

Oncology Nursing™

U P D A T E

MULTIPLE MYELOMA EDITION

Clinical Investigator and Nursing Perspectives
on the Management of Common Cancers

FACULTY INTERVIEWS

Joseph Mikhael, MD, MEd

Tiffany Richards, MS, ANP-BC, AOCNP

Charise L Gleason, MSN, ANP-C, AOCNP

Sagar Lonial, MD

Philip L McCarthy, MD

EDITOR

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CONTENTS

2 Audio CDs



Oncology Nursing Update Multiple Myeloma Edition

A Continuing Nursing Education Audio Series

OVERVIEW OF ACTIVITY

Multiple myeloma (MM) is a plasma cell neoplasm that accounts for approximately 10% of all hematologic cancer cases. It is estimated that 26,850 new cases will be diagnosed and 11,240 deaths will occur in the United States in 2015. The introduction of new agents with substantial activity has improved outcomes and allowed patients to experience longer periods of remission. Both novel proteasome inhibitors and immunomodulatory agents have effectively transformed the standard treatment for patients with newly diagnosed and relapsed/refractory MM. Although various maintenance strategies have been incorporated into current treatment algorithms, little is known about the adoption of these therapeutic approaches in clinical practice. The current challenge facing the oncology community is identifying those patients who will obtain the greatest benefit from a specific regimen while incurring the least toxicity. Furthermore, published results from ongoing trials continuously lead to the emergence of new therapeutic regimens and changes in the use of existing treatments. To provide oncology nurses with therapeutic strategies to address the disparate needs of patients with MM, the *Oncology Nursing Update* audio series employs one-on-one interviews with medical oncologists and nurses who are experts in this 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 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 MM.

LEARNING OBJECTIVES

- Evaluate the benefits and risks associated with systemic therapies used in the evidence-based treatment of MM, including chemotherapy regimens, proteasome inhibitors, pan-deacetylase inhibitors, corticosteroids and immunomodulatory drugs.
- Develop a plan of care to manage the side effects associated with these therapies to support quality of life and continuation of treatment.
- Counsel individuals regarding the rationale for the use of maintenance therapeutic approaches in the post-transplant and nontransplant settings, focusing on the role of patient- and disease-related factors, including cytogenetic profile.
- Identify opportunities to enhance the collaborative role of oncology nurses in the comprehensive biopsychosocial care of patients with MM.

ACCREDITATION STATEMENT

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CREDIT DESIGNATION STATEMENT

This educational activity for 2.5 contact hours is provided by Research To Practice during the period of August 2015 through August 2016.

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/ONUMM115 also includes links to relevant abstracts and full-text articles.

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FACULTY INTERVIEWS



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EDITOR



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FACULTY — The following faculty (and their spouses/partners) reported real or apparent conflicts of interest, which have been resolved through a conflict of interest resolution process: **Dr Mikhael** — Contracted Research: Celgene Corporation, Onyx Pharmaceuticals, an Amgen subsidiary, Sanofi. **Ms Richards** — Consulting Agreements: Celgene Corporation, Onyx Pharmaceuticals, an Amgen subsidiary. **Ms Gleason** — Consulting Agreement: Celgene Corporation. **Dr Lonial** — Advisory Committee: Bristol-Myers Squibb Company, Celgene Corporation, Novartis Pharmaceuticals Corporation, Onyx Pharmaceuticals, an Amgen subsidiary, Sanofi, Takeda Oncology. **Dr McCarthy** — Advisory Committee: Celgene Corporation, Janssen Biotech Inc, Sanofi, Takeda Oncology.

