

Transforming the Management of Acute Lymphoblastic Leukemia

Overview: Targeted and novel immunotherapies have transformed the management of newly diagnosed ALL. Blinatumomab is now widely incorporated into frontline therapy as a means of eradicating persistent MRD following upfront chemotherapy who achieve MRD negativity. Knowledge of these therapies and how to utilize MRD assessments to guide therapy decisions is crucial in developing effective and tolerable upfront therapy regimens for ALL.

Learning Objectives:

- Summarize the data from clinical trials supporting the use of less intensive and even chemotherapy-free regimens for frontline therapy of ALL.
- Recognize the prognostic significance of MRD in ALL and, as appropriate, incorporate MRD into evidence-based frontline therapy plans.

Oral Targeted Therapies in Relapsed/Refractory Acute Myeloid Leukemia

Overview: Oral targeted therapies represent an important advancement in the management of R/R AML. Not only have these targeted treatments provided effective therapy options for patients with R/R AML who are unable to receive intensive therapy, agents like revumenib, a first-in-class oral menin inhibitor, have been shown to improve outcomes in subtypes of AML, such as AML with *KMT2a* rearrangement, that is associated with notoriously poor prognosis. Provider education on patient selection and management of unique toxicities of oral targeted therapies such as differentiation syndrome and prolonged QTc is critical in ensuring improvement in overall outcomes.

Learning Objectives:

- Review the data from clinical trials supporting the use of oral targeted therapy options for R/R AML and determine appropriate patient selection.
- Identify unique toxicities of oral targeted therapies for R/R AML and outline appropriate management strategies.

Chronic Myeloid Leukemia: De-Escalation of TKI Therapy

Overview: The feasibility of dose de-escalation of tyrosine kinase inhibitor (TKI) therapy (with close monitoring after achievement of optimal responses) has been demonstrated in clinical studies as an appropriate strategy for the prevention and management of long-term treatment-emergent adverse events (TEAEs). Clinical studies that have evaluated the de-escalation of TKI therapy have used strict eligibility criteria and more frequent molecular monitoring to ascertain the safety and efficacy of TKI de-escalation. Clinicians should be aware of the various strategies that are being evaluated in clinical trials to mitigate the risk of TEAEs associated with TKI therapy.

Learning Objectives:

- Outline the criteria used in clinical trials that have evaluated dose de-escalation of TKI therapy.
- Develop a treatment plan for patients with CML incorporating dose de-escalation strategies in the appropriately selected patient population.

Managing Toxicities of Outpatient Oral Therapies for Chronic Myeloid Leukemia

Overview: Careful evaluation for preexisting risk factors prior to the initiation of tyrosine kinase inhibitor (TKI) therapy, effective management of risk factors and close monitoring for any adverse events as well as drug interactions of TKIs (with the most commonly used medications, supplements, and fruits/fruit juices) after initiation of TKI therapy are recommended for all patients to mitigate the risk of long-term adverse events. Patients need to be counselled on the potential risk factors or comorbidity that could predispose them to a specific adverse event associated with TKI therapy. In addition, patient education on monitoring and reporting symptoms of an adverse event is also essential for the implementation of effective supportive care interventions. Clinicians should be educated on the appropriate strategies that have been evaluated in clinical trials for monitoring and management of adverse events associated with TKI therapy.

Learning Objectives:

- Review the strategies evaluated in clinical trials for the management of adverse events and optimization of tyrosine kinase dose for patients with CML.
- Compare the toxicity profile of TKIs used in the treatment of CML and identify supportive care interventions to manage adverse events.



The Role of Clonal Hematopoiesis of Indeterminate Potential in Hematologic Malignancies

Overview: Clonal hematopoiesis of indeterminate potential (CHIP) is largely considered a process of aging and is a common finding in genetic tests. However, its associations with adverse health outcomes, including hematologic malignancy and cardiovascular disease, may warrant clinical counseling and intervention. Monitoring of patients with CHIP in routine practice remains limited, with evidence largely retrospective. There is a need to establish evidence-based clinical care guidelines and intervention strategies for individuals with CHIP.

Learning Objectives:

- Review the health implications of CHIP with a focus on hematologic malignancies.
- Discuss ways to incorporate CHIP screening and management into clinical practice.

