TREATING INDOLENT LYMPHOMA: COMMON AND RARE TYPES

August 2, 2023

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WELCOME AND INTRODUCTIONS

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SPEAKERS

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DISCLOSURES

Jonas Paludo, MD has a financial interest/relationship or affiliation in the form of:

Advisory Board/Consultant: AbbVie- Lymphoma
Research Grant: Karyopharm- Lymphoma; Biofourmis- CAR T-Cell Therapy

Darci L. Zblewski, APRN, CNP, has nothing to disclose.

All relevant financial relationships have been mitigated.

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TARGET AUDIENCE

This activity is intended for hematologist/oncologists, oncology nurses, and other healthcare professionals involved in the care of patients with lymphoma.

EDUCATIONAL OBJECTIVES

After completing this CE activity, the participant should be better able to:

- Identify indolent lymphoma subtypes and explain the importance of an accurate diagnosis
- Explain new and emerging treatments for follicular lymphoma, marginal zone, and Waldenstrom macroglobulinemia (WM)
- Identify the interprofessional healthcare team's role in managing a patient with a chronic blood cancer
- Describe common treatment side effects and patient management
- Review patient education and support resources

IWMF International Waldenstrom's Macroglobulinemia Foundation

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CE DESIGNATION

Accreditation, Credit and Support

In support of improving patient care, this activity has been planned and implemented by Medical Learning Institute, Inc. and The Leukemia & Lymphoma Society. Medical Learning Institute, Inc. is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Physician Continuing Medical Education

Medical Learning Institute, Inc. (MLI) designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credits ™.*
Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nursing Continuing Professional Development

Approval for nurses has been obtained by the National Office of The Leukemia & Lymphoma Society under Provider Number CEP 5832 to award 1.0 continuing education contact hour through the California Board of Registered Nursing.

Nurse Practitioner Credit Designation

This activity is approved for 1.00 contact hour(s) of continuing education (which includes 0.50 hour(s) of pharmacology) by the American Association of Nurse Practitioners®. Activity ID# 23086272. This activity was planned in accordance with AANP Accreditation Standards and Policies.

Interprofessional Continuing Education Credit

This activity was planned by and for the healthcare team, and learners will receive 1.0 Interprofessional Continuing Education (IPCE) credit for learning and change.

IPCE CREDIT™

ILNA Recertification Points

The program content has been reviewed by the Oncology Nursing Certification Corporation (ONCC) and is acceptable for recertification points in the following ILNA subject areas: Care Continuum (ONC, CBCN, CPHON, AOCNP), Oncology Nursing Practice (OCN), Professional Practice/Performance (BMTCN, AOCNP), Psychosocial Dimensions of Care (AOCNP, CPHON, ONC, CBCN), Symptom Management, Palliative Care, Supportive Care (OCN, CPHON, AOCNP), Treatment (OCN, CBCN, AOCNP, CPHON).
Total points: 1.0*
*Note that the course content applies to multiple subject areas across multiple credentials. The numerical value indicated above is the maximum number of points that can be claimed in each subject area. The total amount of points claimed may not exceed the total amount of nursing continuing professional development (NCPD) or CME awarded from this course and may only apply to the credential you are renewing.

Support Statement

There is no commercial support associated with this CE activity.

Providers

This activity is provided by The Leukemia & Lymphoma Society and Medical Learning Institute, Inc., in collaboration with the International Waldenstrom's Macroglobulinemia Foundation.

IWMF International Waldenstrom's Macroglobulinemia Foundation

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MAYO CLINIC

Treating Indolent Lymphoma:

COMMON AND RARE TYPES

Wednesday, August 2, 2023

Jonas Paludo, MD and Darci Zblewski, APRN, CNP

The Leukemia & Lymphoma Society (LLS) and International Waldenstrom's Macroglobulinemia Foundation (IWMF).

