VOL 1 | ISSUE 1

# Oncology Nursing™ UPDATE

## LYMPHOMA AND MULTIPLE MYELOMA EDITION

An Audio Review Journal for Nurses
Bridging the Gap between Research and Patient Care

**FACULTY INTERVIEWS**

Amy Goodrich, CRNP-AC
John P Leonard, MD
Jonathan L Kaufman, MD
Kevin Brigle, PhD, ANP

**EDITOR**

Neil Love, MD

CNE Activity

# *Oncology Nursing Update* Lymphoma and Multiple Myeloma Edition

## A Continuing Nursing Education Audio Series

### OVERVIEW OF ACTIVITY

The past several years represents a period of substantial progress in the development and evaluation of novel agents in non-Hodgkin lymphoma (NHL), chronic lymphocytic leukemia (CLL) and multiple myeloma (MM). This dynamic therapeutic environment necessitates that the practicing oncology nurse remain up to date on the benefits and risks of a plethora of novel and emerging treatment options. To provide oncology nurses with therapeutic strategies to address the disparate needs of patients, the *Oncology Nursing Update* audio series employs one-on-one interviews with nurses and medical oncologists who are experts in the field. Upon completion of this CNE activity, oncology nurses should be able to formulate an up-to-date and more complete approach to the care of patients with NHL, CLL and MM.

### PURPOSE STATEMENT

To present the most current research developments and to provide the perspectives of nurse practitioners and clinical investigators on the diagnosis and treatment of NHL, CLL and MM.

### LEARNING OBJECTIVES

- Appreciate the contribution of patient performance status/comorbidities, biomarker profile and prior therapeutic exposure on the selection and sequence of systemic therapy for newly diagnosed and relapsed/refractory (R/R) CLL.
- Recognize the recent FDA approval of venetoclax for the treatment of R/R CLL, and discern how this agent can be safely integrated into general oncology practice.
- Review recent therapeutic advances in the management of follicular and mantle cell lymphoma, and use this information to counsel patients regarding protocol and clinical options.
- Explain the risks and benefits of evidence-based treatment approaches to patients with T-cell lymphoma.
- Evaluate the benefits and risks associated with systemic therapies used in the evidence-based treatment of MM, and develop a plan of care to manage side effects to support quality of life and continuation of treatment.
- Effectively counsel patients regarding the expected efficacy and tolerability of newly approved therapeutics for the management of R/R MM.

### 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 STATEMENT

This educational activity for 2.6 contact hours is provided by Research To Practice during the period of November 2017 through November 2018.

This activity is awarded 2.6 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.

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### FOR SUCCESSFUL COMPLETION

This is an audio CNE program. This booklet contains CNE information, including learning objectives, faculty disclosures, a Post-test and an Educational Assessment and Credit Form. The corresponding website **ResearchToPractice.com/ONULymphMM117** also includes links to relevant abstracts and full-text articles.

To receive credit, participants should read the learning objectives and faculty disclosures, listen to the CDs and complete the Post-test and Educational Assessment and Credit Form located in the back of this booklet or on our website at **ResearchToPractice.com/ONULymphMM117/CNE**. A statement of credit will be issued only upon receipt of a completed Post-test with a score of 80% or better and a completed Educational Assessment and Credit Form. Your statement of credit will be mailed to you within 3 weeks or may be printed online.

The corresponding video program is available as an alternative at **ResearchToPractice.com/ONULymphMM117/Video**.

***This activity is supported by educational grants from AbbVie Inc, Celgene Corporation, Gilead Sciences Inc and Takeda Oncology.***

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## EDITOR

**Neil Love, MD**
Research To Practice
Miami, Florida

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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 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: **Ms Goodrich** — Advisory Committee: Gilead Sciences Inc. **Dr Leonard** — Consulting Agreements: AbbVie Inc, Bayer HealthCare Pharmaceuticals, Bristol-Myers Squibb Company, Celgene Corporation, Genentech BioOncology, Genmab, Gilead Sciences Inc, Juno Therapeutics, Kite Pharma Inc, NanoString Technologies, Pfizer Inc, Regeneron Pharmaceuticals Inc, Sunesis Pharmaceuticals Inc, Sutro Biopharma Inc. **Dr Kaufman** — Advisory Committee: Pharmacyclics LLC, an AbbVie Company; Consulting Agreements: Amgen Inc, Bristol-Myers Squibb Company, Seattle Genetics, Sutro Biopharma Inc; Contracted Research: Merck, Novartis. **Dr Brigle** — Speakers Bureau: Amgen Inc, Celgene Corporation, Janssen Biotech Inc, Onyx Pharmaceuticals, an Amgen subsidiary, Takeda Oncology.