Evolving Treatment Strategies in Newly Diagnosed & Relapsed/Refractory Multiple Myeloma

Overview: The management of MM has undergone a transformative evolution over the past decade, with the integration of quadruplet induction regimens, anti-CD38 monoclonal antibodies, and novel cellular therapies into treatment algorithms; however, significant gaps remain in clinicians' ability to translate these advances into optimized, individualized patient care. The role of autologous stem cell transplantation in the current treatment paradigm and the use of minimal/measurable residual disease assessment and its implications for prognostication, treatment continuation, intensification, or de-escalation strategies is continuously evolving. Furthermore, the approval of CAR-T therapies and bispecific antibodies for R/R MM and their use in earlier lines of treatment has created educational needs around patient selection, sequencing of therapies, and toxicity management.

Learning Objectives:

- Evaluate and apply current evidence-based treatment strategies for newly diagnosed MM.
- Identify and differentiate the available therapy options for patients with R/R MM and develop individualized treatment plans.

Outpatient Administration of Bispecific Antibodies and CAR T-Cell Therapies

Overview: An increasing number of patients with cancer are now eligible for advanced cancer immunotherapies such as CAR T-cell therapies and bispecific antibodies (e.g., T-cell engaging antibodies); however, administration of these therapies has been primarily limited to large academic medical centers due to concerns about potentially fatal toxicities. Establishing outpatient programs for administering CAR T-cell therapies and bispecific antibodies would increase patient access to these effective treatments while reducing overall healthcare costs and enhancing patient quality of life. To ensure patient safety, community oncology practitioners need to be educated on the key requirements for setting up and maintaining a successful CAR T-cell therapy and bispecific antibody outpatient program.

Learning Objectives:

- Explain the importance of establishing outpatient centers with interprofessional support for the administration of CAR T-cell therapies and bispecific antibodies.
- Describe essential personnel, infrastructure, and resources for the administration of CAR T-cell therapies and bispecific antibodies in an outpatient setting.

Managing Toxicities of Bispecific Antibodies and CAR T-Cell Therapies in the Outpatient Setting

Overview: As the administration of CAR T-cell therapies and bispecific antibodies continues to expand into clinical settings beyond academic medical centers, it is critical that all oncology teams are prepared to manage the potential life-threatening toxicities that may occur with these advanced cancer immunotherapies. Oncology clinics, particularly those in the community setting, need to be equipped with sufficient resources and medical staff who are educated on how to monitor, recognize, and manage toxicities to ensure patient safety after administering CAR T-cell therapies and bispecific antibodies.

Learning Objectives:

- Monitor and recognize toxicities associated with CAR T-cell therapies and bispecific antibodies.
- Manage toxicities associated with CAR T-cell therapies and bispecific antibodies in the outpatient setting.



Working Toward Unified Classification of Hematolymphoid Malignancies

Overview: The fifth edition of the World Health Organization Classification of Hematolymphoid Tumors (WHO5) and the International Consensus Classification (ICC) are important tools for the diagnosis and treatment of hematologic malignancies. However, due to their differences in nomenclature and diagnostic criteria, having two separate classifications has proven problematic in ensuring precise patient care and for the development of novel treatment options. Efforts to unify both classification systems have been proposed since 2024, and in March 2026, experts gathered for a Classification Advancement Meeting (CAM) with the goal of addressing discrepancies and coming to a consensus to harmonize WHO5 and ICC that could result in the publication of a sixth edition of WHO classification (WHO6).

Learning Objectives:

- Identify the similarities and differences between the WHO5 and ICC classification systems.
- Compare and contrast the rationale and benefits of having one classification versus two classifications for the diagnosis of hematologic malignancies.

Current and Emerging Treatment Options for Peripheral T-Cell Lymphomas

Overview: Peripheral T-cell lymphomas (PTCLs) are a heterogeneous group of aggressive non-Hodgkin lymphomas with varied natural history and clinical outcome. Recent research has focused on the identification of various oncogenic pathways involved in the pathogenesis of PTCLs in an effort to develop novel treatment options, and the use of targeted therapies has resulted in improved clinical outcomes in patients with specific molecular subtypes. Informing hematologists and oncologists about the diagnostic and therapeutic challenges as well as the emerging treatment options will improve clinical-decision making and optimize care in this patient population.

Learning Objectives:

- Describe the molecular heterogeneity of PTCLs and its implications for treatment.
- Apply evidence-based strategies and develop treatment plans incorporating targeted therapies for patients with newly diagnosed and relapsed/refractory PTCLs.

