Orchestrating Success in Oncology Nursing©

GLAONS Oncology Care Summit 2023

Friday (9/8/23) Dinner Programs

Please click on Download to see invitations and details for several dinner programs scheduled on September 8, 2023. RSVP per instructions on each NEW invitation.

Friday, September 8, 2023:

Clinical Care Options Dinner Program (FULL)
Stemline Dinner Program (space available)
BeiGene Dinner Program (space available)
Astrazeneca Dinner Program (space available)

Space is limited. Please RSVP ASAP.
(Please do not reserve more than one program per day.)

Current and Emerging Therapeutic Strategies Targeting BCMA for Relapsed/Refractory Multiple Myeloma: Guidance for the Community Multidisciplinary Team

FRIDAY, SEPTEMBER 8, 2023
6:00 PM – 6:30 PM Registration
6:30 PM – 7:30 PM Live Meeting and Dinner

Fleming's Prime Steakhouse
Meritage Room
800 West Olympic Boulevard
Los Angeles, California

FACULTY PRESENTER
Tom Martin, MD
Professor of Medicine
University of California San Francisco
San Francisco, California

RSVP to Becky Griffin at becky.griffin@cmmglobal.com

Join us for a CME/CE/CPE-certified interactive case-based workshop tailored to myeloma care professionals reviewing the latest clinical data on therapeutic strategies using BCMA-targeted therapies.

Agenda

- BCMA-Targeted Therapy in MM: Advantages and Disadvantages
- Understanding the Different Classes of BCMA-Targeted Therapies
- Strategies to Mitigate BCMA Exhaustion and New Frontiers

Provided by Clinical Care Options, LLC

Supported by educational grants from Bristol Myers Squibb and Regeneron Pharmaceuticals, Inc.

ORSERDU™
elacestrant

You are cordially invited to attend an educational presentation:

ORSERDU™ (elacestrant):

The first and only therapy indicated for ER+/HER2-
ESR1-mutated mBC following at least one line of endocrine therapy

Presented by:

Linda Buck NP
Medical Oncology

COH Newport Beach
Newport Beach, CA

Friday, September 8, 2023
6:30 PM PDT

Mastro's Ocean Club
1200 S. Figueroa Street
Los Angeles, CA

To RSVP, Scan Me:

Questions about Registration?
Contact your Territory Manager below:

Christina Riddell
(602) 363-2893 | criddell@stemline.com

Indication

ORSERDU (elacestrant) 345mg tablets are indicated for the treatment of postmenopausal women or adult men with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, *ESR1*-mutated advanced or metastatic breast cancer with disease progression following at least one line of endocrine therapy.

Important Safety Information

- **Dyslipidemia:** Hypercholesterolemia and hypertriglyceridemia occurred in patients taking ORSERDU at an incidence of 30% and 27%, respectively. The incidence of Grade 3 and 4 hypercholesterolemia and hypertriglyceridemia were 0.9% and 2.2%, respectively. Monitor lipid profile prior to starting and periodically while taking ORSERDU.

Please see Important Safety Information on the next page and the accompanying Full Prescribing Information.

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Important Safety Information (Continued)

- Embryo-Fetal Toxicity: Based on findings in animals and its mechanism of action, ORSERDU can cause fetal harm when administered to a pregnant woman. Advise pregnant women and females of reproductive potential of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with ORSERDU and for 1 week after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with ORSERDU and for 1 week after the last dose.

Adverse Reactions

- Serious adverse reactions occurred in 12% of patients who received ORSERDU. Serious adverse reactions in >1% of patients who received ORSERDU were musculoskeletal pain (1.7%) and nausea (1.3%). Fatal adverse reactions occurred in 1.7% of patients who received ORSERDU, including cardiac arrest, septic shock, diverticulitis, and unknown cause (one patient each).
- The most common adverse reactions (≥10%), including laboratory abnormalities, of ORSERDU were musculoskeletal pain (41%), nausea (35%), increased cholesterol (30%), increased AST (29%), increased triglycerides (27%), fatigue (26%), decreased hemoglobin (26%), vomiting (19%), increased ALT (17%), decreased sodium (16%), increased creatinine (16%), decreased appetite (15%), diarrhea (13%), headache (12%), constipation (12%), abdominal pain (11%), hot flush (11%), and dyspepsia (10%).

Drug Interactions

- Concomitant use with CYP3A4 inducers and/or inhibitors: Avoid concomitant use of strong or moderate CYP3A4 inhibitors with ORSERDU. Avoid concomitant use of strong or moderate CYP3A4 inducers with ORSERDU.