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Interview with Joseph Mikhael, MD, MEd

Tracks 1-20

- Track 1 Case discussion:** A 63-year-old man with standard-risk multiple myeloma (MM) receives cyclophosphamide/bortezomib/dexamethasone (CyBorD) → autologous stem cell transplant (ASCT) → lenalidomide maintenance
- Track 2** Early versus delayed ASCT for MM
- Track 3** Educating patients who are about to undergo ASCT
- Track 4** Risks and benefits associated with ASCT
- Track 5** Therapeutic options for induction therapy in transplant-eligible patients
- Track 6** Rationale for the use of immunomodulatory drugs (IMiDs) and proteasome inhibitors in MM
- Track 7** Administration schedule and safety profile of the CyBorD regimen
- Track 8** Response to the CyBorD regimen in MM
- Track 9** Benefits of lenalidomide maintenance after ASCT
- Track 10** Side effects of maintenance lenalidomide
- Track 11 Case discussion:** A 58-year-old man with high-risk MM with p53 deletion whose disease progresses after 2 prior lines of therapy, including ASCT, receives carfilzomib/cyclophosphamide/dexamethasone
- Track 12** Carfilzomib-associated side effects
- Track 13** Rationale for administering carfilzomib with pomalidomide in high-risk MM
- Track 14** Promising novel anti-CD38 monoclonal antibodies under investigation for MM
- Track 15** Role of oral proteasome inhibitors for MM
- Track 16** Results of the Phase III PANORAMA 1 trial evaluating the recently FDA-approved pan-deacetylase inhibitor panobinostat in combination with bortezomib/dexamethasone for relapsed/refractory MM
- Track 17** Synergy of panobinostat with proteasome inhibitors
- Track 18** Panobinostat-associated side effects
- Track 19** Ongoing investigation of panobinostat in combination with carfilzomib and with oral proteasome inhibitors for patients with MM
- Track 20 Case discussion:** A 70-year-old woman with relapsed/refractory MM who is unable to tolerate IMiD-based therapy receives panobinostat/bortezomib/dexamethasone

Interview with Tiffany Richards, MS, ANP-BC, AOCNP

Tracks 1-14

- Track 1 Case discussion:** A 52-year-old man with ISS Stage II standard-risk MM who does not respond to CyBorD but achieves a very good partial response with RVD → ASCT → ixazomib/lenalidomide maintenance on a clinical trial
- Track 2** Tolerability and side effects of CyBorD
- Track 3** Role of kyphoplasty and vertebroplasty in the treatment of vertebral fractures for patients with MM
- Track 4** Incidence of complete response (CR) after ASCT
- Track 5** Counseling patients about the risks and benefits of maintenance lenalidomide
- Track 6** Response to maintenance ixazomib and lenalidomide
- Track 7 Case discussion:** A 60-year-old man with MM whose disease progresses on multiple lines of therapy undergoes treatment with carfilzomib, pomalidomide and dexamethasone
- Track 8** Mechanism of action of proteasome inhibitors
- Track 9** Educating patients receiving IMiD therapy about the REMS program
- Track 10** Dyspnea and cardiovascular side effects associated with carfilzomib
- Track 11** Schedule of administration and activity of carfilzomib in relapsed/refractory MM
- Track 12** Sequencing of carfilzomib and pomalidomide in the relapsed/refractory setting

Interview with Ms Richards (continued)

Tracks 1-14

- Track 13 Case discussion:** An 83-year-old woman diagnosed with smoldering MM 10 years ago received lenalidomide/dexamethasone for progressive disease 3 years ago and is currently receiving dexamethasone maintenance
- Track 14** Prevention and management of osteonecrosis of the jaw (ONJ) for patients receiving bisphosphonate therapy