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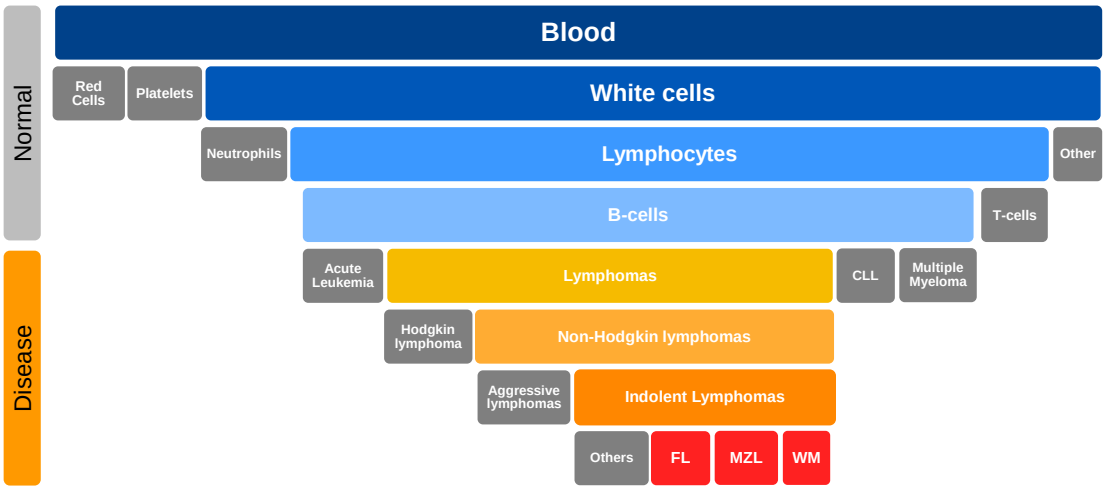
BIG PICTURE



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BEHAVIOR

B-cell, Non-Hodgkin Lymphomas

Indolent → Aggressive

WM	Marginal Zone	Follicular	Mantle Cell	Diffuse Large B-cell	Double Hit	Burkitt's

Highly responsive to treatment → **Less responsive to treatment**

Incurable → **Potentially curable**

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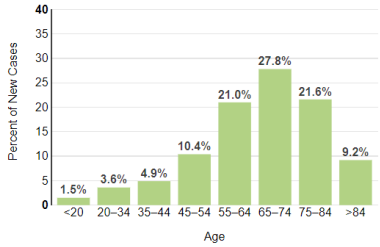
EPIDEMIOLOGY

- Non-Hodgkin lymphomas (NHL)
  - Estimated 80k new cases in 2023
    - 4% of all new cancer cases in US
  - Downtrend in incidence and mortality over the last 1-2 decades
  - Lifetime risk of developing NHL: 1 in 43-53



- Incidence rate (B-cell NHL 30.1)
  - FL: 3.5 per 100,000 (20% of all lymphomas)
  - MZL: 2.0 per 100,000 (5-10% of all lymphomas)
  - WM: 0.6 per 100,000 (1-2% of all lymphomas)

SEER Cancer Stat Facts: Non-Hodgkin Lymphoma. National Cancer Institute. Bethesda, MD, https://seer.cancer.gov/statfacts/html/nhl.html

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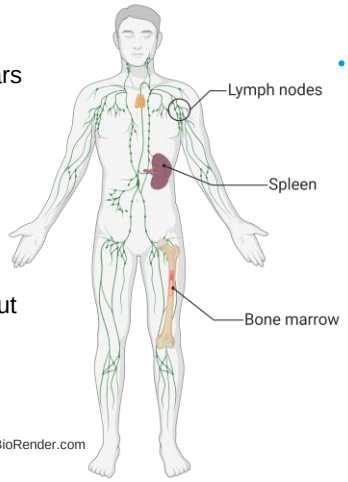
PRESENTATION

- Slow progression, over several years or even decades (?)
  - Pre-malignant conditions: IgM MGUS (MZL and WM)
- Often asymptomatic at diagnosis (incidental finding)
- Common involvement of lymph nodes, spleen and bone marrow, but any site is possible



- Common symptoms
  - Enlarged lymph nodes and spleen
    - Adenopathy commonly waxes and wanes in FL
  - Cytopenias (bone marrow involvement)
  - Constitutional symptoms (fever, chills, drenching nights sweats, weight loss, fatigue)

Friedberg JW. Update on follicular lymphoma. Hematol Oncol. 2023;41 Suppl 1(Suppl 1):43-47. doi:10.1002/hon.3138
Kapoor P, Paludo J, Vallumsetla N, Greipp PR. Waldenström macroglobulinemia: What a hematologist needs to know. Blood Rev. 2015;29(5):301-319. doi:10.1016/j.blre.2015.03.001
Zucca E, Rossi D, Bertoni F. Marginal zone lymphomas. Hematol Oncol. 2023;41 Suppl 1:88-91. doi:10.1002/hon.3152

