

# CASE STUDIES IN LYMPHOMA: A Patient with Relapsed Mantle Cell Lymphoma Treated with the Proteasome Inhibitor Bortezomib

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## Program Overview

The purpose of this activity is to review the case of a patient with relapsed mantle cell lymphoma treated with bortezomib.

## Target Audience

Medical oncologists involved in the care of patients with lymphoma.

## Accreditation

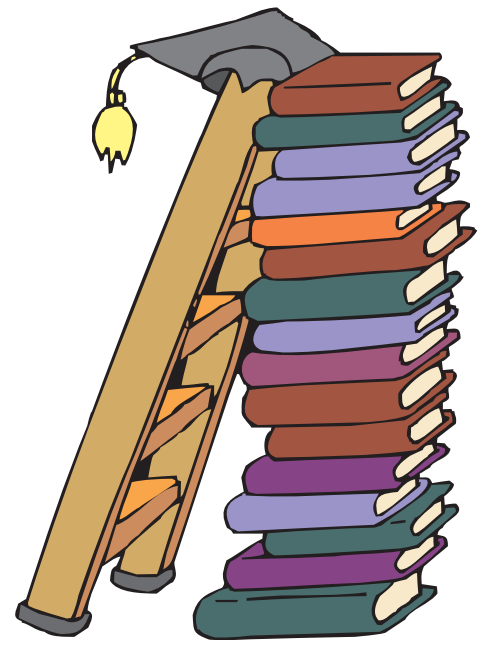
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## Registering Information

Oncology Associates will send this CE in the mail to your practice. If you do not receive a copy, Please contact Oncology Associates at **888-732-7352**.



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non-Hodgkin's lymphoma (NHL) patients.

Several studies demonstrated the potential to selectively target use of colony-stimulating factors in patients most at risk for neutropenic complications. One study [abstract # 888] presents evidence that a majority of neutropenic hospitalizations occur within the first 2 cycles of chemotherapy treatment. Various predictive factors for neutropenic hospitalization were identified: age, disease stage, histology, anemia, chemotherapy regimen, gender, and SEER site. This study used data from the population-based National SEER Medicare-linked database in newly diagnosed NHL patients.

Another study [Abstract # 2367] describes a risk model developed to predict patients at risk for severe neutropenia in cycle 1 of CHOP chemotherapy. A composite scoring system based on the number of baseline risk factors at diagnosis (age  $\geq$  65, Hg  $<$  11g/dL, heart/renal disease, marrow involvement, elevated LDH) was useful in identifying patients at risk of severe neutropenia in cycle 1.

In summary both these studies suggest that risk models can be useful to identify patients most likely to benefit from early use of colony-stimulating factors beginning within the first cycle of chemotherapy.

*Inspiration continued from page 15*

Chapter), a cancer support organization that offers hope and support for patients and their families. Helping others seemed to be the greatest form of therapy. I began to feel better about myself as I realized that I could bring tremendous inspiration and hope to those coping with cancer. Over time, the pain I felt from being an outcast subsided. Perhaps I will always be an outcast, but it's not pain I feel any more. In a strange way, I am thankful for who I am today – much stronger and wiser than I was before cancer.

## Life Today

Eighteen years later, I remain free of cancer. I've accomplished a lot personally and professionally. Married to an extraordinary and supportive woman, I am truly content with myself. I don't cower around others or hold my head down any more. In fact, I don't even think to mention what happened to myself when I meet people. Perhaps they wonder or perhaps they don't. They sure don't seem as curious as they were. I guess that tells you something. My cancer and disfigurement have taught me one of life's most important lessons – it is our internal spirit and not our external appearance that makes up the human soul.

*Ask Joe continued from page 20*

Legislative action is needed immediately. Technical, corrective legislation to reverse line item components of the law is necessary to keep some of the most ridiculous and controversial parts of the legislation from activating over the next few years. Unfortunately, this is a most challenging proposition. In an election year it will prove difficult finding champions willing to introduce new and appropriate legislation.

Strong, grass roots lobbying efforts with your local legislators is truly effective and important. Visit them when they are in their home offices. Invite them to your practice. Continued support of the national organizations is critical. Without the resources of the members, the professional and industry groups lack the full punch needed to get the attention of lawmakers. Educate the consumers. The government's toughest opponent is a well-educated and informed citizen. Patient groups get the attention of the press and the politicians, especially during the campaign and election periods.

It is a new day for our industry. We must continue to fight the good fight, keeping our eye on the ball of excellent patient care.