem cell transplant (ASCT) in multiple myeloma (MM): A meta-analysis (MA) of overall survival (OS).* Proc ASCO 2016;Abstract 8001.


Zimmerman TM et al. Phase II MMRC trial of extended treatment with carfilzomib (CFZ), lenalidomide (LEN), and dexamethasone (DEX) plus autologous stem cell transplantation (ASCT) in newly diagnosed multiple myeloma (NDMM). *Proc ASCO* 2015;Abstract 8510.

Sagar Lonial, MD


Lonial S et al. Phase II study of daratumumab (DARA) monotherapy in patients with ≥ 3 lines of prior therapy or double refractory multiple myeloma (MM): 54767414MMY2002 (Sirius). *Proc ASCO* 2015;Abstract LBA8512.


Select Publications


**Morie A Gertz, MD, MACP**


Bridoux F et al. Treatment of myeloma cast nephropathy (MCN): A randomized trial comparing intensive haemodialysis (HD) with high cut-off (HCO) or standard high-flux dialyzer in patients receiving a bortezomib-based regimen (the MYRE study, by the Intergroupe Francophone du Myélome (IFM) and the French Society of Nephrology (SFNDT)). *Proc ASH* 2016;Abstract 978.


Hari PN et al. Oprozomib and dexamethasone in patients with relapsed and/or refractory multiple myeloma: Initial results from the dose escalation portion of a phase 1b/2, multicenter, open-label study. *Blood* 2014;124(21):3453.

Hobbs M et al. Efficacy of carfilzomib (K), pomalidomide (P), and dexamethasone (d) in heavily pretreated patients with relapsed/refractory multiple myeloma (RRMM) in a real world setting. *Proc ASH* 2016;Abstract 3337.


Ramasamy K et al. Safety of treatment (Tx) with pomalidomide (POM) and low-dose dexamethasone (LoDEX) in patients (pts) with relapsed or refractory multiple myeloma (RRMM) and renal impairment (RI), including those on dialysis. *Proc ASH* 2015;Abstract 374.


**Robert Z Orlowski, MD, PhD**


Langer AL et al. Results of phase I study of chimeric fibril-reactive monoclonal antibody 11-1F4 in patients with AL amyloidosis. *Proc ASH* 2015;Abstract 188.


Merlini G et al. Long-term outcome of a phase 1 study of the investigational oral proteasome inhibitor (PI) ixazomib at the recommended phase 3 dose (RP3D) in patients (pts) with relapsed or refractory systemic light-chain (AL) amyloidosis (RRAL). *Proc ASH* 2014;Abstract 3450.