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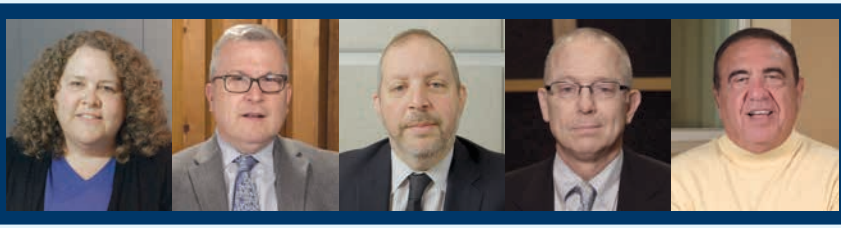
**RESEARCH TO PRACTICE STAFF AND EXTERNAL REVIEWERS** — The scientific staff and reviewers for Research To Practice have no relevant conflicts of interest to disclose.

## Related Video Program

**View the corresponding video interviews with (from left) Ms Goodrich and Drs Leonard, Kaufman and Brigle by Dr Love at www.ResearchToPractice.com/ONULymphMM117/Video**



## Interview with Amy Goodrich, CRNP-AC

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**Track 9** Efficacy and tolerability of daratumumab and elotuzumab for R/R disease

**Track 10** **Case:** A 66-year-old woman with MM experiences disease progression while receiving lenalidomide maintenance and is switched to the all-oral regimen of ixazomib/lenalidomide/dexamethasone

**Track 11** Factors affecting a patient's ability to cope with the diagnosis and treatment of cancer

## SELECT PUBLICATIONS


Andorsky DJ et al. **Phase IIIb randomized study of lenalidomide plus rituximab (R2) followed by maintenance in relapsed/refractory NHL: Analysis of patients with double-refractory or early relapsed follicular lymphoma (FL).** *Proc ASCO* 2017;**Abstract 7502**.

Avet-Loiseau H et al. **Carfilzomib significantly improves the progression-free survival of high-risk patients in multiple myeloma.** *Blood* 2016;128(9):1174-80.

Chari A et al. **Daratumumab plus pomalidomide and dexamethasone in relapsed and/or refractory multiple myeloma.** *Blood* 2017;130(8):974-81.

Davies A et al. **Efficacy and safety of subcutaneous rituximab versus intravenous rituximab for first-line treatment of follicular lymphoma (SABRINA): A randomised, open-label, phase 3 trial.** *Lancet Haematol* 2017;4(6):e272-82.

Dimopoulos MA et al. **Carfilzomib or bortezomib in relapsed or refractory multiple myeloma (ENDEAVOR): An interim overall survival analysis of an open-label, randomised, phase 3 trial.** *Lancet Oncol* 2017;18(10):1327-37.

Dimopoulos MA et al. **Elotuzumab plus lenalidomide/dexamethasone for relapsed or refractory multiple myeloma: ELOQUENT-2 follow-up and post-hoc analyses on progression-free survival and tumour growth.** *Br J Haematol* 2017;178(6):896-905.

Dimopoulos MA et al; POLLUX Investigators. **Daratumumab, lenalidomide, and dexamethasone for multiple myeloma.** *N Engl J Med* 2016;375(14):1319-31.

Durie BG et al. **Bortezomib with lenalidomide and dexamethasone versus lenalidomide and dexamethasone alone in patients with newly diagnosed myeloma without intent for immediate autologous stem-cell transplant (SWOG S0777): A randomised, open-label, phase 3 trial.** *Lancet* 2017;389(10068):519-27.

Fink AM et al. **Lenalidomide maintenance after front line therapy substantially prolongs progression free survival in high risk CLL: Interim results of a phase 3 study (CLL M1 study of the German CLL Study Group).** *Proc ASH* 2016;**Abstract 229**.

Foa R et al. **Results of the phase 3 study of lenalidomide versus placebo as maintenance therapy following second-line treatment for patients with chronic lymphocytic leukemia (the CONTINUUM trial).** *Proc ASH* 2016;**Abstract 230**.

