$\underbrace{Follicular Lymphoma}_{U P D A T E}$

Conversations with Oncology Investigators Bridging the Gap between Research and Patient Care

FACULTY INTERVIEWS

Nathan H Fowler, MD Gilles A Salles, MD, PhD

EDITOR

Neil Love, MD





G Subscribe to Podcasts at ResearchToPractice.com/Podcasts

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

Follicular Lymphoma

E-Mar.	Nell even MD
Editor	Neil Love, MD
Director, Clinical Content and CPD/CME	Kathryn Ault Ziel, PhD
Scientific Director	Richard Kaderman, PhD
Editorial	Clayton Campbell
	Felix M Chinea, MD
	Marilyn Fernandez, PhD
	Adam P Hustad Gloria Kelly, PhD
	Kemi Obajimi, PhD
Creative Manager	Fernando Rendina
Graphic Designers	Jessica Benitez
	Tamara Dabney
	Silvana Izquierdo
Senior Manager, Special Projects	Kirsten Miller
Senior Production Editor	Aura Herrmann
Editorial Managers	Ellen Bohnstengel
	Kyriaki Tsaganis
Copy Editors	Megan Bailey
	Rosemary Hulce
	Pat Morrissey/Havlin
	Alexis Oneca
Production Manager	Tracy Potter
Audio Production	Frank Cesarano
Web Master	John Ribeiro
Senior Faculty and Operations Manager	Brittany Caldwell
Continuing Education Administrator for Nursing	Karen Gabel Speroni, BSN, MHSA, PhD, RN
Contact Information	Neil Love, MD
	Research To Practice
	One Biscayne Tower
	2 South Biscayne Boulevard, Suite 3600
	Miami, FL 33131
	Fax: (305) 377-9998
	Email: DrNeilLove@ResearchToPractice.com
For CME/CNE Information	Email: CE@ResearchToPractice.com

Copyright © 2019 Research To Practice. All rights reserved.

The compact disc, Internet content and accompanying printed material are protected by copyright. No part of this program may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording or utilizing any information storage and retrieval system, without written permission from the copyright owner.

The opinions expressed are those of the presenters and are not to be construed as those of the publisher or grantors.

Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management.

Any procedures, medications or other courses of diagnosis or treatment discussed or suggested in this activity should not be used by clinicians without evaluation of their patients' conditions and possible contraindications or dangers in use, review of any applicable manufacturer's product information and comparison with recommendations of other authorities.

Follicular Lymphoma Update

A Continuing Medical Education Audio Series

OVERVIEW OF ACTIVITY

Follicular lymphoma (FL) is an indolent form of non-Hodgkin lymphoma that can vary significantly in its clinical presentation. Because of this variety, no single standard approach to the initial management of the disease has been established and available options range from watchful waiting, radiation therapy and rituximab monotherapy to various combinations of chemoimmunotherapy. Recent data sets and corresponding FDA actions have led to the emergence of new therapeutic targets and regimens, thereby altering management algorithms, and in order to offer optimal patient care, including the option of clinical trial participation, the practicing medical oncologist must be well informed of these advances. To bridge the gap between research and patient care, this program features one-on-one discussions with leading hematologyoncology investigators. By providing information on the latest clinical developments in the context of expert perspectives, this activity assists medical oncologists, hematologists and hematology-oncology fellows with the formulation of evidence-based and current therapeutic strategies, which in turn facilitates optimal patient care.

LEARNING OBJECTIVES

- Evaluate emerging research data and recent FDA approvals when designing an optimal therapeutic approach for
 patients with newly diagnosed FL requiring active therapy.
- Recall published research data and other clinical factors in the best-practice selection, sequencing or combining of available therapeutic agents in the nonresearch care of patients with relapsed/refractory (R/R) FL.
- Compare and contrast the efficacy and safety of the PI3-kinase inhibitors approved for the treatment of R/R FL to determine the current role of each in clinical practice.
- Develop practical strategies to prevent, recognize and ameliorate the toxicities associated with therapies routinely
 used in the management of FL.
- Identify ongoing clinical trials evaluating innovative investigational approaches for FL, 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 enduring material for a maximum of 2.25 *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, which includes participation in the evaluation component, enables the participant to earn up to 2.25 Medical Knowledge 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.

