

EVALUATION FORM

How the Experts Treat Hematologic Malignancies

The City of Hope respects and appreciates your opinions. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please take a few minutes to complete this evaluation form. ***You must complete this evaluation form to receive a CME credit certificate.***

Please answer the following questions by circling the appropriate rating:

5 = Outstanding 4 = Good 3 = Satisfactory 2 = Fair 1 = Poor

Extent to Which Program Activities Met the Identified Objectives

Upon successful completion of this educational activity, participants should be better able to:

- | | | | | | |
|---|---|---|---|---|---|
| ◆ Review the existing and future treatment strategies for adult patients with leukemia and myelodysplasia | 5 | 4 | 3 | 2 | 1 |
| ◆ Assess the risk factors and treatment options of patients malignant lymphoma | 5 | 4 | 3 | 2 | 1 |
| ◆ Discuss the current modern treatment of Multiple Myeloma and CML | 5 | 4 | 3 | 2 | 1 |
| ◆ Describe novel agents that are being developed for the treatment of hematologic malignancies | 5 | 4 | 3 | 2 | 1 |

Overall Effectiveness of the Activity

- | | | | | | |
|--|---|---|---|---|---|
| Was timely and will influence how I practice | 5 | 4 | 3 | 2 | 1 |
| Will assist me in improving patient care | 5 | 4 | 3 | 2 | 1 |
| Fulfilled my educational needs | 5 | 4 | 3 | 2 | 1 |
| Avoided commercial bias or influence | 5 | 4 | 3 | 2 | 1 |

Impact of the Activity

The information presented:

(check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Reinforced my current practice/treatment habits | <input type="checkbox"/> Will improve my practice/patient outcomes |
| <input type="checkbox"/> Provided new ideas or information I expect to use | <input type="checkbox"/> Enhanced my current knowledge base |

Will the information presented cause you to make any changes in your practice?

- Yes No

If yes, please describe any change(s) you plan to make in your practice as a result of this activity:

How committed are you to making these changes?

(Very committed) 5 4 3 2 1 (Not at all committed)

Future Activities

Do you feel future activities on this subject matter are necessary and/or important to your practice?

- Yes No

EVALUATION FORM

How the Experts Treat Hematologic Malignancies

Please list any other topics that would be of interest to you for future educational activities:

Follow-up

As part of our ongoing continuous quality improvement effort, we conduct post-activity 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 would be interested in participating in a follow-up survey
- No, I'm not interested in participating in a follow-up survey

Additional comments about this activity:

If you wish to receive acknowledgement of participation for this activity, please complete the post-test by selecting the best answer to each question. Complete this evaluation verification of participation and mail to City of Hope Office of Continuing Medical Education, 1500 East Duarte Road, Duarte, CA, 91010; or fax to 626-301-8939.

Post-test Answer Form

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Request for Credit

Name _____ Degree _____

Organization _____ Specialty _____

Address _____

City, State, Zip _____

Telephone _____ Fax _____ E-Mail _____

I certify my actual time spent to complete this educational activity to be:

- I participated in the entire activity and claim 6.5 credits.
- I participated in only part of the activity and claim _____ credits.

Signature _____ Date _____

CME POSTTEST

How the Experts Treat Hematologic Malignancies

1. A 47 year-old woman presents with fatigue, is found to be anemic and a subsequent bone marrow reveals AML. The cytogenetics are normal, but subsequent molecular testing reveals that she has a mutation in both the nucleophosmin gene (NPM1) and a tandem duplication in FLT3. She has a healthy matched sibling brother. She achieves a first complete remission with standard induction therapy.
According to prospective studies, which form of therapy is now indicated?
 - a. Standard dose consolidation therapy
 - b. Consolidation therapy including high dose cytarabine
 - c. Autologous hematopoietic cell transplantation
 - d. Allogeneic hematopoietic cell transplantation from her matched sibling following a high dose preparative regimen
 - e. Allogeneic hematopoietic cell transplantation following a reduced dose preparative regimen
2. Which of the following agents has been shown in a randomized prospective trial to prolong survival in higher risk MDS patients?
 - a. Decitabine
 - b. Azacitidine
 - c. Lenalidomide
 - d. Thalidomide
3. Which of the following is the most common side effect of lenalidomide?
 - a. Low blood counts
 - b. Nausea and vomiting
 - c. Diarrhea
 - d. Skin rash
4. For patients in chronic phase who progress on imatinib 400 mg a day, treatment options would include:
 - a. Imatinib 800 mg a day
 - b. Dasatinib 100 mg a day
 - c. Nilotinib 400 mg twice a day
 - d. Dasatinib 70 mg twice a day
 - e. a, b, and c
 - f. a,b,c, and d
5. A 30 year-old patient with chronic phase CML progresses to accelerated phase while on imatinib 400 mg a day. BCR-ABL kinase domain mutation analysis reveals the presence of the T315I mutation. Treatment options would include:
 - a. Imatinib 800 mg a day
 - b. Dasatinib 70 mg twice a day
 - c. Nilotinib 400 mg twice a day
 - d. A clinical trial with an agent that targets the T315I mutation (eg, an aurora kinase inhibitor)
 - e. Allogeneic stem cell transplantation
 - f. d and e
6. Which of the following outcomes have been shown from randomized trials to be true in mantle cell lymphoma (MCL)?
 - a. Overall survival is improving with newer treatments
 - b. Autologous stem cell transplant improves progression-free survival
 - c. Hyper-CVAD plus autologous stem cell transplant improves overall survival
 - d. CHOP-R is inferior in overall survival
 - e. Quality of life is improved with more intensive treatment options