Chronic Lymphocytic Leukemia: Navigating First-Line and MRD-Guided Treatment Options

Overview: The benefit and risk of continuous versus time-limited (fixed-duration or MRD-guided) treatment approach should be carefully evaluated prior to the selection of first-line therapy. While continuous treatment with covalent BTK inhibitor (cBTKi) monotherapy does not typically result in undetectable measurable residual disease (uMRD), time-limited treatment with BCL2 inhibitor (BCL2i)-containing regimens results in higher rates of uMRD than cBTKi monotherapy or chemoimmunotherapy. The NCCN Guidelines® for CLL/SLL recommend serial MRD evaluations every three to six months during active treatment (using either flow cytometry or NGS assay with a sensitivity for the detection of at least 10^{-4} CLL cells in blood or bone marrow) as outlined in the published trial protocols that support MRD-guided treatment options. There is a continuing need to educate clinicians about the recent advances as this will aid in the successful implementation of more effective treatment options with MRD assessment in routine clinical practice.

Learning Objectives:

- Summarize the data from clinical trials on the use of fixed-duration and continuous treatment regimens in patients with newly diagnosed CLL/SLL.
- Recognize the significance of MRD assessment and discuss the development of MRD-guided treatment plan for patients with newly diagnosed CLL/SLL.

Optimizing Treatment for Relapsed/Refractory Follicular Lymphoma

Overview: The emergence of bispecific antibody (epcoritamab) containing combination regimen as an effective second-line therapy option has significantly changed the treatment landscape of R/R FL. Treatment of patients with R/R FL involves complex-decision making that should include consideration of timing of disease relapse (early vs. late), route of administration, duration and toxicity profile of the treatment regimen. Implementation of effective supportive care interventions to mitigate the risk of treatment-related adverse events is essential to maximize the benefit of targeted therapies. Educating clinicians about the recent advances is essential for the effective integration of novel targeted therapies into the standard treatment plan.

Learning Objectives:

- Discuss the evolving role of bispecific antibodies in the treatment of relapsed/refractory FL.
- Review the recommendations for the prevention and management of adverse events associated with bispecific antibodies.



Evolving Strategies in Relapsed/Refractory Diffuse Large B-Cell Lymphoma

Overview: The advent of novel targeted therapies represents a major paradigm shift in the management of relapsed or refractory DLBCL. The outcomes differ based on the timing of relapse, eligibility to receive autologous hematopoietic cell transplant (HCT), CAR T-cell therapy, or bispecific antibodies. There is a clear need to educate clinicians about the use of novel targeted therapies in appropriately selected patients, the unique spectrum of treatment-related adverse events and the effective management strategies. More importantly, clinicians should refer appropriate patients for participation in well-designed clinical studies to facilitate the development of optimal sequence of targeted therapies to maximize clinical outcomes.

Learning Objectives:

- Review the safety and efficacy of currently approved targeted therapies for relapsed or refractory DLBCL.
- Implement a treatment approach for the sequencing of targeted therapies for patients with previously treated DLBCL.

Update on the Diagnosis and Management of Marginal Zone Lymphomas

Overview: Marginal zone lymphomas (MZLs) represent a clinical challenge due to their heterogeneity, and the relative rarity of individual subtypes has largely precluded the use of standard treatment approach across all subtypes. In recent years, improved understanding of the complex pathobiology of MZLs has resulted in the development of novel treatment strategies. Accurate diagnosis of the subtype of MZL is essential to select the appropriate management strategy for the individual patient. Clinicians need to understand the importance of treating the underlying infectious condition in patients with MZLs. Educating clinicians about the biology of MZLs, novel therapeutic approaches and special considerations will help them to develop an individualized treatment plan to optimize clinical outcomes.

Learning Objectives:

- Describe the etiology and genetic features implicated in the pathogenesis of different subtypes of MZLs.
- Review the current treatment approaches and data from clinical trials on the use of targeted therapies for the treatment of patients with MZLs.

Collaborative Strategies for Optimizing Small-Volume Drug Delivery

Overview: The relationship between nursing and pharmacy is vital in ensuring patients receive the appropriate dose of medications, with each team having their unique role in the process. Currently there are no universally accepted standards for the delivery of small-dose/small-volume drugs. This makes collaboration and open communication between these two disciplines even more necessary to ensure patients are receiving the most benefit from their treatments.

Learning Objectives:

- Discuss the nursing and pharmacy challenges of small-dose drug delivery.
- Identify opportunities for nursing and pharmacy to collaborate on the standardization of practices to support optimal small-dose drug delivery.

Individualizing Treatment of Patients with Waldenström Macroglobulinemia

Overview: Waldenström macroglobulinemia (WM) is a rare, indolent B-cell lymphoma whose treatment paradigm has been transformed by the Bruton's Tyrosine Kinase (BTK) inhibitors, making it essential for clinicians to stay current with evolving treatment algorithms. Because WM is uncommon and its clinical presentation is heterogeneous, ranging from asymptomatic IgM elevation to hyperviscosity syndrome and cytopenias, delays in diagnosis and suboptimal treatment selection remain persistent challenges in clinical practice. Ensuring that hematologists, oncologists, and internists are equipped with up-to-date knowledge of molecular diagnostics and treatment options is critical to improving response rates, minimizing treatment-related toxicity, and optimizing long-term patient outcomes.