Personal information and data sharing: Research To Practice aggregates deidentified user data for program-use analysis, program development, activity planning and site improvement. We may provide *aggregate* and *deidentified* data to third parties, including commercial supporters. We do not share or sell personally identifiable information to any unaffiliated third parties or commercial supporters. Please see our privacy policy at ResearchToPractice.com/ Privacy-Policy for more information.

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 audio tracks, complete the Post-test with a score of 80% 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/FLUpdate119/CME**. The corresponding video program is available as an alternative at **ResearchToPractice.com/FLUpdate119/Video**.

This activity is supported by educational grants from Bayer HealthCare Pharmaceuticals, Celgene Corporation and Gilead Sciences Inc.

CME INFORMATION

FACULTY AFFILIATIONS



Nathan H Fowler, MD

Director of Clinical Investigation and Translational Research Lead, Phase I and Indolent Research Groups Department of Lymphoma/Myeloma The University of Texas MD Anderson Cancer Center Houston, Texas



Gilles A Salles, MD, PhD

Professor of Medicine Université Claude Bernard Head of the Hematology Department Hospices Civils de Lyon Lyon, France

EDITOR



Research To Practice Miami, Florida

Neil Love, MD

CONTENT VALIDATION AND DISCLOSURES

Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and stateof-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: **Dr Fowler** — Advisory Committee: AbbVie Inc, Bayer HealthCare Pharmaceuticals, Celgene Corporation, Gilead Sciences Inc, Janssen Biotech Inc, Roche Laboratories Inc, TG Therapeutics Inc; Contracted Research: AbbVie Inc, Celgene Corporation, Janssen Biotech Inc, Roche Laboratories Inc, TG Therapeutics Inc; **Contracted Research**: AbbVie Inc, Celgene Corporation, Novartis, Roche Laboratories Inc; Consulting Agreements: AbbVie Inc, Amgen Inc, Bristol-Myers Squibb Company, Celgene Corporation, Epizyme Inc, Gilead Sciences Inc, Janssen Biotech Inc, Karyopharm Therapeutics, Kite Pharma Inc, Merck, MorphoSys, Novartis, Roche Laboratories Inc, Servier, Takeda Oncology; Contracted Research: Celgene Corporation, Roche Laboratories Inc.

EDITOR — Dr Love is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME activities from the following commercial interests: AbbVie Inc, Acerta Pharma — A member of the AstraZeneca Group, Adaptive Biotechnologies, Agendia Inc, Agios Pharmaceuticals Inc, Amgen Inc, Ariad Pharmaceuticals Inc, Array BioPharma Inc, Astellas Pharma Global Development 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 Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech, Genomic Health Inc, Gilead Sciences Inc, Guardant Health, Halozyme Inc, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Kite Pharma Inc, Lexicon Pharmaceuticals Inc, Lilly, Loxo Oncology, Medivation Inc, a Pfizer Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, Natera Inc, Novartis, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sandoz Inc, a Novartis Division, Sanofi Genzyme, Seattle Genetics, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Tesaro Inc, Teva Oncology and Tokai Pharmaceuticals Inc.

RESEARCH TO PRACTICE CME PLANNING COMMITTEE MEMBERS, STAFF AND REVIEWERS — Planners, scientific staff and independent reviewers for Research To Practice have no relevant conflicts of interest to disclose.

If you would like to discontinue your complimentary subscription to *Follicular Lymphoma Update*, please email us at **Info@ResearchToPractice.com**, call us at (800) 648-8654 or fax us at (305) 377-9998. Please include your full name and address, and we will remove you from the mailing list.