7. Which of the following newer agents have activity in mantle cell lymphoma?
- Bortezomib
 - Lenalidomide
 - Bendamustine
 - Choice a and b
 - Choice a, b, and c
8. A 43 year-old woman presents with a one-year history of increasing subcutaneous nodules that are now distributed unevenly on her lower trunk and extremities with relative sparing of the arms and face. The nodules are non-pruritic, purplish in color, irregular in shape and are firm on palpation. They are not tender but the patient has been noticing increasing skin sensitivity. Lately, she has developed symptoms of fatigue, and has been febrile in the afternoons up to 39 degrees. Biopsy of a nodule on the right thigh confirms a diagnosis of gamma-delta T cell lymphoma “subcutaneous panniculitis-like” T cell lymphoma.

Pertinent laboratory data include:

WBC	12x10 ⁹ /l
Hgb	11.3x10 ¹² /l
Platelets	129x10 ⁹
Neutrophils	10%
Lymphocytes	76%
Eosinophils	10%
LDH	278 (115-221) U/l

PET/CT scan shows multiple PET avid subcutaneous nodules in the skin of the trunk and legs and small PET avid adenopathy in the groins bilaterally, with the biggest nodes measuring 2.1 x 1.2 cm in the right groin.

Is an allogeneic stem cell transplant a reasonable option for this patient in the future?

- Yes
 - No
9. A 38 year-old truck driver presents to your office to discuss further treatment options. He presented a year ago with a 3-month history of a growing right-sided neck mass, intermittent fevers, and a 30 lb. weight loss. Excisional biopsy of a lymph node from the neck confirmed a diagnosis of Peripheral T cell lymphoma-nos (PTCL-nos). Staging work-up confirmed stage IV disease with bone marrow involvement. CHOP chemotherapy was initiated and his B symptoms resolve after the first cycle of therapy. He continued with a total of 6 cycles with complete clearing of his disease by staging scans done after the 4th cycle. He was then referred for consolidative therapy with high dose chemotherapy and autologous stem cell transplant. Stem cells were harvested using Cyclophosphamide and G-CSF for mobilization and patient undergoes a BEAM based autologous stem cell transplant. His counts recover and he is discharged in good condition. He is considered to be in CR at day 100 past the transplant. However, a month ago patient presents to the ER with inability to swallow for 3 days and CT scan shows large mediastinal nodes. A biopsy confirms relapsed disease. A referral is made for radiation therapy but he requests a second opinion.

What is the next best treatment option for this patient:

- Radiation therapy to the mediastinum
 - Clinical trial
 - ICE chemotherapy
 - Allogeneic stem cell transplant
10. In the VISTA trial which of the following is not correct?
- VMP was superior to MP in terms of overall survival
 - TTP for VMP was longer than for MP
 - Patients older than age 75 did not benefit from VMP therapy
 - Patients with renal insufficiency showed a greater benefit for VMP over MP

11. In the GIMEMA trial of VTD vs. TD and the IFM trial of VD vs. VAD, which of the following is incorrect?
- Response to VTD was independent of high-risk cytogenetics
 - Response to VTD was superior to TD before and after transplant
 - VAD was superior to VD in terms of response before and after transplant
 - Peripheral neuropathy overall was higher with VD and VTD than was seen with TD and VAD
12. Recent studies have shown that new bone formation can be induced in patients with relapsed multiple myeloma treated with:
- Bortezomib
 - Lenalidomide and dexamethasone
 - Thalidomide
13. The drug of choice for patients with relapsed multiple myeloma with renal compromise is:
- Lenalidomide
 - Thalidomide
 - Bortezomib
14. A 68 year-old man has been diagnosed to have early stage CLL. He is free of B-symptoms. He has no palpable nodes or liver or spleen. Blood lymphocytes number is 25,000. Normal hemoglobin and platelets. Blood lymphocytes flow cytometry reveals a phenotype that is characteristic of CLL. As a consulting hematologist-oncologist, what will you next recommend?
- CAT and PET scans of chest, abdomen and pelvis
 - Bone marrow aspiration and biopsy
 - Blood lymphocytes tested for IgVH gene mutation status, testing whether lymphocytes are ZAP-70 positive, using FISH technique, check for chromosomal abnormalities
15. The above-described patient has been kept on wait-and-watch regimen for 3 years. At the time of initial diagnosis he was found to have mutated IgVH genes, and ZAP-70 was positive. The patient continues to remain totally free of any symptoms. Upon examination, he is noted to have a few palpably enlarged nodes about 1 to 1.5 cm diameter in the cervical and axillary areas but no other abnormalities. His blood absolute lymphocyte count is 40,000, with normal hemoglobin and platelets. In your opinion, the best course of action at this time is:
- Start chemo-immunotherapy with gludarabine + cyclophosphamide + rituximab
 - Continue on wait-and-watch (observation only) basis