

ASCO ANNOUNCES CANCER ADVANCE OF THE YEAR



Each year, the American Society of Clinical Oncology (ASCO) releases an annual report¹ about the latest progress made against cancer. In the most recent report, which was published in the *Journal of Clinical Oncology*² in January 2015, ASCO chose for the first time ever to name a single breakthrough in clinical cancer treatment as its “Advance of the Year.” **That advance was the transformation of treatment for chronic lymphocytic leukemia (CLL), the most common kind of adult leukemia.**

Until recently, many patients with CLL lacked treatment options. CLL primarily affects older patients—many with serious pre-existing health problems or frailty due to age—which complicates care. Previously available treatments had such serious potential side-effects that they were too risky for many patients. But in the past year, four newly approved therapies have contributed to dramatic improvements in CLL care. These drugs are not only more effective, but they are much safer for patients, ASCO reports.

drugs, given in combination with the standard CLL chemotherapy agent chlorambucil (Leukeran), delay the progression of disease by one year, according to ASCO.

Two new molecularly targeted drugs for patients with previously treated CLL that has become resistant to standard treatment or whose disease has relapsed: ibrutinib (Imbruvica) and idelalisib (Zydelig). These therapies, which block different molecular pathways that control leukemia growth,

OTHER PROGRESS CELEBRATED IN THE ASCO ANNUAL REPORT INCLUDES:

Advances in precision medicine research. Using the precision medicine approach, clinicians match treatments to the genetic makeup of patients and their tumors with a goal of increasing efficacy and decreasing adverse effects. During 2014, precision medicine for cancer treatment moved forward significantly, with at least seven new drugs and four new uses for previously utilized drugs approved by the Food and Drug Administration. These drugs will increase treatment options for patients with difficult-to-treat types of melanoma as well as cancers of the lung, stomach, blood, and cervix.

Discoveries in genomics for cancer prevention and treatment. Advancing technologies are revealing increasing amounts of information about tumors, as well as the genetic factors that contribute to the formation and growth of cancer cells. For example, recent research has uncovered links between triggers such as

tobacco and sun tanning with specific genetic changes and cell mutations. Understanding these links could lead to improvements in targeted therapies.

“These therapies have filled a major unmet need for those with newly diagnosed or resistant disease, making treatment—and remission—possible for more patients than ever.”

Peter Paul Yu, MD, FACP, FASCO, President of the ASCO, wrote in the report.

THE FOUR NEW THERAPIES FOR CLL CARE INCLUDE:

Two immunotherapy drugs for previously untreated CLL: obinutuzumab (Gazyva) and ofatumumab (Arzerra). These two

are the first effective therapies in these settings, according to the report. They have the potential to eliminate the need for chemotherapy, which can have unacceptable side effects for older patients.

¹ *Clinical Cancer Advances 2015: ASCO's Annual Report on Progress Against Cancer Report* http://cancerprogress.net/sites/cancerprogress.net/files/cca2015_fnl_web_012515.pdf

² Masters GA et al. *Clinical Cancer Advances 2015: Annual Report on Progress Against Cancer From the American Society of Clinical Oncology*. *J Clin Oncol*. 2015 Jan 20. pii: JCO.2014.59.9746. [Epub ahead of print] <http://jco.ascpubs.org/content/early/2015/01/16/JCO.2014.59.9746>

³ “What Are the Key Statistics for Chronic Lymphocytic Leukemia?” American Cancer Society, accessed January 28, 2015, <http://www.cancer.org/cancer/leukemia-chroniclymphocyticcll/detailedguide/leukemia-chronic-lymphocytic-key-statistics>

⁴ “What Is Chronic Lymphocytic Leukemia?” American Cancer Society, accessed January 30, 2015, <http://www.cancer.org/cancer/leukemia-chroniclymphocyticcll/detailedguide/leukemia-chronic-lymphocytic-what-is-cll>

LOWERING ROADBLOCKS TO CLINICAL TRIALS

Having patients participate in clinical trials is a crucial step in the development of safe, effective cancer treatments. However, **only 5%⁵ of cancer patients enroll in clinical trials.** Physicians can help increase patient participation by taking the following four steps:

1 Clear up misconceptions about clinical trials. Patients may have an inaccurate understanding of the kind of care they will receive in a clinical trial. For example, they may believe that they will receive placebos, risky therapies, or sub-standard treatment. In reality, many trials offer treatment options that could potentially be better than what patients would receive outside the trial.