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.

Interview with Nathan H Fowler, MD

Tracks 1-26

Track 1	Overview of current treatment approaches in follicular lymphoma (FL)
Track 2	Mechanism of action of the anti-CD20 antibodies rituximab and obinutu- zumab
Track 3	Activity of lenalidomide and possible correlation of cereblon expression with response in FL
Track 4	Inhibition of the PI3-kinase pathway in low-grade lymphomas
Track 5	Activity of BTK inhibitors in FL
Track 6	Rationale for the Phase III RELEVANCE trial: Lenalidomide/ rituximab (R ²) versus rituximab/ chemotherapy, each followed by maintenance rituximab, as first-line therapy for FL
Track 7	Design of the RELEVANCE study for patients with previously untreated FL
Track 8	Duration of up-front R ² and mainte- nance rituximab
Track 9	Adherence to long-term lenalidomide therapy
Track 10	Perspective on the 3-year progression-free survival results from the RELEVANCE trial
Track 11	Tolerability of R ² versus rituximab/ chemotherapy
Track 12	Clinical experience with lenalidomide- associated neutropenia, rash and diarrhea
Track 13	Second-line therapy options for patients who receive first-line R ²

Track 14	Case: A 52-year-old woman with
	symptomatic Grade I/II FL attains a
	complete remission (CR) with first-line
	R ² therapy

- Track 15 Case: A 53-year-old woman who previously received several lines of therapy, including R-CHOP, BR, R² and idelalisib, receives chimeric antigen receptor (CAR) T-cell therapy on a clinical trial
- Track 16 Activity of CAR T-cell therapies in FL
- Track 17 Potential synergy of lenalidomide and CAR T-cell therapy
- Track 18 Activity of idelalisib for patients with FL
- Track 19
 Side effects and quality of life with idelalisib
- Track 20 Case: A 73-year-old woman with relapsed/refractory FL receives copanlisib
- Track 21 Selection of PI3-kinase inhibitor for patients with FL
- Track 22 Risks and benefits with idelalisib versus copanlisib
- Track 23 Treatment options for patients with FL and early disease relapse
- Track 24 Case: A 43-year-old man presents with Grade IIIA FL, receives R-CHOP and experiences a CR lasting for 5 years
- Track 25 Response to second-line lenalidomide/obinutuzumab
- Track 26 Perspective on the use of CAR T-cell therapy or immune checkpoint inhibition for patients with transformed FL

Interview with Gilles A Salles, MD, PhD

Tracks 1-20

Track 1	$\begin{array}{l} \textbf{Case:} A 56-year-old man with \\ Stage IV FL achieves a CR with the \\ R^2 regimen as first-line therapy on a \\ clinical trial \end{array}$
Track 2	Therapeutic approach to Grade III FL
Track 3	Deciding between treatment and observation for patients with newly diagnosed FL

Track 4 RELEVANCE: A Phase III trial evaluating R² versus rituximab/ chemotherapy, each followed by maintenance rituximab, for previously untreated FL

- Track 5 Dosing and administration schedule of the R² regimen
- Track 6
 Side effects and quality of life with R² versus rituximab/chemotherapy
- **Track 7** Activity and tolerability of R² in patients with untreated FL

Interview with Dr Salles (continued)

- Track 8 Case: A 78-year-old woman who receives idelalisib for relapsed FL experiences gastrointestinal and hepatic toxicity
- Track 9 Efficacy and tolerability of idelalisib
- Track 10 Monitoring and management of hepatic toxicity and neutropenia associated with idelalisib
- Track 11 Risk of opportunistic infections and colitis with idelalisib
- Track 12 Comparison of the PI3-kinase isoforms targeted and the tolerability of idelalisib, duvelisib and copanlisib
- Track 13 Perspective on the differences in efficacy among PI3-kinase inhibitors
- Track 14 Hyperglycemia associated with copanlisib