Use in Specific Populations

- Lactation: Advise lactating women to not breastfeed during treatment with ORSERDU and for 1 week after the last dose.
- Hepatic Impairment: Avoid use of ORSERDU in patients with severe hepatic impairment (Child-Pugh C). Reduce the dose of ORSERDU in patients with moderate hepatic impairment (Child-Pugh B).

The safety and effectiveness of ORSERDU in pediatric patients have not been established.

To report SUSPECTED ADVERSE REACTIONS, contact Stemline Therapeutics, Inc. at 1-877-332-7961 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see the accompanying Full Prescribing Information

This program is a Stemline sponsored promotional program. Stemline will report all transfers of value related to meals provided to you as required by applicable national, territorial and/or state transparency laws and regulations. In most cases, the information will be published. Minnesota, Vermont, the Department of Defense, and the Department of Veteran Affairs have regulations or policies that prohibit the receipt of meals at company sponsored events. You are accountable for understanding such restrictions and complying with them, and Stemline may restrict your participation at this program. You may choose to opt out of the meal. Please note, we are unable to accommodate spouses or guests at this event.

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ORSERDU® elacestrant

You're Invited

DISCUSSION OF BRUKINSA FOR ADULT PATIENTS WITH CLL/SLL

ABOUT

Join us for an informative case-based discussion on the use of BRUKINSA® for the treatment of adult patients with chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL). The discussion will include the results from the latest BRUKINSA clinical trials as well as information on dosing & administration, management of treatment-emergent adverse events, and patient support.

Healthcare professionals including PAs, NPs, and RNs are encouraged to participate in this interactive dialogue.

DATE & TIME

September 8, 2023
6:30 PM

LOCATION

Takami Sushi & Robata
811 Wilshire Boulevard
Los Angeles, CA 90017

COVID-19 Requirements: *Please note that certain venues may require proof of vaccination for program attendees. Please check with the program host for more information.*

SPEAKER

Karolina Faysman, APRN
Lead Hematology/Oncology/Transplant Nurse Practitioner III
UCLA Medical Center
Los Angeles, CA

RSVP

Rachelle Sweeney
(586) 604-8981
rachelle.sweeney@beigene.com

INDICATIONS

BRUKINSA is a kinase inhibitor indicated for the treatment of adult patients with:

- Chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL).
- Waldenström's macroglobulinemia (WM).
- Mantle cell lymphoma (MCL) who have received at least one prior therapy.
- Relapsed or refractory marginal zone lymphoma (MZL) who have received at least one anti-CD20-based regimen.

The MCL and MZL indications are approved under accelerated approval based on overall response rate. Continued approval for these indications may be contingent upon verification and description of clinical benefit in confirmatory trials.

IMPORTANT SAFETY INFORMATION

Warnings and Precautions

Hemorrhage: Fatal and serious hemorrhage has occurred in patients with hematological malignancies treated with BRUKINSA monotherapy. Grade 3 or higher hemorrhage, including intracranial and gastrointestinal hemorrhage, hematuria and hemothorax have been reported in 3.6% of patients treated with BRUKINSA monotherapy in clinical trials, with fatalities occurring in 0.3% of patients. Bleeding of any grade, excluding purpura and petechiae, occurred in 30% of patients.

In accordance with the updated PhRMA Code, BeiGene is no longer able to provide alcohol as part of this educational program.
Participants can purchase their own alcoholic beverages directly from the venue.

Spouses and other guests who are not healthcare professionals may not attend this event. Please be aware that if you are a licensed US physician, the meal associated with this program is reportable under the Federal Open Payments/Sunshine Act. State laws and federal entities may restrict your ability to receive meals offered in connection with this event. You are responsible for complying with any restrictions or limitations related to such requirements.

IMPORTANT SAFETY INFORMATION (CONT.)

Warnings and Precautions (cont.)

Bleeding has occurred in patients with and without concomitant antiplatelet or anticoagulation therapy. Coadministration of BRUKINSA with antiplatelet or anticoagulant medications may further increase the risk of hemorrhage.

Monitor for signs and symptoms of bleeding. Discontinue BRUKINSA if intracranial hemorrhage of any grade occurs. Consider the benefit-risk of withholding BRUKINSA for 3-7 days pre- and post-surgery depending upon the type of surgery and the risk of bleeding.

Infections: Fatal and serious infections (including bacterial, viral, or fungal infections) and opportunistic infections have occurred in patients with hematological malignancies treated with BRUKINSA monotherapy. Grade 3 or higher infections occurred in 24% of patients, most commonly pneumonia (11%), with fatal infections occurring in 2.9% of patients. Infections due to hepatitis B virus (HBV) reactivation have occurred.