Interview with Charise L Gleason, MSN, ANP-C, AOCNP and Sagar Lonial, MD

Tracks 1-11

- Track 1 Case discussion:** A 45-year-old otherwise healthy man who presents with renal dysfunction is diagnosed with MM and t(4;14) translocation
- Track 2** Caring for patients with MM and renal failure
- Track 3** Educating patients about the side effects of RVD
- Track 4** Subcutaneous versus intravenous administration of bortezomib
- Track 5** Communicating the expected side effects of ASCT
- Track 6** Maintenance therapy for patients with MM and t(4;14)
- Track 7** RVD maintenance for patients with high-risk MM
- Track 8** Efficacy and duration of lenalidomide maintenance
- Track 9** Fatigue and diarrhea associated with lenalidomide maintenance
- Track 10 Case discussion:** An 80-year-old man diagnosed with MM in 2007 achieves a CR after up-front therapy with RVD on a clinical trial → lenalidomide maintenance
- Track 11** Results of the FIRST trial of continuous lenalidomide/dexamethasone (Rd) versus Rd for 18 cycles or melphalan/prednisone/thalidomide (MPT) for transplant-ineligible patients with newly diagnosed MM

Interview with Philip L McCarthy, MD

Tracks 1-13

- Track 1** Overview of the pathogenesis and clinical presentation of MM
- Track 2** Anemia and back pain as initial presenting symptoms of MM
- Track 3** Diagnosis and management of plasmacytomas
- Track 4 Case discussion:** A 60-year-old woman with MM whose disease progresses on multiple lines of therapy achieves stable disease on pomalidomide/dexamethasone
- Track 5** Limited therapeutic options in patients with certain religious beliefs
- Track 6** Importance of family support for patients with MM
- Track 7** Mechanism of action of IMiDs
- Track 8** Role of pomalidomide for relapsed/refractory MM
- Track 9 Case discussion:** A 50-year-old woman who was diagnosed with ISS Stage II MM undergoes treatment and achieves a CR with VAD → ASCT → lenalidomide maintenance on the CALGB-100104 study
- Track 10** Toxicity issues with post-transplant lenalidomide maintenance
- Track 11** Risk of second primary cancers with post-transplant lenalidomide maintenance therapy
- Track 12** Role of bisphosphonates in patients with MM with and without bone disease
- Track 13** Risk of developing ONJ for patients receiving bisphosphonate therapy

