

Welcome to the fourth edition of Nurse News for 2020!

Lymphoma Australia’s Nurse News aims to keep nurses with a special interest in lymphoma or CLL up to date with all aspects of lymphoma care across Australia and from around the world.

Welcome to the final edition to Nurse News for 2020! 2020 has been a particularly challenging year for everyone, especially nurses on the front line. We would like to thank you for all of your efforts caring for cancer patients and making them feel safe during the COVID-19 pandemic.

Despite the challenges, Lymphoma Australia have continued to achieve a number of activities. Many of our achievements would not have occurred without your support. Firstly, we have reached over 1900 members in the nurse special interest group from all across Australia and New Zealand. This allows Lymphoma Australia to have a larger outreach to ensure we can keep you all updated on the latest information in lymphoma or CLL, so that you can provide the best information for patients and their families. Thank you!

This year we also introduced the first 6 Lymphoma Nurse Learning Modules, presented by some of Australia’s leading nurse and medical experts. Thank you to all who have participated so far and providing the wonderful feedback we have received. We have had over 1500 nurse registrations overall so far. The live modules will recommence in 2021, but in the meantime, you can catch up online. More information is available later in this edition.

You have recently been sent a survey to your email. We welcome you to complete the short survey to provide us with feedback on how well we are going with achieving your education and support needs. It is also an opportunity



for you to let us know what you want us to provide over the next 12 months.

On behalf of the Lymphoma Australia team, we wish to thank you all a wonderful and safe festive season. We also look forward to working with you in 2021!

For further information or questions please contact Donna Gairns, National Nurse Manager, Lymphoma Australia: donna.gairns@lymphoma.org.au or T 0404 749 884.

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Lymphoma Nurse Learning Modules



Lymphoma Australia recently launched our Nurse Learning Modules. The interactive live webinars were conducted from August – November where we received over 1500 registrations. The first 6 Nurse learning Modules are now available for you to catch up or watch them again within the Nurse Education section on our new website.

The nurse learning modules are FREE and are available to nurses and other health professionals who work with lymphoma/CLL patients. The aim of these is to upskill, enhance or update your knowledge on the latest management about all aspects of lymphoma/CLL or related topics.

The Nurse Learning Modules include presentations from some of Australia's leading expert clinicians on the current standard management of lymphoma/CLL and related topics. They aim to help nurses to feel more confident in their knowledge when caring for a lymphoma/CLL patient.

Alongside each individual learning module, you will be provided with a learning package that includes:

- The learning objectives
- Further reading including the key study publications for each topic for further reference
- A post assessment to help you to understand your learning needs and to review how we have met the objectives.
- A certificate of completion for you CPD records