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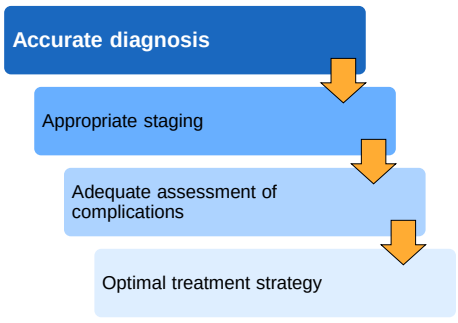
DIAGNOSIS and WORK UP

- Biopsy of an affected area (lymph node, bone marrow, etc) is a requirement
  - Confirm the diagnosis of lymphoma
  - Define the subtype of disease (ex. FL, MZL, WM, others…)

Staging	Risk assessment	Specific Complications	Treatment
• Imaging scans (CT, PET/CT, MRIs) • Labs	• FLIPI • IPSSWM • IPI • Genomic changes (MYD88, EZH2, etc)	• Amyloidosis • Neuropathy • Infections • Hyperviscosity	• Variable based on subtype and presentation



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Zucca E, Rossi D, Bertoni F. Marginal zone lymphomas. Hematol Oncol. 2023;41 Suppl 1:88-91. doi:10.1002/hon.3152
Friedberg JW. Update on follicular lymphoma. Hematol Oncol. 2023;41 Suppl 1(Suppl 1):43-47. doi:10.1002/hon.3138
Elaine S. Jaffe, James R. Cook; Core biopsy for lymphoma diagnosis? A needling prospect. Blood 2022; 140 (24): 2525–2527. doi: https://doi.org/10.1182/blood.2022017461

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QUESTION #1

- When evaluating a patient with new lymphadenopathy, which of the following is necessary to make a diagnosis of lymphoma?

  a) CT scan of the chest, abdomen and pelvis

  b) PET/CT scan

  c) Peripheral blood flow cytometry

  d) Core needle biopsy of the affected area/tissue

  e) Presence of constitutional symptoms

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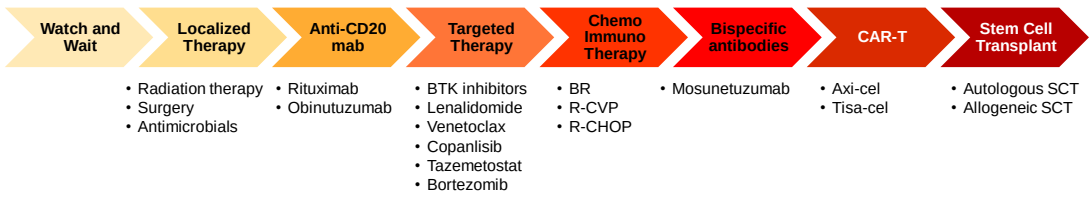
TREATMENT OPTIONS



FL	SOC	SOC	SOC	SOC*	SOC	SOC	SOC	SOC*
MZL	SOC	SOC*	SOC	SOC*	SOC	R	R	SOC*
WM	SOC	N/A	SOC	SOC*	SOC	R	R	SOC*

SOC: standard of care
R: research ongoing

* Only for selected lymphoma subtypes and cases

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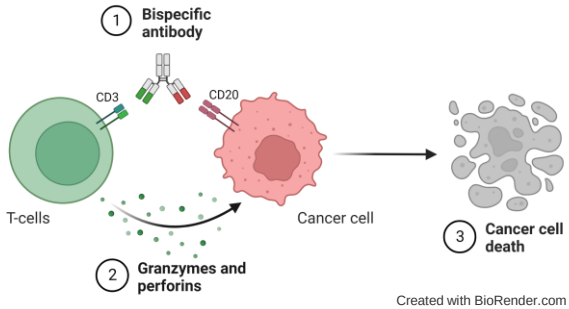
NEW AND EMERGING TREATMENTS

BISPECIFIC ANTIBODIES

- Bispecific antibodies
  - Novel modality of immunotherapy
  - Simultaneous binding of a cancer cell and a T-cell (immune cell with cytotoxic anticancer activity)
  - Recruit T-cells to the tumor, induce activation of T-cells and killing of cancer cell



