

Continuing Medical Education (CME) Questions

SCT in high-risk Ph-negative adult ALL

To obtain credit, you should first read the journal article. After reading the article, you should be able to answer the following, related, multiple-choice questions. To complete the questions (with a minimum 75% passing score) and earn continuing medical education (CME) credit, please go to <http://www.medscape.org/journal/blood>. Credit cannot be obtained for tests completed on paper, although you may use the worksheet below to keep a record of your answers. You must be a registered user on Medscape.org. If you are not registered on Medscape.org, please click on the “Register” link on the right hand side of the website. Only one answer is correct for each question. Once you successfully answer all post-test questions you will be able to view and/or print your certificate. For questions regarding the content of this activity, contact the accredited provider, CME@medscape.net. For technical assistance, contact CME@webmd.net. American Medical Association’s Physician’s Recognition Award (AMA PRA) credits are accepted in the US as evidence of participation in CME activities. For further information on this award, please refer to <http://www.ama-assn.org/ama/pub/about-ama/awards/ama-physicians-recognition-award.page>. The AMA has determined that physicians not licensed in the US who participate in this CME activity are eligible for *AMA PRA Category 1 Credits™*. Through agreements that the AMA has made with agencies in some countries, AMA PRA credit may be acceptable as evidence of participation in CME activities. If you are not licensed in the US, please complete the questions online, print the AMA PRA CME credit certificate, and present it to your national medical association for review.

Dhédin N, Huynh A, Maury S, Tabrizi R, Beldjord K, Asnafi V, Thomas X, Chevallier P, Nguyen S, Coiteux V, Bourhis J-H, Hichri Y, Escoffre-Barbe M, Reman O, Graux C, Chalandon Y, Blaise D, Schanz U, Lhéritier V, Cahn J-Y, Dombret H, Ifrah N, on behalf of the GRAALL group. Role of allogeneic stem cell transplantation in adult patients with Ph-negative acute lymphoblastic leukemia. *Blood*. 2015;125(16):2486-2496.

1. Your patient is a 42-year-old man with Philadelphia chromosome–negative high-risk acute lymphoblastic leukemia (ALL) treated with intensified pediatric-like protocol. According to the review of clinical trial data by Dhédin and colleagues, which one of the following statements about outcomes of allogeneic stem cell transplantation (SCT) in first CR (CR1) is correct?

- Relapse-free survival (RFS) is significantly better in SCT than in no-SCT cohorts
- At 3 years, posttransplant cumulative incidence of relapse was ~20%
- At 3 years, posttransplant cumulative incidence of nonrelapse-related mortality (NRM) was ~30%
- 3-year post-SCT survival was ~40%, which was considerably worse than that in previous cohorts of patients with ALL receiving myeloablative SCT in CR1

2. According to the review of clinical trial data by Dhédin and colleagues, which one of the following statements about the use of poor early minimal residual disease (MRD) as a tool to select patients who may benefit from SCT in CR1 is correct?

- Poor early MRD response does not help select patients who may benefit from SCT in CR1
- Patients with MRD1 level lower than 10^{-3} (good response) did not benefit from SCT in CR1 in terms of RFS and overall survival (OS), whereas those with a poor MRD1 response did
- Interactions between MRD1 level and RFS or OS were not statistically significant
- Poor early morphological bone marrow blast clearance is a better tool than MRD1 to define patients who may benefit from SCT

3. According to the review of clinical trial data by Dhédin and colleagues, which one of the following statements about the utility of other risk factors as a tool to select patients who may benefit from SCT in CR1 is correct?

- In B-cell precursor ALL, SCT did not benefit patients with focal *IKZF1* gene deletion
- In this new setting for SCT, conventional baseline risk factors accurately identified patients who would benefit from SCT
- Patients younger than 45 years had higher NRM
- Patients transplanted from related and unrelated donors had similar RFS

Activity Evaluation (where 1 is strongly disagree and 5 is strongly agree)

1. The activity supported the learning objectives.

1	2	3	4	5
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2. The material was organized clearly for learning to occur.

1	2	3	4	5
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3. The content learned from this activity will impact my practice.

1	2	3	4	5
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4. The activity was presented objectively and free of commercial bias.

1	2	3	4	5
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