SELECT PUBLICATIONS

- Arnulf B et al. **Updated survival analysis of a randomized phase III study of subcutaneous versus intravenous bortezomib in patients with relapsed multiple myeloma.** *Haematologica* 2012;97(12):1925-8.
- Attal M et al. **Lenalidomide maintenance after stem-cell transplantation for multiple myeloma.** *N Engl J Med* 2012;366(19):1782-91.
- Benboubker L et al. **Lenalidomide and dexamethasone in transplant-ineligible patients with myeloma.** *N Engl J Med* 2014;371(10):906-17.
- Dimopoulos MA et al. **Safety and efficacy in the Stratus (MM-010) trial, a single-arm phase 3b study evaluating pomalidomide + low-dose dexamethasone in patients with refractory or relapsed and refractory multiple myeloma.** *Proc ASH* 2014;**Abstract 80.**
- Gao L et al. **Synergistic activity of carfilzomib and panobinostat in multiple myeloma cells via modulation of ROS generation and ERK1/2.** *Biomed Res Int* 2015;2015:459052.
- Hulin C et al. **Effect of age on efficacy and safety outcomes in patients (pts) with newly diagnosed multiple myeloma (NDMM) receiving lenalidomide and low-dose dexamethasone (Rd): The First trial.** *Proc ASH* 2014;**Abstract 81.**
- Jackson GH et al. **Osteonecrosis of the jaw and renal safety in patients with newly diagnosed multiple myeloma: Medical Research Council Myeloma IX study results.** *Br J Haematol* 2014;166(1):109-17.
- Jakubowiak AJ et al. **A phase 1/2 study of carfilzomib in combination with lenalidomide and low-dose dexamethasone as a frontline treatment for multiple myeloma.** *Blood* 2012;120(9):1801-9.
- Leleu X et al. **Pomalidomide plus low-dose dexamethasone in multiple myeloma with deletion 17p and/or translocation (4;14): IFM 2010-02 trial results.** *Blood* 2015;125(9):1411-7.
- Mai EK et al. **Phase III trial of bortezomib, cyclophosphamide, dexamethasone (VCD) versus bortezomib, doxorubicin, dexamethasone (PAd) in newly-diagnosed myeloma.** *Leukemia* 2015;[Epub ahead of print].
- McCarthy P et al. **The emerging role of consolidation and maintenance therapy for transplant-eligible multiple myeloma patients.** *Expert Rev Hematol* 2014;7(1):55-66.
- Moreau P et al. **Subcutaneous versus intravenous administration of bortezomib in patients with relapsed multiple myeloma: A randomised, phase 3, non-inferiority study.** *Lancet Oncol* 2011;12(5):431-40.
- Morgan GJ et al. **Long-term follow-up of MRC Myeloma IX trial: Survival outcomes with bisphosphonate and thalidomide treatment.** *Clin Cancer Res* 2013;19(21):6030-8.
- Nooka A et al. **Consolidation and maintenance therapy with lenalidomide, bortezomib and dexamethasone (RVD) in high-risk myeloma patients.** *Leukemia* 2014;28(3):690-3.
- Palumbo A et al. **International Myeloma Working Group consensus statement for the management, treatment, and supportive care of patients with myeloma not eligible for standard autologous stem-cell transplantation.** *J Clin Oncol* 2014;32(6):587-600.
- Palumbo A et al. **Second primary malignancies with lenalidomide therapy for newly diagnosed myeloma: A meta-analysis of individual patient data.** *Lancet Oncol* 2014;15(3):333-42.
- Palumbo A et al. **Continuous lenalidomide treatment for newly diagnosed multiple myeloma.** *N Engl J Med* 2012;366(19):1759-69.
- Richardson PG et al. **Lenalidomide, bortezomib, and dexamethasone combination therapy in patients with newly diagnosed multiple myeloma.** *Blood* 2010;116(5):679-86.
- San-Miguel JF et al. **Panobinostat plus bortezomib and dexamethasone versus placebo plus bortezomib and dexamethasone in patients with relapsed or relapsed and refractory multiple myeloma: A multicentre, randomised, double-blind phase 3 trial.** *Lancet Oncol* 2014;15(11):1195-206.
- San Miguel J et al. **Pomalidomide plus low-dose dexamethasone versus high-dose dexamethasone alone for patients with relapsed and refractory multiple myeloma (MM-003): A randomized, open label, phase 3 trial.** *Lancet Oncol* 2013;14(11):1055-66.
- Sonneveld P et al. **Bortezomib induction and maintenance treatment in patients with newly diagnosed multiple myeloma: Results of the randomized phase III HOVON-65/GMMG-HD4 trial.** *J Clin Oncol* 2012;30(24):2946-55.
- Stewart AK et al. **Carfilzomib, lenalidomide, and dexamethasone for relapsed multiple myeloma.** *N Engl J Med* 2015;372(2):142-52.

QUESTIONS (PLEASE CIRCLE ANSWER):