Learning Objectives:

- Identify the role of molecular biomarkers in guiding individualized treatment selection for patients with WM.
- Compare the efficacy and safety profiles of regimens used in treatment of WM and apply this evidence to clinical decision-making.



Edheim-Chester Disease: The Role of Molecular Testing in Treatment Planning

Overview: Molecular profiling in patients with Erdheim-Chester disease (ECD) is critical to identifying the presence of actionable alterations as the use of targeted therapies are now recommended over conventional cytotoxic or immunosuppressive therapies for eligible patients. Clinicians should be knowledgeable in the importance of molecular profiling and the use of targeted therapies in patients with ECD in order to improve patient outcomes.

Learning Objectives:

- Discuss the importance of molecular testing in patients with ECD.
- Describe the recommended treatment options for patients with ECD.

The Evolving Treatment Landscape in Myeloproliferative Neoplasms

Overview: Myeloproliferative neoplasms (MPN) are characterized by a complicated symptom profile; the symptom profile varies within and between each MPN subtype. The treatment landscape has evolved for MPN with the addition of several new regimens in the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Myeloproliferative Neoplasms in recent years. As the field continues to evolve, it is important for clinicians to stay up to date on new treatment recommendations and upcoming or ongoing clinical trials for novel agents in order to devise the best treatment course with the goal of optimizing patient outcomes.

Learning Objectives:

- Compare and contrast the treatment options that are available for MPNs.
- Evaluate the data for emerging novel therapies for MPNs.

Advances in Systemic Mastocytosis

Overview: The identification of *KIT* D816V mutation and the emergence of new targeted therapies have significantly improved the diagnosis and treatment of systemic mastocytosis (SM). However, certain aspects of clinical care, particularly the diagnosis, assessment, and management of mast cell activation symptoms, continue to present challenges. In recent years, avapritinib was added to the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Systemic Mastocytosis as a treatment option for patients with advanced SM or indolent SM with platelet counts $\geq 50 \times 10^9/L$. Clinical trials are ongoing to investigate the efficacy and safety of novel agents. As new data emerge, it is important for physicians to be kept abreast of updated NCCN Guidelines® for Systemic Mastocytosis recommendations and relevant clinical trials so they can determine the best therapeutic strategy to improve patient outcomes.

Learning Objectives:

- Compare and contrast the recommended treatment regimens for different subtypes of systemic mastocytosis.
- Evaluate the data for the emerging treatment options for systemic mastocytosis.

Treating Adult Patients with Burkitt Lymphoma

Overview: Burkitt lymphoma (BL) is curable in a significant subset of patients treated with intensive, multiagent chemoimmunotherapy regimens that also incorporate central nervous system prophylaxis as well as prophylaxis for tumor lysis syndrome. Adequate immunophenotyping is essential to establish the diagnosis of BL. Selection of induction therapy for newly diagnosed BL is based on the patient's age and risk status whereas treatment options for disease relapse are based on the remission duration following induction therapy. Patients with BL should receive treatment at centers with expertise in the management of this highly aggressive lymphoma, and delay in initiation of therapy should be avoided given the rapid progression of disease. Educating clinicians about the special considerations associated with the treatment of BL is essential to improve clinical outcomes.

Learning Objectives:

- Apply evidence-based strategies for the diagnosis, treatment and supportive care interventions for the management of newly diagnosed Burkitt lymphoma.
- Assess the prognosis of disease relapse and implement a treatment plan for the management of relapsed disease.



Psychosocial Support for Adolescent and Young Adult Patients with Hematologic Malignancies

Overview: Despite growing awareness of the needs of adolescents and young adults (AYA) with cancer, there are still gaps in the delivery of psychosocial care for these individuals. These gaps include insufficient integration of mental health professionals within the oncology team, underutilization of digital resources, addressing fertility preservation in a timely manner, limited support for underserved populations (including LGBTQ+ individuals, racial and ethnic minorities, etc.), and limited coordination between cancer centers and community mental health systems. Additionally, many AYA cancer programs lack dedicated psychosocial funding, standardized screening protocols, and outcome measures to track psychosocial well-being, perpetuating a cycle where mental health concerns remain underdiagnosed and undertreated during and after cancer treatment.

Learning Objectives:

- Identify the current gaps in psychosocial resources and support for adolescent and young adult patients.
- Evaluate available resources that can provide psychosocial support to adolescent and young adult patients.