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van de Donk NWCJ, Zweegman S. T-cell-engaging bispecific antibodies in cancer. Lancet. 2023;402(10396):142-158. doi:10.1016/S0140-6736(23)00521-4

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NEW AND EMERGING TREATMENTS

BISPECIFIC ANTIBODIES

- CD20 x CD3 Bispecific antibodies
  - Clinical trials: single agent, or in combination therapy:
  - Mosunetuzumab **(FDA approved: FL)**
  - Epcoritamab (FDA approved for DLBCL)
  - Glofitamab (FDA approved for DLBCL)
  - Odronextamab
  - Plamotamab

van de Donk NWCJ, Zweegman S. T-cell-engaging bispecific antibodies in cancer. Lancet. 2023;402(10396):142-158. doi:10.1016/S0140-6736(23)00521-4

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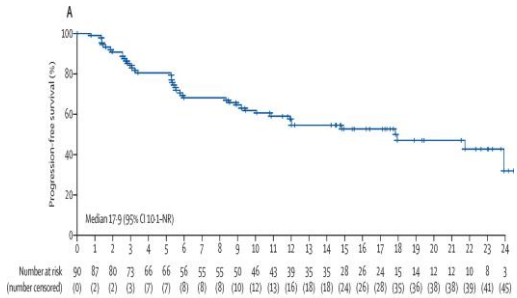
NEW AND EMERGING TREATMENTS

BISPECIFIC ANTIBODIES

- Mosunetuzumab
  - FDA approved for FL after ≥ 2 lines of therapy
  - IV infusion, every 3 weeks
    - Step up dose in C1
      - (C1D1, C1D8, C1D15)
    - If CR by C8, complete therapy. If not, then continue for 17 cycles total



Efficacy	Notable AEs

• 2-year PFS: 48%
• 2-year OS: 87%
	• CRS: 44%
	  • (grade 1-2: 40%)
	• ICANS: 4.4%
	  • (grade 1-2: 4.4%)

Budde LE, Sehn LH, Matasar M, et al. Safety and efficacy of mosunetuzumab, a bispecific antibody, in patients with relapsed or refractory follicular lymphoma: a single-arm, multicentre, phase 2 study. Lancet Oncol. 2022;23(8):1055-1065. doi:10.1016/S1470-2045(22)00335-7

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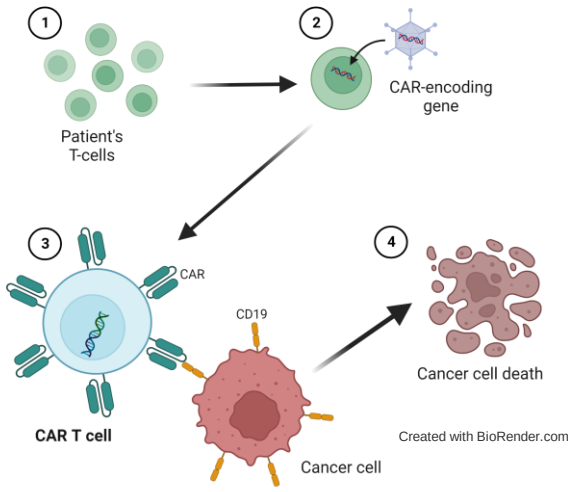
NEW AND EMERGING TREATMENTS

CAR-T CELL THERAPY

- Anti-CD19 CAR-T cell therapy
  - Novel modality of cellular therapy
  - Patient's own T-cells are genetically modified to target specific cancer cell markers
  - CD19 is the most common target in lymphoma cells
  - Designed to overcome several immune evasion mechanisms by cancer cells



Dagar G, Gupta A, Masoodi T, et al. Harnessing the potential of CAR-T cell therapy: progress, challenges, and future directions in hematological and solid tumor treatments. J Transl Med. 2023;21(1):449. Published 2023 Jul 7. doi:10.1186/s12967-023-04292-3

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NEW AND EMERGING TREATMENTS

CAR-T CELL THERAPY

- Anti-CD19 CAR-T cells
  - Axicabtagene ciloleucel (axi-cel) **(FDA approved for FL)**
  - Tisagenlecleucel (tisa-cel) **(FDA approved for FL)**
  - Lisocabtagene maraleucel (liso-cel) **(FDA approved for FL grade 3B)**
  - Brexucabtagene autoleucel (brexu-cel) (FDA approved for MCL)