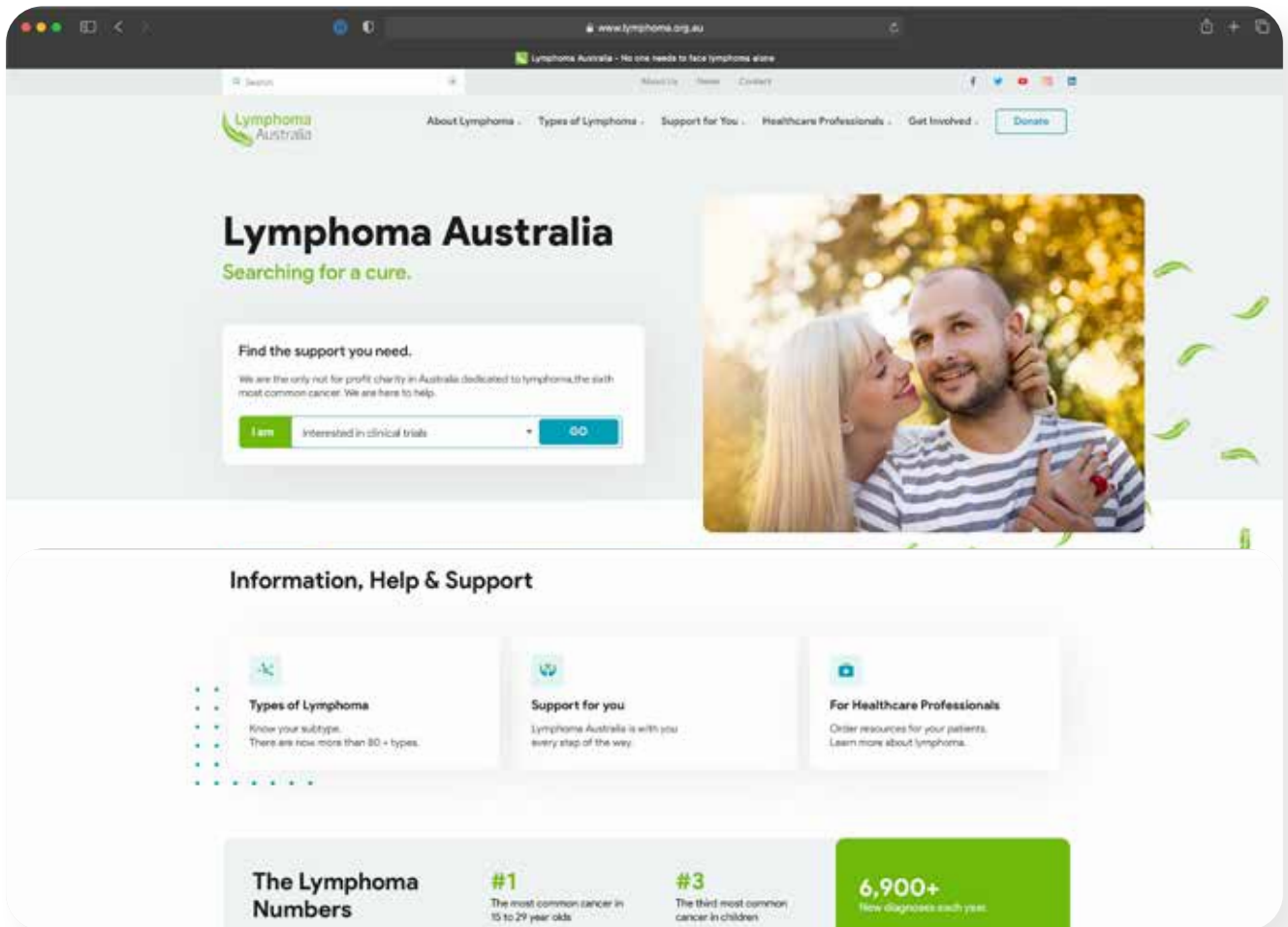
The Nurse Learning Modules will recommence in 2021 on a monthly basis.

Lymphoma Nurse Learning Modules 1-6

Check them out via our new website in the Health Professional section: <https://bit.ly/3nFLoFO>

Module 1	Pathophysiology & classification of lymphoma/CLL	Dr Jason Butler Royal Brisbane & Women's Hospital
	The patient's experience	Donna Gairns Lymphoma Australia
Module 2	Diagnosis & diagnostic tests explained	Dr Colm Keane Princess Alexandra & Mater Private Hospital, Brisbane
	Staging, test & scans explained	Dr Collin Chin Sir Charles Gairdner Hospital, Perth
Module 3	Management of indolent lymphoma: follicular lymphoma & marginal zone lymphoma	Professor Chan Cheah Sir Charles Gairdner Hospital, Perth
	Nursing implications & caring for the indolent lymphoma patient	Ron Middleton, Haem. CNC, Toowoomba Hospital, QLD
Module 4	The evolving treatment landscape of lymphoma/CLL	Dr Katharine Lewis Sir Charles Gairdner Hospital, Perth
	Patient care in the era of new therapies for lymphoma/CLL	Helena Furdas, Lymphoma CNC Sir Charles Gairdner Hospital, Perth
Module 5	Diffuse large B-cell lymphoma	Professor Mark Hertzberg, Prince of Wales Hospital, Sydney
Module 6	Hodgkin lymphoma	Professor Mark Hertzberg, Prince of Wales Hospital, Sydney

NEW *Lymphoma* Australia website



Lymphoma Australia have a NEW website that contains more of the latest and best practice information about lymphoma & CLL subtypes, treatments, management and supportive care to help patients, their loved ones and health professionals.

The Lymphoma Australia team used the time during the national lockdown earlier this year create the content for our new website, that will sure provide you with the information that you and your patients need to know about lymphoma/CLL. We still have some areas to add soon.

Key areas:

- Latest news from Australia & the world
- About lymphoma
- Types of lymphoma
- Support for you
- Healthcare Professionals
- Videos from experts
- Resources

We welcome you to check out the Healthcare professional section to register for the nurse learning modules, newsletters and the latest updates. Lymphoma Australia website: www.lymphoma.org.au

NEW *Lymphoma* Pharmaceutical Benefits Scheme (PBS) Listings

Cutaneous T-cell lymphoma (CTCL)

There has been a new PBS listing for patients with cutaneous T-cell lymphoma (CTCL). The announcement coincides with two new medical benefits scheme (MBS) item changes for extracorporeal photopheresis (ECP) for the treatment of CTCL.