- Track 15 Therapeutic options for patients with relapsed FL
- Track 16 Approach to patients with FL who experience relapse early in their treatment course
- Track 17 Perspective on the efficacy of obinutuzumab-based chemotherapy versus rituximab-based chemotherapy for FL
- Track 18 Case: A 44-year-old man receives rituximab for Stage II FL and experiences disease transformation to diffuse large B-cell lymphoma
- Track 19 Efficacy of CAR T-cell therapy for patients with FL
- Track 20 Case: A 55-year-old man experiences a prolonged CR after receiving rituximab for relapsed FL

Video Program

View the corresponding video interviews with (from left) Drs Fowler and Salles by Dr Love at www.ResearchToPractice.com/FLUpdate119/Video



Have Questions or Cases You Would Like Us to Pose to the Faculty?



SELECT PUBLICATIONS

Armitage JO, Longo DL. Which anti-CD20 antibody is better in follicular lymphoma? N Engl J Med 2017;377(14):1389-90.

Bartlett NL et al. Single-agent ibrutinib in relapsed or refractory follicular lymphoma: A phase 2 consortium trial. *Blood* 2018;131(2):182-90.

Cheah CY, Fowler NH. Novel agents for relapsed and refractory follicular lymphoma. *Best Pract Res Clin Haematol* 2018;31(1):41-8.

Cheson BD et al. **Overall survival benefit in patients with rituximab-refractory indolent non-Hodgkin lymphoma who received obinutuzumab plus bendamustine induction and obinutuzumab maintenance in the GADOLIN study.** *J Clin Oncol* 2018;36(22):2259-66.

Dreyling M et al. Phosphatidylinositol 3-kinase inhibition by copanlisib in relapsed or refractory indolent lymphoma. J Clin Oncol 2017;35(35):3898-905.

Fowler NH et al. Acalabrutinib alone or in combination with rituximab (R) in follicular lymphoma (FL). *Proc ASCO* 2018;Abstract 7549.

Fowler NH et al. A multicenter, randomized, double-blind, placebo-controlled phase III study of the Bruton's tyrosine kinase (BTK) inhibitor, ibrutinib, in combination with rituximab versus placebo in combination with rituximab in patients with treatment-naive follicular lymphoma (PERSPECTIVE). Proc ASCO 2017;Abstract TPS7576.

Fowler NH et al. Activity of the immunologic doublet of lenalidomide plus obinutuzumab in relapsed follicular lymphoma: Results of a phase I/II study. *Proc ASCO* 2017;Abstract 7531.

Gopal AK et al. Ibrutinib as treatment for patients with relapsed/refractory follicular lymphoma: Results from the open-label, multicenter, phase II DAWN study. *J Clin Oncol* 2018;36(23):2405-12.

Gopal AK et al. Idelalisib is effective in patients with high-risk follicular lymphoma and early relapse after initial chemoimmunotherapy. *Blood* 2017;129(22):3037-9.

Hiddemann W et al. Immunochemotherapy with obinutuzumab or rituximab for previously untreated follicular lymphoma in the GALLIUM study: Influence of chemotherapy on efficacy and safety. *J Clin Oncol* 2018;36(23):2395-404.

Ito T, Handa H. Cereblon and its downstream substrates as molecular targets of immunomodulatory drugs. Int J Hematol 2016;104(3):293-9.

Marcus R et al. **Obinutuzumab for the first-line treatment of follicular lymphoma.** N Engl J Med 2017;377(14):1331-44.

Morschhauser F et al. An open-label phase 1b study of obinutuzumab plus lenalidomide in relapsed/refractory follicular B-cell lymphoma. *Blood* 2018;132(14):1486-94.

Morschhauser F et al; RELEVANCE trial investigators. **Rituximab plus lenalidomide in advanced untreated follicular lymphoma.** *N Engl J Med* 2018;379(10):934-47.

