

OVERCOMING RESISTANCE IN CML

Contemporary Disease Monitoring Practices

**FRIDAY
DECEMBER 5, 2008**

LUNCH WILL BE PROVIDED

Hilton San Francisco

12:30 PM – 4:30 PM

Imperial Ballroom A and B
San Francisco, California

TO REGISTER, PLEASE VISIT
www.scimedny.com/ASH-CML2008

or call toll free 1-877-741-0011; outside the US, call 1-646-416-5640

FRIDAY
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You are invited to attend this CME-certified satellite symposium preceding the American Society of Hematology 50th Annual Meeting

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Activity Chairperson

Jane F. Apperley, MD


Professor of Medicine
Chair, Department of Haematology
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Sponsored by  **SciMed**

Developed in collaboration with



The Chronic Myelogenous Society of Canada
La Société de la Leucémie Myéloïde chronique du Canada

Supported by an educational grant from  **CHEMGENEX**
PHARMACEUTICALS



PROGRAM OVERVIEW

The introduction of imatinib dramatically changed the management of chronic myeloid leukemia (CML). The International Randomized Study of Interferon versus STI571 (IRIS) trial—a comparison of imatinib versus interferon- α in combination with low-dose cytosine arabinoside—demonstrated that the vast majority of patients treated with imatinib achieve a complete cytogenetic response. Patients who achieve this level of response have a low risk of progression over the next 24 months. However, these and other results that show generally excellent and stable responses to imatinib have led some clinicians to become less vigilant regarding the need for routine monitoring. There is a significant subpopulation of patients with CML whose disease is refractory to imatinib therapy. Indeed, mutations in the kinase domain (KD) of *BCR-ABL* have been detected in up to 90% of patients who relapse after an initial response, which suggests a potential for the development of resistance over the long term. Moreover, in the IRIS study, approximately 30% of newly diagnosed patients in chronic-phase CML who were treated with imatinib had to discontinue therapy because of unsatisfactory therapeutic effects or toxicity.

Monitoring methods used to assess response to therapy and establish mutational status are critical to guide treatment strategies, especially for those patients with CML who achieve only a suboptimal response or experience imatinib failure. Although the novel tyrosine kinase inhibitors (TKIs) dasatinib and nilotinib are active against many of the *BCR-ABL* mutations implicated in imatinib resistance, neither of these drugs has activity against the T315I mutation. Consequently, investigational agents with activity against T315I are in clinical development. Given the rapidly changing environment of CML management, this program highlights proper monitoring techniques, the reliability and specificity of laboratory tests, the proper timing for ordering tests, current and emerging agents for treating CML, as well as insight into patients' perceptions of their current role in therapy selection, treatment-related adverse events, and monitoring.

TARGET AUDIENCE

This activity has been designed to meet the educational needs of medical oncologists, hematologist/oncologists, hematologists, oncology nurses, and other health care professionals involved in the management of patients with CML.

EDUCATIONAL OBJECTIVES

After attending this symposium, participants should be better able to:

- Describe mechanisms of primary and secondary TKI resistance in CML
- Examine the transformation potency and clinical impact of different *ABL* KD mutations in patients with CML
- Evaluate contemporary monitoring strategies, instruments, and assays utilized to assess disease progression in patients with CML
- Assess the growing body of clinical evidence regarding second-generation TKIs, and the emerging data on investigational agents that have overcome T315I and other KD mutations

ACCREDITATION STATEMENT

SciMed is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

CREDIT DESIGNATION

SciMed designates this educational activity for a maximum of 3.0 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

FACULTY DISCLOSURE

All faculty participating in continuing medical education activities sponsored by SciMed are required to disclose to the audience any real or apparent commercial financial affiliations related to the content of their presentations and materials.

AGENDA

12:30 PM – 1:15 PM

Luncheon Reception and Registration

1:15 PM – 1:25 PM

Keynote Address: The Convergence of Technology and Clinical Care

Jane F. Apperley, MD

1:25 PM – 1:50 PM

Tyrosine Kinase Inhibitors for the Treatment of Ph⁺ CML

Franck E. Nicolini, MD, PhD

1:50 PM – 2:10 PM

The Patient Perspective on Treatment Outcomes and Quality of Life

Cheryl-Anne Simoneau

2:10 PM – 2:35 PM

Tools, Techniques, and Strategies for Monitoring Treatment Response in Your CML Patients

Luke P. Akard, MD

2:35 PM – 2:50 PM

Case Review: Monitoring Patients With a Suboptimal Response to Imatinib

Jane F. Apperley, MD, and Luke P. Akard, MD

2:50 PM – 3:15 PM

Drug Resistance in CML: Impact on Patient Prognosis and Treatment Selection

Andreas Hochhaus, MD

3:15 PM – 3:30 PM

Case Review: How and When to Utilize Mutational Analysis in Patients With CML

Jane F. Apperley, MD,
and Andreas Hochhaus, MD

3:30 PM – 3:55 PM

Overcoming T315I and Other TKI-Resistant Mutations in CML

Alfonso Quintas-Cardama, MD

3:55 PM – 4:10 PM

Case Review: Treatment Options for Patients With BCR-ABL Mutations

Jane F. Apperley, MD,
and Alfonso Quintas-Cardama, MD

4:10 PM – 4:30 PM

Question and Answer Session

Jane F. Apperley, MD

ACTIVITY CHAIRPERSON

Jane F. Apperley, MD

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GUEST SPEAKER

Cheryl-Anne Simoneau

President and Chief Executive Officer
The CML Society of Canada
Montreal, Quebec, Canada

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