2 Reach out to all levels of patients. In a study presented at the ASCO Annual Meeting⁶ in 2014, researchers reported that older age, lower income, and lower education levels are associated with less discussion of clinical trials between physicians and patients. However, these socioeconomic factors were not associated with lower enrollment in trials following discussion with patients.

3 Provide handouts answering frequently asked questions. It can be a challenge to find time to explain the difference between a Phase II trial and a Phase IV trial, or the details of informed consent. Creating handouts that answer common questions can help educate patients about clinical trials in an efficient, clear way. For help, consult the American Cancer Society, the Food and Drug

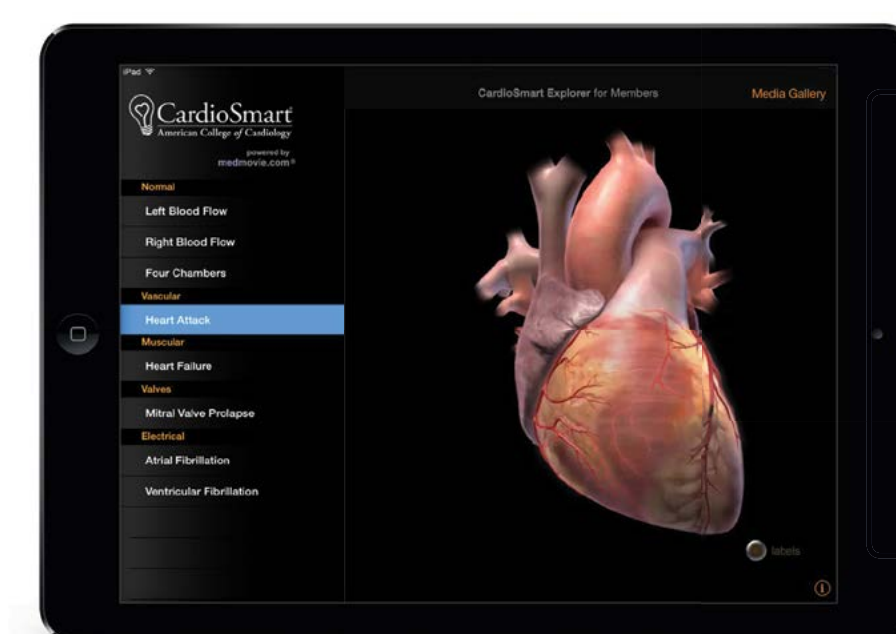
Administration, the Melanoma Research Foundation, and other organizations that provide clinical trial education.

4 Get your team on board. Make sure everyone on your multidisciplinary cancer care team is educated about clinical trials so they can accurately answer patient questions and connect them with relevant resources.

⁵ Kehl KL et al. “Discussions About Clinical Trials Among Patients with Lung and Colorectal Cancer.” *J Clin Oncol* 32:5s, 2014 (suppl; abstr 6509). <http://meetinglibrary.asco.org/content/125834-144>.

⁶ Ibid.

CardioSmart Explorer App for Your Office



The CardioSmart Explorer iPad app is designed to enhance the clinician/patient relationship at the point of care. By using the app's high-resolution cardiac graphics and animations, you can effectively review and discuss common heart problems and treatment options with your patients.