Goldschmidt H et al. **Bortezomib before and after high-dose therapy in myeloma: Long-term results from the phase III HOVON-65/GMMG-HD4 trial.** *Leukemia* 2017;[Epub ahead of print].

Holstein SA et al. **Updated analysis of CALGB (Alliance) 100104 assessing lenalidomide versus placebo maintenance after single autologous stem-cell transplantation for multiple myeloma: A randomised, double-blind, phase 3 trial.** *Lancet Haematol* 2017;4(9):e431-42.

Hronek J, Reed M. **Nursing roles in cardiac safety: Romidepsin in patients with T-cell lymphoma.** *Oncol Nurs Forum* 2016;43(2):227-34.

Kumar S et al. **Venetoclax monotherapy for relapsed/refractory multiple myeloma: Safety and efficacy results from a phase I study.** *Proc ASH* 2016;**Abstract 488**.

Marcus R E et al. **Obinutuzumab-based induction and maintenance prolongs progression-free survival (PFS) in patients with previously untreated follicular lymphoma: Primary results of the randomized phase 3 GALLIUM study.** *Proc ASH* 2016;**Abstract 6**.

Moreau P et al; TOURMALINE-MM1 Study Group. **Oral ixazomib, lenalidomide, and dexamethasone for multiple myeloma.** *N Engl J Med* 2016;374(17):1621-34.

Palumbo A et al; CASTOR Investigators. **Daratumumab, bortezomib, and dexamethasone for multiple myeloma.** *N Engl J Med* 2016;375(8):754-66.

**Randomized phase III trial of bortezomib, lenalidomide and dexamethasone (VRd) versus carfilzomib, lenalidomide, dexamethasone (CRd) followed by limited or indefinite lenalidomide maintenance in patients with newly diagnosed symptomatic multiple myeloma. NCT01863550**

Roussel M et al. **Frontline therapy with carfilzomib, lenalidomide, and dexamethasone (KRd) induction followed by autologous stem cell transplantation, Krd consolidation and lenalidomide maintenance in newly diagnosed multiple myeloma (NDMM) patients: Primary results of the Intergroupe Francophone Du MyeLome (IFM) Krd phase II study.** *Proc ASH* 2016;**Abstract 1142**.

Shah JJ et al. **Carfilzomib, pomalidomide, and dexamethasone for relapsed or refractory myeloma.** *Blood* 2015;126(20):2284-90.

Usmani SZ et al. **Open-label, multicenter, dose escalation phase 1b study to assess the subcutaneous delivery of daratumumab in patients (pts) with relapsed or refractory multiple myeloma (PAVO).** *Proc ASH* 2016;**Abstract 1149**.

## QUESTIONS (PLEASE CIRCLE ANSWER):

1. **Hospitalization for the purpose of inpatient monitoring for TLS is required for all patients initiating therapy with venetoclax.**
   a. True
   b. False

2. **Which of the following is a serious adverse event associated with the use of idelalisib?**
   a. Colitis
   b. Atrial fibrillation
   c. Seizure
   d. All of the above
   e. None of the above

3. **The rate of infusion-related reactions with obinutuzumab is higher during _____.**
   a. The initial infusion
   b. Subsequent infusions
   c. Neither; obinutuzumab administration is not associated with infusion-related reactions

4. **What is the preferred site of injection of the subcutaneous formulation of rituximab?**
   a. The upper arm
   b. The abdomen
   c. The thigh
   d. The lower back
   e. Any of the above

5. **_____ is a monoclonal antibody against the cell-surface glycoprotein SLAMF7 that, when combined with lenalidomide and dexamethasone, is associated with higher response rates and improved progression-free survival compared to lenalidomide and dexamethasone alone for patients with R/R MM.**
   a. Panobinostat
   b. Elotuzumab
   c. Daratumumab
   d. Pomalidomide

6. **A study by Roussel and colleagues presented at ASH 2016 evaluating carfilzomib in combination with lenalidomide/dexamethasone followed by ASCT, consolidation treatment and lenalidomide maintenance for patients with newly diagnosed MM demonstrated favorable response rates but a significantly higher percentage of serious adverse events than was previously reported with RVd in this setting.**
   a. True
   b. False

7. **A Phase III trial evaluating immediate versus delayed ASCT after induction RVD in patients with MM demonstrated superior _____ with immediate transplant.**
   a. Overall survival
   b. Progression-free survival
   c. Complete response rates
   d. All of the above
   e. Both a and b
   f. Both b and c