From the 1st of November, methoxsalen (Uradex) will now be funded to be administered alongside extracorporeal photopheresis (ECP), for patients who do not respond to current therapy.

Erythrodermic CTCL is a very rare subtype of lymphoma that affects the skin, where it causes an over population of malignant T-cells in the skin. This results in raised, rash-like or itchy patches of skin, lumps or ulcers and swollen lymph nodes.

ECP is a therapy that can be used for the management of patients with erythrodermic CTCL, who have experienced disease progression or are unable to tolerate the side effects of other system treatments (eg. Chemotherapy)

for CTCL. The treatment is given through intravenous access connected to an apheresis machine, where there are three stages that include:

Venetoclax & Obinutuzumab combination in first-line treatment for eligible CLL & SLL patients

Venetoclax (VENCLEXTATM) in combination with Obinutuzumab is now funded on the PBS from 1 December 2020 for patients with CLL in the front-line treatment, who are not suitable for chemoimmunotherapy treatments.

Every year there are around 1400 people are diagnosed with CLL/SLL (5% are diagnosed with SLL), that are indolent (slow growing) B-cell non-Hodgkin lymphomas.

The reimbursement of venetoclax in first-line treatment for eligible patients marks a major milestone in the clinical development journey that included the first patients in the world receiving this agent on clinical trials in Australia in 2011 after venetoclax rose from a basic research discovery in Melbourne 30 years ago.



New Lymphoma Australia Resources

Lymphoma Australia has released three new fact sheets recently that we welcome you to check out. There are many more currently being developed. Let us know if there is a fact sheet that you think will help lymphoma patients in your care.

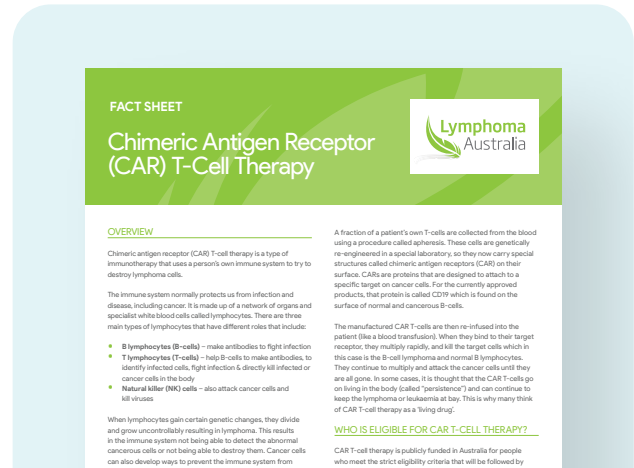
Autologous Stem cell Transplant

Autologous stem cell transplants are a type of treatment that some patients can receive for their subtype of lymphoma. These autologous transplants utilise stem cells collected from the blood stream to repopulate a patient's bone marrow after a high dose of chemotherapy treatment.

A stem cell is an immature blood cell that is born in the bone marrow and rows into the mature red cells, white cells and platelets that are spilled out into the blood stream. T-cell therapy, including clinical trials for other subtypes and indications, Lymphoma Australia aims to keep the fact sheet updated. To find out more about this therapy, the side effects and CAR T-cell therapy in Australia, see the fact sheet on our website.

Allogeneic Stem Cell Transplant

Allogeneic stem cell transplants are a type of treatment that some patients can receive for their subtype of lymphoma. These transplants utilise stem cells that are collected from a donor's blood stream, bone marrow or cord blood donation. They are used to repopulate a patient's bone marrow after high dose of chemotherapy treatment and aims to remove any traces of lymphoma in the body.



Monoclonal B-cell lymphocytosis (MBL)

Monoclonal B-cell lymphocytosis (MBL) is a pre-cancerous condition in which there is an abnormal population of lymphocytes called dB-cells in the blood. The 'fingerprint' of these B-cells is similar to a type of chronic blood cancer known as chronic lymphocytic leukaemia (CLL).

MBL is rare in people under 40 years of age (2-3 per 1000 people) but becomes more common affecting 5-9% of people over the age of 60 years. Other risk factors for MBL are a family history of CLL, and infections particularly hepatitis C.

To view or download all of our **fact sheets or resources**:

 lymphoma.org.au/support-for-you/fact-sheets/

Meet the Lymphoma Australia staff members...