1. Which of the following statements is true about carfilzomib in the treatment of MM?
 - a. It is administered intravenously twice weekly for 3 weeks
 - b. It has a higher risk of cardiopulmonary side effects than bortezomib
 - c. It is associated with lower rates of peripheral neuropathy than bortezomib
 - d. All of the above
2. Panobinostat was recently approved by the FDA for use in combination with bortezomib/dexamethasone for patients with relapsed/refractory MM.
 - a. True
 - b. False
3. Common side effects associated with panobinostat include _____.
 - a. Diarrhea
 - b. Fatigue
 - c. Nausea
 - d. Thrombocytopenia
 - e. All of the above
4. Patients receiving bisphosphonate therapy who are at a high risk for developing ONJ include _____.
 - a. Those in need of dental procedures (ie, extractions and/or root canals) when initiating bisphosphonate therapy
 - b. Smokers
 - c. Both a and b
 - d. Neither a nor b
5. The mechanism of action of ixazomib is _____.
 - a. Oral proteasome inhibitor
 - b. Immunomodulatory agent
 - c. Antibody-drug conjugate
6. Which of the following is a side effect of concern when counseling patients with MM who are about to initiate treatment with lenalidomide?
 - a. Fatigue
 - b. Myelosuppression
 - c. Second primary cancers
 - d. All of the above
7. Patients with MM who are receiving a bortezomib-based regimen should receive prophylaxis with acyclovir to prevent herpes zoster.
 - a. True
 - b. False
8. Which of the following approaches is associated with a lower rate of peripheral neuropathy than standard twice-weekly administration of IV bortezomib?
 - a. Subcutaneous administration
 - b. Weekly dosing schedule
 - c. Both a and b
9. Novel anti-CD38 antibodies under investigation for MM have single-agent activity and a favorable safety profile.
 - a. True
 - b. False
10. The FIRST trial of continuous Rd versus Rd for 18 cycles or MPT for transplant-ineligible patients with newly diagnosed MM demonstrated that in terms of progression-free survival, _____.
 - a. Continuous Rd was superior to MPT
 - b. Rd for 18 cycles was similar to MPT
 - c. Both a and b
 - d. Neither a nor b

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 of the FIRST trial of continuous Rd versus Rd for 18 cycles or MPT for transplant-ineligible patients with newly diagnosed MM	4 3 2 1	4 3 2 1
Role of common genetic abnormalities in patient risk assessment and effect on the selection of induction and maintenance treatment	4 3 2 1	4 3 2 1
Phase III PANORAMA 1 trial results and ongoing investigation of the newly FDA-approved pan-deacetylase inhibitor panobinostat in relapsed/refractory MM	4 3 2 1	4 3 2 1
Risks and benefits of maintenance lenalidomide	4 3 2 1	4 3 2 1
Novel oral proteasome inhibitors (ie, ixazomib) under investigation in MM	4 3 2 1	4 3 2 1
Incidence of cardiac and pulmonary toxicities with carfilzomib	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 MM do you see per year? patients

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:

- Evaluate the benefits and risks associated with systemic therapies used in the evidence-based treatment of MM, including chemotherapy regimens, proteasome inhibitors, pan-deacetylase inhibitors, corticosteroids and immunomodulatory drugs. 4 3 2 1 N/M N/A
- Develop a plan of care to manage the side effects associated with these therapies to support quality of life and continuation of treatment. 4 3 2 1 N/M N/A
- Counsel individuals regarding the rationale for the use of maintenance therapeutic approaches in the post-transplant and nontransplant settings, focusing on the role of patient- and disease-related factors, including cytogenetic profile. 4 3 2 1 N/M N/A
- Identify opportunities to enhance the collaborative role of oncology nurses in the comprehensive biopsychosocial care of patients with MM. 4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

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

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

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Additional comments about this activity:

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As part of our ongoing, continuous quality-improvement effort, we conduct postactivity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate your willingness to participate in such a survey.

- Yes, I am willing to participate in a follow-up survey.
- No, I am not willing to participate in a follow-up survey.

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

	4 = Excellent	3 = Good	2 = Adequate	1 = Suboptimal		4 = Excellent	3 = Good	2 = Adequate	1 = Suboptimal
Faculty	Knowledge of subject matter					Effectiveness as an educator			
Joseph Mikhael, MD, MEd	4	3	2	1		4	3	2	1
Tiffany Richards, MS, ANP-BC, AOCNP	4	3	2	1		4	3	2	1
Charise L Gleason, MSN, ANP-C, AOCNP	4	3	2	1		4	3	2	1
Sagar Lonial, MD	4	3	2	1		4	3	2	1
Philip L McCarthy, MD	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

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Oncology Nursing™

U P D A T E

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