8. **The use of bile acid sequestrants can be effective in managing the diarrhea associated with long-term lenalidomide treatment.**
   a. True
   b. False

9. **What is the mechanism of action of ibrutinib?**
   a. Bcl-2 inhibitor
   b. Bruton tyrosine kinase inhibitor
   c. Anti-CD20 antibody
   d. Anti-PD-1 antibody

10. **Among the more commonly observed side effects with ixazomib is/are _____.**
    a. Cardiotoxicity
    b. Gastrointestinal toxicities
    c. Dizziness

## EDUCATIONAL ASSESSMENT AND CREDIT FORM

### *Oncology Nursing Update* Lymphoma and Multiple Myeloma Edition — Volume 1, Issue 1

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 |
|---|---|---|
| FDA-approved indications for ibrutinib and common associated toxicities, including atrial fibrillation and risk of bleeding | 4 3 2 1 | 4 3 2 1 |
| Monitoring for tumor lysis syndrome in patients receiving venetoclax and implementation of appropriate prophylactic measures | 4 3 2 1 | 4 3 2 1 |
| Rationale for the investigation of the R-squared regimen of lenalidomide/rituximab in various lymphoma subtypes | 4 3 2 1 | 4 3 2 1 |
| Identification and management of idelalisib-associated colitis | 4 3 2 1 | 4 3 2 1 |
| Comparative tolerability profiles of available agents for the treatment of relapsed PTCL | 4 3 2 1 | 4 3 2 1 |
| Incidence of cardiac and pulmonary toxicities with carfilzomib | 4 3 2 1 | 4 3 2 1 |
| Emerging research data with and nonresearch role, if any, of ixazomib as a component of induction and maintenance therapy for MM | 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).....

**Approximately how many new patients with the following do you see per year?** NHL..... CLL..... MM.....

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

☐ Yes ☐ No

If no, please explain:.....

.....

**Will this activity help you improve patient care?**

☐ Yes ☐ No ☐ Not applicable

If yes, how will it help you improve patient care?.....

.....

**Did the activity meet your educational needs and expectations?**

☐ 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:**

- Appreciate the contribution of patient performance status/comorbidities, biomarker profile and prior therapeutic exposure on the selection and sequence of systemic therapy for newly diagnosed and relapsed/refractory (R/R) CLL.....4 3 2 1 N/M N/A
- Recognize the recent FDA approval of venetoclax for the treatment of R/R CLL, and discern how this agent can be safely integrated into general oncology practice.....4 3 2 1 N/M N/A
- Review recent therapeutic advances in the management of follicular and mantle cell lymphoma, and use this information to counsel patients regarding protocol and clinical options.....4 3 2 1 N/M N/A
- Explain the risks and benefits of evidence-based treatment approaches to patients with T-cell lymphoma.....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:**

- Evaluate the benefits and risks associated with systemic therapies used in the evidence-based treatment of MM, and develop a plan of care to manage side effects to support quality of life and continuation of treatment. . . . . 4 3 2 1 N/M N/A
- Effectively counsel patients regarding the expected efficacy and tolerability of newly approved therapeutics for the management of R/R MM. . . . . 4 3 2 1 N/M N/A

**What other practice changes will you make or consider making as a result of this activity?**

. . . . . .

**What are the barriers to keep you from making a practice change based upon this educational activity?**

. . . . . .

**What additional information or training do you need on the activity topics or other oncology-related topics?**

. . . . . .

**Additional comments about this activity:**

. . . . . .

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

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

| Faculty | Knowledge of subject matter | Effectiveness as an educator |
|---|---|---|
| Amy Goodrich, CRNP-AC | 4 3 2 1 | 4 3 2 1 |
| John P Leonard, MD | 4 3 2 1 | 4 3 2 1 |
| Jonathan L Kaufman, MD | 4 3 2 1 | 4 3 2 1 |
| Kevin Brigle, PhD, ANP | 4 3 2 1 | 4 3 2 1 |
| **Editor** | **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:**

. . . . . .

. . . . . .

**Other comments about the faculty and editor for this activity:**

. . . . . .

. . . . . .

### REQUEST FOR CREDIT — Please print clearly

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

Professional Designation:

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

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

City, State, Zip: . . . . .

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

Email: . . . . .

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

**The expiration date for this activity is November 2018. 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/ONULymphMM117/CNE.**

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Oncology Nursing™
UPDATE



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