Sureda A, Lugtenburg PJ, Kersten MJ, et al. Cellular therapy in lymphoma [published online ahead of print, 2023 Jun 29]. Hematol Oncol. 2023;10.1002/hon.3200. doi:10.1002/hon.3200

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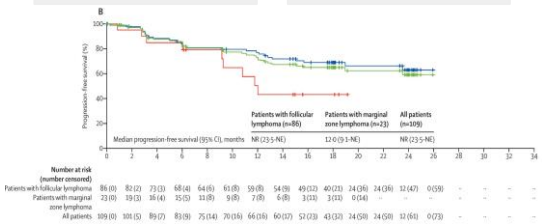
NEW AND EMERGING TREATMENTS

CAR-T CELL THERAPY

- Axicabtagene ciloleucel (axi-cel) – ZUMA-5
  - R/R FL ≥ 3L and R/R MZL ≥ 2L

Efficacy	Notable AEs

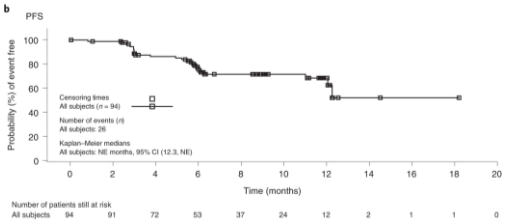
• Median PFS: 40.2m
• FL: ORR 94% (CR 79%)
• MZL: ORR 83% (CR 65%)
	• CRS: 82%
	  • (grade 1-2: 75%)
	• ICANS: 59%
	  • (grade 1-2: 40%)



- Tisagenlecleucel (tisa-cel) - ELARA
  - R/R FL ≥ 2L

Efficacy	Notable AEs

• 1-year PFS: 67%
• Median PFS: NR
• ORR 86% (CR 69%)
	• CRS: 49%
	  • (grade 1-2: 49%)
	• ICANS: 4.1% (37%)
	  • (grade 1-2: 3%)



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Fowler NH, Dickinson M, Dreyling M, et al. Tisagenlecleucel in adult relapsed or refractory follicular lymphoma: the phase 2 ELARA trial. Nat Med. 2022;28(2):325-332. doi:10.1038/s41591-021-01622-0

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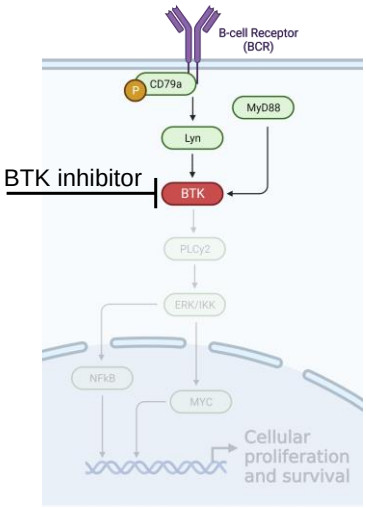
NEW AND EMERGING TREATMENTS

BTK INHIBITORS

- BTK inhibitors
  - BCR signaling pathway promotes proliferation and survival of cancer cell.
  - BTK is a key component of the BCR pathway, blocking BTK protein leads to cancer cell death.



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NEW AND EMERGING TREATMENTS

BTK INHIBITORS

- BTK inhibitors
  - 1st generation: ibrutinib (MZL, WM)
  - 2nd generation: acalabrutinib, zanubrutinib (MZL, WM), tirabrutinib and orelabrutinib
  - **3rd generation (non-covalent): pirtobrutinib and nemtabrutinib**
  - Continuous oral regimen

Shirley M. Bruton Tyrosine Kinase Inhibitors in B-Cell Malignancies: Their Use and Differential Features [published correction appears in Target Oncol. 2021 Dec 24;:]. Target Oncol. 2022;17(1):69-84. doi:10.1007/s11523-021-00857-8

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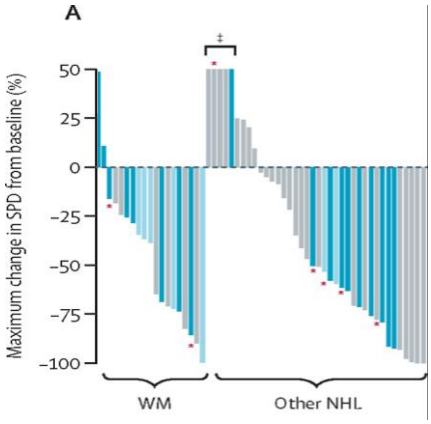
NEW AND EMERGING TREATMENTS

BTK INHIBITORS

- Pirtobrutinib
  - Non-covalent = reversible inhibitor
  - FDA approved for MCL, but activity data available in indolent lymphomas as well.