For those who are new to Lymphoma Australia, I would like to introduce you to our current team members:

Sharon Millman CEO
Donna Gairns National Nurse Manager

Carol Cahill Community Support Manager
Josie Cole National Community Engagement Manager
Samantha Ormerod Lymphoma Care Nurse – QLD
Rebecca Beck Lymphoma Care Nurse – NSW



Chronic lymphocytic leukaemia (CLL)

Introduction

Prof John Seymour, the Director of Haematology at Peter MacCallum Cancer Centre & Royal Melbourne Hospital, spoke to Deborah Sims, CLL patient and Director of Advocacy with Lymphoma Australia. Prof Seymour discussed some of the presentations that highlighted chronic lymphocytic leukaemia (CLL) and small lymphocytic lymphoma (SLL) from the 25th European Hematology Association (EHA) held from the 11-21 June 2020. EHA is the key annual meeting held every June in Europe providing presentations of the latest haematology research updates.

Background

The treatment landscape has evolved over recent years for the treatment of CLL (SLL). There are many new targeted therapies that have become available that have the potential to improve patient outcomes.

Targeted therapies are medicines that block or interfere with different processes of the cells that help the growth or spread of lymphoma. They work in different ways to stop the cancer cells from growing or dividing, to cause the cells to die or to use your own immune system to help your body remove these cancerous cells.

There are many different clinical trials that are currently being conducted in both Australia and internationally that involve these targeted therapies as single agents or in different combinations. Prof Seymour discussed the results of some of the key studies that were presented at EHA and what this can mean for future treatment of CLL.

Venetoclax in CLL

Prof Seymour discussed the targeted therapy that is seeing very exciting outcomes for patients with CLL (and other lymphoma subtypes), called venetoclax. Scientists

in Melbourne discovered a protein called BCL-2 that promoted cancer cell survival in 1988. Venetoclax was developed as a BCL-2 inhibitor that blocks the BCL-2 pathway. By blocking this protein, it causes programmed cell death, and causing cancer cells to die.

Prof Seymour discussed the MURANO study and some of the 4 years follow-up results. Following the results from the MURANO study, venetoclax has been since approved in 2019 and PBS listed in Australia for those with CLL who have relapsed or refractory to at least one prior therapy, in combination with rituximab. The data presented at EHA looked at what the impact of stopping the drug early or interruption in delivery on CLL patients. Results show that once patients achieve a deep response, when the drug was stopped, patients remained in remission 2 years later. This means that patients do not need to continue on venetoclax lifelong and can maybe discontinue the drug after 2 years.

There are many clinical trials around the world looking at venetoclax in combination with other therapies. This includes in combination with obinutuzumab (CD20 monoclonal antibody) versus chlorambucil (chemotherapy) and obinutuzumab in the CLL14 trial. The trial showed superior efficacy and deeper remissions for the patients who received the venetoclax arm. This means that patients will remain in remission for longer.

Prof Seymour also discussed the CLL2-Give clinical trial of obinutuzumab, ibrutinib and venetoclax in patients with untreated CLL with 17p deletion/TP53 mutation. The combination of these three drugs showed very promising results where over 58% of patients had a complete response and over 80% had undetectable minimal residual disease (MRD). This is a group of patients have traditionally been very difficult to treat and do not respond well to standard first line treatment of chemoimmunotherapy. Clinical trials of these targeted (non-chemotherapy) regimens have superior outcomes to standard treatment for this group of patients.

LYMPHOMA ADVANCES

KNOWLEDGE IS POWER

Pictured: Professor John Seymour,
Peter MacCallum Cancer Centre

BTK inhibitors in CLL

Targeted therapies called Bruton's tyrosine kinase inhibitors (BTK) have shown very promising results for the treatment of CLL. BTK is a protein in the body that helps cancer cells grow. BTK inhibitors block this protein which may help to reduce the number for cancer cells and may slow the spread of cancer. Ibrutinib, is the first type of BTK inhibitor, where it is currently available, and PBS funded in Australia. It is funded for either patients with CLL who have relapsed after first line treatment or for patients with certain tested mutations that includes 17p deletion.

The next generation, or second version, of BTK inhibitor that is designed to be more specific to BTK with less off-target effects is called acalabrutinib. Acalabrutinib will hopefully be publicly funded soon in Australia, for the same indications above. Until now there has not been any data to show that one drug is better or less toxic than the other.

Prof Seymour discussed the results from a study presented at EHA (Matt Davids, et al ePoster abstract #724) where the data showed the comparison between acalabrutinib and ibrutinib. The study looked at the comparison between how well these drugs worked, the safety and adverse effects experienced by patients. Both of these drugs show the same efficacy with high responses with patients at first line treatment with CLL, however acalabrutinib showed lower rates of adverse side effects and better tolerability than those patients who received ibrutinib.