Nastoupil L et al. High complete response rates with pembrolizumab in combination with rituximab in patients with relapsed follicular lymphoma: Results of an open-label, phase II study. *Proc ASH* 2017; Abstract 414.

Schuster SJ et al. Chimeric antigen receptor T cells in refractory B-cell lymphomas. N Engl J Med 2017;377(26):2545-54.

Sehn LH et al. Randomized phase 2 trial of polatuzumab vedotin (pola) with bendamustine and rituximab (BR) in relapsed/refractory (r/r) FL and DLBCL. *Proc ASCO* 2018;Abstract 7507.

Smith SM et al. Safety and tolerability of idelalisib, lenalidomide, and rituximab in relapsed and refractory lymphoma: The Alliance for Clinical Trials in Oncology A051201 and A051202 phase 1 trials. Lancet Haematol 2017;4(4):e176-82.

Strati P et al. Long-term remissions of patients with follicular lymphoma grade 3 treated with **R-CHOP.** Clin Lymphoma Myeloma Leuk 2018;18(1):e103-8.

Tilly H et al; Lymphoma Study Association. Lenalidomide in combination with R-CHOP (R2-CHOP) as first-line treatment of patients with high tumour burden follicular lymphoma: A single-arm, open-label, phase 2 study. Lancet Haematol 2018;5(9):e403-10.

Tran E et al. A milestone for CAR T cells. N Engl J Med 2017;377(26):2593-6.

Younes A et al. Safety and efficacy of atezolizumab in combination with obinutuzumab and bendamustine in patients with previously untreated follicular lymphoma: An interim analysis. *Proc ASH* 2017;Abstract 481.

POST-TEST

Follicular Lymphoma Update — Volume 1, Issue 1

QUESTIONS (PLEASE CIRCLE ANSWER):

- 1. Idelalisib may be associated with an increased risk for _____.
 - a. Neutropenia
 - b. Colitis
 - c. Hepatotoxicity
 - d. Opportunistic infections
 - e. All of the above
- 2. Which of the following statements is true regarding the Phase III RELEVANCE study comparing R² to rituximab/chemotherapy, each followed by maintenance rituximab, for previously untreated FL?
 - a. R² significantly improved progressionfree survival
 - b. R² significantly improved the CR rate
 - c. R² and rituximab/chemotherapy demonstrated similar efficacy
- The phase III GALLIUM study comparing first-line obinutuzumab-based chemotherapy to rituximab-based chemotherapy, followed by obinutuzumab or rituximab maintenance, demonstrated no difference in progressionfree survival.
 - a. True
 - b. False
- 4. A recent study by Schuster and colleagues published in *The New England Journal of Medicine* evaluating the efficacy of CAR T-cell therapy in patients with refractory diffuse large B-cell lymphoma or FL reported a CR rate of approximately ______ in the FL cohort.
 - a 30%
 - b. 50%
 - c. 70%
- 5. The ongoing AUGMENT trial is evaluating the R² regimen versus rituximab alone for patients with indolent non-Hodgkin lymphoma in which setting?
 - a. First line
 - b. Relapsed/refractory disease

6. Side effects associated with lenalidomide include _____.

- a. Neutropenia
- b. Constipation
- c. Diarrhea
- d. All of the above
- e. Both a and c
- 7. What is the mechanism of action of tazemetostat, an agent that has shown promising response rates in the treatment of relapsed/refractory FL?
 - a. Immune checkpoint inhibitor
 - b. Antibody-drug conjugate
 - c. EZH2 inhibitor
- In the RELEVANCE trial, the toxicity profile of the R² regimen was observed to be similar to that of rituximab/chemotherapy, with similar rates of neutropenia, diarrhea and alopecia.
 - a. True
 - b. False

9. Which statement is true regarding copanlisib in the treatment of FL?

- a. It is administered orally
- b. It inhibits the alpha and delta isoforms of PI3 kinase
- c. It may be associated with hyperglycemia and hypertension
- d. All of the above
- e. Both a and b
- f. Both b and c