Features:

- Explore the structure of an animated 3-D beating heart by swiping up or down through 7 basic layers of normal cardiac anatomy.
- Review and discuss common heart problems and treatment options with patients as well as their caregivers by utilizing the app's high-resolution cardiac graphics and animation on the iPad 2.
- Select from many common cardiovascular health conditions and literally show and “bring to life” what these conditions mean, and what their treatments can look like.
- With a wave of your fingers, you can show a patient their heart muscle, its coronary anatomy, and the processes of a stent implantation.
- Choose additional cardiac patient education animations and interactive media from within a media gallery. Future versions of the app will allow customization of this feature through online downloads of additional media.

Visit CardioSmart.org/Explorer for more information!

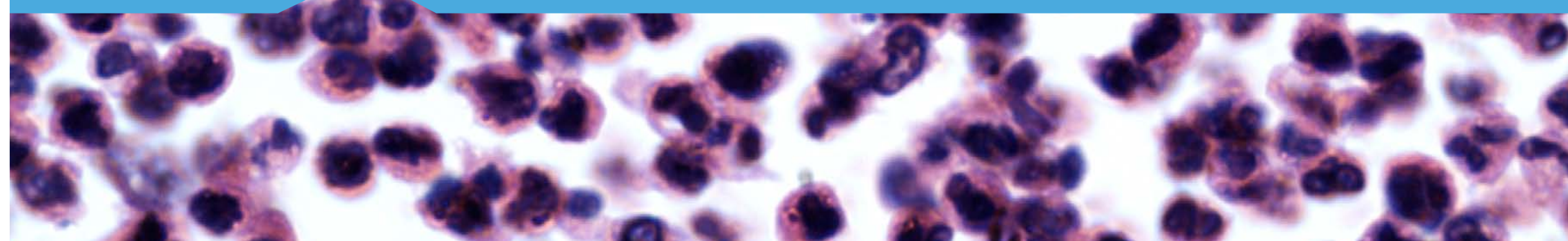
Follow these easy steps to download the app:

1. Visit the App Store on your iPad.
2. Search the App Store for the “CardioSmart Explorer for Members” or “CardioSmart Explorer for Everyone” based on your ACC affiliation. **If you are a member of the American College of Cardiology, you can download the app for free by using your membership username and password. Non-members can download the app for \$3.99.**
3. Based on your selection, follow either of these two steps:
 - **Members** – you will be prompted to select “Open” where you then will fill in your username and password before the app finishes downloading.
 - **Nonmembers** – you will be prompted to select “Buy” before the app finishes downloading.

Requirements: iPad 2 or the new iPad | iOS version 5.0 or higher

FACTS ABOUT Chronic Lymphocytic Leukemia (CLL)³

Most common adult leukemia • **About 15,720 new cases each year** • Accounts for about one-third of new cases of leukemia each year • **Causes approximately 4,600 deaths per year** • Average age of diagnosis is 72; rarely seen in people under age 40 • Two kinds of CLL: one is fast-growing, the other progresses more slowly⁴ • **CLL blood tests look for the presence of proteins ZAP-70 and CD38.** Higher amounts of these proteins are typically associated with faster proliferation of leukemia cells.



CLINICAL TRIALS: FINDING A MATCH

To help find a clinical trial that matches a patient's needs, the American Cancer Society offers a free, confidential Clinical Trials Matching Service (CTMS)⁷. CTMS matches a patient's diagnosis, stage, geographic location, medical and treatment history, age, and other details with eligibility requirements from thousands of available trials. **CONTACT: (800) 303-5691 or www.cancer.org**

The Melanoma Research Foundation⁸ offers a similar service for melanoma trials. **CONTACT: (800) 517-2218 or www.melanoma.org.**

⁷ “American Cancer Society Clinical Trials Matching Service.” American Cancer Society, accessed January 30, 2015, <http://www.cancer.org/treatment/treatmentsandsideeffects/clinicaltrials/app/clinical-trials-matching-service.aspx>.

⁸ “Treating Melanoma Through Clinical Trials.” Melanoma Research Foundation, accessed January 30, 2015, <http://www.melanoma.org/understand-melanoma/melanoma-treatment/clinical-trials>.