Similar trials are looking at a newer a BTK inhibitor called zanubrutinib in comparison to ibrutinib that is demonstrating similar results in other subtypes. These studies are still showing high overall responses to the drug. This is excellent news for future CLL (and other lymphoma subtypes) treatments. For more information about zanubrutinib, please see our EHA interviews with Prof Con Tam, lead investigator and Prof Judith Trotman who both discussed this drug in studies for Waldenstrom's macroglobulinemia (another type of B-cell lymphoma).

Finally, Prof Seymour discussed the results from the CAPTIVATE study for CLL/SLL patients. This study looked at treating patients first line with ibrutinib and venetoclax. The results showed that patients had high rates of undetected MRD and with manageable side effects. The aim for cancers such as CLL is for patients to achieve a deep response and MRD, so as to remain in remission for as long as possible.

Summary

The treatment and management of CLL is evolving quickly. As scientists understand more about what causes CLL and why some patients do better or worse than others, treatments are developed that we are seeing great results. Australian lymphoma experts are amongst the world's best, leading the way to improve the outcomes for CLL patients.

These are only a few of many studies that are looking at using targeted therapies emerging into this exciting space. These treatments are aiming to get patients into deeper responses, to keep the disease away for longer and provide a better quality of life. It is exciting to see future developments.

Lymphoma Australia would like to thank Prof John Seymour for speaking with us to provide his insights from these highlighted clinical trials from the recent EHA 2020 congress.

References

EHA Library. Mato A. 06/12/20; 294609; EP691
EHA Library. Siddiqi T. 06/12/20; 294978; S158
EHA Library. Al-Sawaf O. 06/12/20; 294975; S155
EHA Library. Davids M. 06/12/20; 294642; EP724
EHA Library. Huber H. 06/12/20; 294977; S157

To watch the interview “**Indolent lymphoma updates – EHA 2020**” with Professor Seymour, Peter MacCallum Cancer Centre & Deborah Sims, Lymphoma Australia, please go to the Lymphoma Australia YouTube channel:



www.youtube.com/watch?v=gOWzrxtbrBo

Lymphoma Australia resource – Patient Referral Form

For many patients and their loved ones, a lymphoma diagnosis, the treatment, after treatment and living with lymphoma can have an impact for many years. Lymphoma Australia is a dedicated patient advocacy organisation providing awareness, support and education for patients and their loved ones.

People affected with lymphoma or CLL may not always need Lymphoma Australia immediately, but it is important for them to know about our supports and services in case they do need us or more information when things change.

Lymphoma Australia have developed a patient and carer referral form. The referral form has been developed to help connect patients and their loved ones with Lymphoma Australia. This will ensure that they receive all the information that they need to know about their subtype, treatment and supportive care options, including peer support.

A referral can be made at any point during the lymphoma journey, however ensuring that they know about Lymphoma Australia as early as possible will ensure they are connected with support, the latest information and clinical trials when or if they need it.

Patient referral process includes:

- The referral form can be either completed online (<https://bit.ly/3hhBYxS>) or printed
- A new online direct referral form will email Lymphoma Care Nurses directly (available end of October on new website)
- Healthcare professionals can refer the patient by completing their details for them or given to the patient if they have the ability to complete the form for you

REFERRER DETAILS		YES	NO
Patient diagnosed with lymphoma/CLL?		<input type="radio"/>	<input type="radio"/>
Carer or know someone with lymphoma/CLL		<input type="radio"/>	<input type="radio"/>
Health care professional		<input type="radio"/>	<input type="radio"/>
Surname	First name		
Contact phone	Email		
Hospital	Postcode		

- Email the completed form to Lymphoma Australia's Lymphoma Care Nurse team nurse@lymphoma.org.au
- The Lymphoma Care Nurses will triage and contact the patient to introduce our services, sign them up to newsletters or provide additional information.
- Resources and information will be sent to the patient/ carer as required.

A link to the form can be found under the 'healthcare professionals/patient referral form' (<https://bit.ly/3hhBYxS>) or we can send you hard copies. Please email us: nurse@lymphoma.org.au

Thank you again for all of your support for the work that we do.

Please do not hesitate to contact us if you have any questions or suggestions. Donna Gairns, National Nurse Manager: donna.gairns@lymphoma.org.au or 0404 749 884

Connect with us...    

Join our dedicated closed Facebook group for patients and carers by searching **Lymphoma DOWN UNDER**

For more information visit www.lymphoma.org.au

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