Oncology Grand Rounds

Nurse and Physician Investigators Discuss New Agents, Novel Therapies and Actual Cases from Practice

Part 4: 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 chronic lymphocytic leukemia (CLL).

OVERVIEW OF ACTIVITY

In the United States, an estimated 20,720 new cases of CLL will be diagnosed in 2019, with 3,930 deaths attributed to the disease. Based on an improved understanding of the biology of CLL, over the past decade a number of novel agents and strategies have been investigated. Many of these efforts have proven to be successful, and the treatments in question are now available for routine use in the clinic. Similarly, a number of novel agents and rational combination approaches in clinical development are showing substantial promise and appear poised to disrupt classical treatment algorithms for CLL.

With the many exciting advances that are rapidly occurring, however, a number of vexing questions and clinical challenges are simultaneously emerging as well. Although many of the educational needs related to the care of patients with CLL are relevant specifically to the practicing medical oncologists and hematologists directly responsible for therapeutic decision-making, prospective and retrospective patient-level research has shown that oncology nurses play an integral role in the successful delivery of systemic anticancer therapy and in the preservation of the physical and psychosocial well-being of patients. These video proceedings from the fourth part of a 6-part integrated CNE curriculum originally held at the 2019 ONS Annual Congress feature discussions with leading CLL investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for patients with newly diagnosed and relapsed or refractory CLL.

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 CLL.

LEARNING OBJECTIVES

- Provide patient education to enhance clinical decision-making regarding systemic agents available for the management of CLL.
- Appreciate the contribution of patient performance status and comorbidities, biomarker profile and prior therapeutic exposure to the selection and sequencing of systemic therapy for newly diagnosed and relapsed/refractory CLL.
- Design and implement a plan of care to recognize and manage side effects and toxicities associated with existing and recently approved systemic therapies for patients with CLL to support quality of life and continuation of therapy.
- Appreciate available data with and consider the potential clinical roles of novel agents and regimens that may soon provide patients with treatment options beyond the initial indications.
- Recall available and emerging data with other investigational agents, regimens and immunotherapeutic strategies currently in Phase III testing for CLL, and, where applicable, refer eligible patients for clinical trial participation or expanded access programs.
- Identify opportunities to enhance the collaborative role of oncology nurses in the comprehensive biopsychosocial care of patients with CLL to optimize clinical and quality-of-life outcomes.

ACCREDITATION STATEMENT

Research To Practice (RTP) 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 1.6 contact hours is provided by RTP during the period of June 2019 through June 2020.

This activity is awarded 1.6 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. To review certification qualifications please visit **ResearchToPractice.com/ONS2019/ILNA**.

ONCC review is only for designating content to be used for ILNA 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 or ILNA categories 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 80% or better and fill out the Educational Assessment and Credit Form located at **ResearchToPractice.com/ONSCLL2019/CNE**.

CONTENT VALIDATION AND DISCLOSURES

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:

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Advisory Committee: AbbVie Inc, AstraZeneca Pharmaceuticals LP, Celgene Corporation, Genentech, Gilead Sciences Inc, Janssen Biotech Inc, Merck, Pharmacyclics LLC, an AbbVie Company; **Consulting Agreement:** Seattle Genetics; **Data and Safety Monitoring Board/Committee:** TG Therapeutics Inc.

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No relevant conflicts of interest to disclose.

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Hardware/Software Requirements:
A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 11 or later, Firefox 56 or later, Chrome 61 or later, Safari 11 or later, Opera 48 or later
Adobe Flash Player 27 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

Last review date: June 2019

Expiration date: June 2020

Select Publications

Byrd JC et al. **Long-term follow-up of the RESONATE™ phase 3 trial of ibrutinib versus ofatumumab.** *Blood* 2019;[Epub ahead of print].

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

Ding W et al. **Pembrolizumab in patients with CLL and Richter transformation or with relapsed CLL.** *Blood* 2017;129(26):3419-27.

Flinn IW et al. **The phase 3 DUO trial: Duvelisib vs ofatumumab in relapsed and refractory CLL/SLL.** *Blood* 2018;132(23):2446-55.

Hallek M et al. **iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL.** *Blood* 2018;131(25):2745-60.

Jain N et al. **Combined ibrutinib and venetoclax in patients with treatment-naïve high-risk chronic lymphocytic leukemia (CLL).** *Proc ASH* 2018;**Abstract 186**.

Moreno C et al. **Ibrutinib plus obinutuzumab versus chlorambucil plus obinutuzumab in first-line treatment of chronic lymphocytic leukaemia (iLLUMINATE): A multicentre, randomised, open-label, phase 3 trial.** *Lancet Oncol* 2019;20(1):43-56.

O'Brien SM et al. **Outcomes with ibrutinib by line of therapy and post-ibrutinib discontinuation in patients with chronic lymphocytic leukemia: Phase 3 analysis.** *Am J Hematol* 2019;94(5):554-62.

O'Brien SM et al. **Five-year experience with single-agent ibrutinib in patients with previously untreated and relapsed/refractory chronic lymphocytic leukemia/small lymphocytic leukemia.** *Proc ASH* 2016;**Abstract 233**.

Seymour JF et al. **Venetoclax-rituximab in relapsed or refractory chronic lymphocytic leukemia.** *N Engl J Med* 2018;378(12):1107-20.

Shanafelt TD et al. **A randomized phase III study of ibrutinib (PCI-32765)-based therapy vs standard fludarabine, cyclophosphamide, and rituximab (FCR) chemoimmunotherapy in untreated younger patients with chronic lymphocytic leukemia (CLL): A trial of the ECOG-ACRIN Cancer Research Group (E1912).** *Proc ASH* 2018;**Abstract LBA-4**.

Stilgenbauer S et al. **Venetoclax for patients with chronic lymphocytic leukemia with 17p deletion: Results from the full population of a phase II pivotal trial.** *J Clin Oncol* 2018;36(19):1973-80.

Wierda WG et al. **Phase 2 CAPTIVATE results of ibrutinib (ibr) plus venetoclax (ven) in first-line chronic lymphocytic leukemia (CLL).** *Proc ASCO* 2018;**Abstract 7502**.

Woyach JA et al. **Ibrutinib regimens versus chemoimmunotherapy in older patients with untreated CLL.** *N Engl J Med* 2018;379(26):2517-28.

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

Younes A et al. **Safety and activity of ibrutinib in combination with nivolumab in patients with relapsed non-Hodgkin lymphoma or chronic lymphocytic leukaemia: A phase 1/2a study.** *Lancet Haematol* 2019;6(2):e67-78.