Consider prophylaxis for herpes simplex virus, pneumocystis jirovecii pneumonia, and other infections according to standard of care in patients who are at increased risk for infections. Monitor and evaluate patients for fever or other signs and symptoms of infection and treat appropriately.

Cytopenias: Grade 3 or 4 cytopenias, including neutropenia (22%), thrombocytopenia (8%) and anemia (7%) based on laboratory measurements, developed in patients treated with BRUKINSA monotherapy. Grade 4 neutropenia occurred in 11% of patients, and Grade 4 thrombocytopenia occurred in 2.8% of patients.

Monitor complete blood counts regularly during treatment and interrupt treatment, reduce the dose, or discontinue treatment as warranted. Treat using growth factor or transfusions, as needed.

Second Primary Malignancies: Second primary malignancies, including non-skin carcinoma, have occurred in 13% of patients treated with BRUKINSA monotherapy. The most frequent second primary malignancy was non-melanoma skin cancer reported in 7% of patients. Other second primary malignancies included malignant solid tumors (5%), melanoma (1.2%), and hematologic malignancies (0.5%). Advise patients to use sun protection and monitor patients for the development of second primary malignancies.

Cardiac Arrhythmias: Serious cardiac arrhythmias have occurred in patients treated with BRUKINSA. Atrial fibrillation and atrial flutter were reported in 3.7% of 1550 patients treated with BRUKINSA monotherapy, including Grade 3 or higher cases in 1.7% of patients. Patients with cardiac risk factors, hypertension, and acute infections may be at increased risk. Grade 3 or higher ventricular arrhythmias were reported in 0.2% of patients.

Monitor for signs and symptoms of cardiac arrhythmias (e.g., palpitations, dizziness, syncope, dyspnea, chest discomfort), manage appropriately, and consider the risks and benefits of continued BRUKINSA treatment.

Embryo-Fetal Toxicity: Based on findings in animals, BRUKINSA can cause fetal harm when administered to a pregnant woman. Administration of zanubrutinib to pregnant rats during the period of organogenesis caused embryo-fetal toxicity, including malformations at exposures that were 5 times higher than those reported in patients at the recommended dose of 160 mg twice daily. Advise women to avoid becoming pregnant while taking BRUKINSA and for 1 week after the last dose. Advise men to avoid fathering a child during treatment and for 1 week after the last dose. If this drug is used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to a fetus.

Adverse Reactions

In this pooled safety population, the most common adverse reactions, including laboratory abnormalities, in ≥30% of patients who received BRUKINSA (N=1550) included decreased neutrophil count (42%), upper respiratory tract infection (39%), decreased platelet count (34%), hemorrhage (30%), and musculoskeletal pain (30%).

Drug Interactions

CYP3A Inhibitors: When BRUKINSA is co-administered with a strong CYP3A inhibitor, reduce BRUKINSA dose to 80 mg once daily. For coadministration with a moderate CYP3A inhibitor, reduce BRUKINSA dose to 80 mg twice daily.

CYP3A Inducers: Avoid coadministration with strong or moderate CYP3A inducers. Dose adjustment may be recommended with moderate CYP3A inducers.

Specific Populations

Hepatic Impairment: The recommended dose of BRUKINSA for patients with severe hepatic impairment is 80 mg orally twice daily.

Please see full Prescribing Information for BRUKINSA (zanubrutinib).

Best Practices: Cardio-Oncology in Nursing

Friday, September 8, 2023

6:00PM

Presented by:

Kelli Garcia MSN, RN, OCN

Oncology Nurse Educator

AstraZeneca Pharmaceuticals

Location:

Morton's The Steakhouse

735 S. Figueroa, Unit 207

Los Angeles, CA 90017

To find out more information or to register for the meeting, please don't hesitate to contact:

Kelli Garcia

kelli.garcia@astrazeneca.com

480-304-2822

Attendance RSVP is required by:

Wednesday, September 6, 2023

In accordance with the updated PhRMA Code on Interactions with Healthcare Professionals, starting January 1, 2022, AstraZeneca will no longer serve alcohol as part of the education program.

AstraZeneca will comply with any and all Federal or State reporting requirements regarding any value or expense associated with this event. AstraZeneca fully supports and abides by the PhRMA Code on Interactions with Health Care Professionals (HCPs). This program is open only to HCP invitees. AstraZeneca will not accommodate attendance of a spouse or other guest of any HCP attendee, nor will AstraZeneca pay for transportation or parking costs of attendees.

If you are a prescriber and/or a Federal, State or institutional employee, you may be subject to laws, regulations, or rules which prohibit or limit your receipt of gifts, meals or items of value. We ask that you comply with any such restrictions. AstraZeneca will not recommend, endorse, or support the submission of this promotional program for CE credits.

AstraZeneca