10. What was the duration of maintenance therapy with rituximab in both the PRIMA and RELEVANCE trials?

- a. 12 months
- b. 18 months
- c. 24 months

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Follicular Lymphoma Update — 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
Results and clinical implications of the RELEVANCE study of R^2 for patients with previously untreated FL	4321	4321
Efficacy and side effects of PI3-kinase inhibitors for patients with FL	4 3 2 1	4 3 2 1
Activity and tolerability of the R^2 regimen for patients with FL	4321	4321
Emerging data with CAR T-cell therapies in FL	4321	4 3 2 1
Efficacy of obinutuzumab-based chemotherapy versus rituximab-based chemotherapy in FL	4 3 2 1	4321
Practice Setting: Academic center/medical school Community cancer center/hd Solo practice Government (eg, VA) Other (please sp)	•	
Approximately how many new patients with FL do you see per year?	patients	
Was the activity evidence based, fair, balanced and free from commercial Yes No If no, please explain:		
 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):		es:
The content of this activity matched my current (or potential) scope of pra	ctice.	
Please respond to the following learning objectives (LOs) by circling the ap		
4 = Yes $3 =$ Will consider $2 =$ No $1 =$ Already doing N/M = LO not	met $N/A = Nor$	applicable
 As a result of this activity, I will be able to: Evaluate emerging research data and recent FDA approvals when designing an optimal therapeutic approach for patients with newly diagnosed FL requir active therapy. Recall published research data and other clinical factors in the best-practice selection, sequencing or combining of available therapeutic agents in the nonresearch care of patients with relapsed/refractory (R/R) FL. Compare and contrast the efficacy and safety of the PI3-kinase inhibitors approved for the treatment of R/R FL to determine the current role of each in clinical practice. 		2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

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

Develop practical strategies to prevent, recognize and ameliorate the toxicities associated with therapies routinely used in the management of FL.
 Identify ongoing clinical trials evaluating innovative investigational approaches for FL, and obtain consent from appropriate patients for study participation.

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:

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

4 = Excellent	3 = Good	2	= Ade	equate	1 = 3	Subo	ptima	I	
Faculty	Knowledge	e of s	ubjec	t matter	Effe	ctive	ness a	as an	educator
Nathan H Fowler, MD	4	3	2	1		4	3	2	1
Gilles A Salles, MD, PhD	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

REQUEST FOR CREDIT — Please print clearly

Name:				Specialt	у:	
Professional Designat		□ NP	RN	🗆 PA	Other:	
Street Address:					Box/Suite:	
City, State, Zip:						
Telephone:			Fax:			
Email:						
in the activity. I certify my actual ti Signature:				-	be hour(s).	
I certify my actual ti Signature:	earch To Practice that because I ntifiable informa	e to submit am request tion with th	my CME c ing MOC ci ne ACCME a	redits to th redit, Rese		
I certify my actual ti Signature: I would like Rese points. I understand share personally iden Additional informatio	earch To Practice that because I ntifiable informa on for MOC cred	e to submit am request tion with th it (required	my CME c ing MOC cr te ACCME a):	redits to th redit, Rese and ABIM.	Date: e ABIM to count toward my MOC	

The expiration date for this activity is February 2020. 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/FLUpdate119/CME.

Follicular Lymphoma

Neil Love, MD Research To Practice One Biscayne Tower 2 South Biscayne Boulevard, Suite 3600 Miami, FL 33131 Copyright © 2019 Research To Practice. This activity is supported by educational grants from Bayer HealthCare Pharmaceuticals, Celgene Corporation and Gilead Sciences Inc.

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: February 2019 Expiration date: February 2020 Estimated time to complete: 2.25 hours

PRSRT STD U.S. POSTAGE PAID MIAMI, FL PERMIT #1317