Efficacy	Notable AEs

• WM: MRR 67% (VGPR 24%, PR 43%)
  • Median PFS 19.4 m
  • Prior BTKi: 69%
• FL: ORR 50%
	• Diarrhea: 17%
	• Neutropenia 13%
	• A. Fib 1%
	• Bleeding 5%



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QUESTION #2

- Which of the following are **unique** acute complications associated with bispecific antibodies or CAR-T cell therapy?

  a) Cytopenias

  b) Increased risk of infections

  c) CRS and neurotoxicity

  d) Fatigue

  e) Infusion reactions

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New Therapies? New Toxicity?

- Mosunetuzumab
  - Expected to cost nearly $180,000 for a fixed course of eight cycles of treatment
- CAR-T
  - Cost for T-Cells: $ 500,000
  - Total cost: $1.5-1.8 million
  - Access
  - Timing
- Other
  - Travel costs
  - Job
  - Family/Caregiver support

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Mosunetuzumab

- Cytokine Release Syndrome (CRS)
- Neurologic Toxicity (Includes ICANS)
- Cytopenias
- Infections
- Tumor Flare

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Mosunetuzumab- Management of CRS

CRS Grade	Symptoms	Actions
Grade 1	Temperature ≥38°C (≥100.4°F)a, attributed to CRS	Stop infusion and manage per practice guidelines. If symptoms resolve, restart infusion at the same rate. Ensure CRS symptoms are resolved for at least 72 hours prior to the next mosunetuzumab dose. Administer premedication prior to the next mosunetuzumab dose and monitor more frequently.
Grade 2	Temperature ≥38°C (≥100.4°F)a with: hypotension not requiring vasopressors and/or hypoxia requiring low-flow oxygen (<6 L/minute) via nasal cannula	Stop infusion and manage per practice guidelines. If symptoms resolve, restart infusion at the 50% rate. Ensure CRS symptoms are resolved for at least 72 hours prior to the next mosunetuzumab dose. Administer premedication prior to the next mosunetuzumab dose and consider infusing the next dose at 50% rate. For the next dose, monitor more frequently and consider hospitalization.
Grade 2, recurrent		Manage per grade 3 CRS

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Mosunetuzumab-Management of CRS

Grade	Symptoms	Actions
Grade 3	Temperature ≥38°C (≥100.4°F)a with: hypotension requiring a vasopressor (with or without vasopressin) and/or hypoxia requiring high-flow oxygen (≥6 L/minute) via nasal cannula, face mask, non-rebreather mask, or Venturi mask	Stop infusion and manage per practice guidelines and provide supportive therapy, which may include intensive care. Ensure CRS symptoms are resolved for at least 72 hours prior to the next mosunetuzumab dose. Administer premedication prior to the next mosunetuzumab dose and infuse the next dose at 50% rate. Hospitalize for the next mosunetuzumab dose.
Grade 3, recurrent		Permanently discontinue mosunetuzumab. Manage CRS per practice guidelines and provide supportive therapy, which may include ICU care
Grade 4	Temperature ≥38°C (≥100.4°F)a with: hypotension requiring multiple vasopressors (excluding vasopressin) and/or hypoxia requiring oxygen via positive pressure (eg, continuous positive airway pressure [CPAP], bilevel positive airway pressure [BiPAP], intubation, and mechanical ventilation)	Permanently discontinue mosunetuzumab. Manage CRS per practice guidelines and provide supportive therapy, which may include ICU care.

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Mosunetuzumab-Management of Neurotoxicity

Adverse reaction	Severity	Actions
Neurologic toxicity (including ICANS)	Grade 2	Withhold mosunetuzumab until neurologic toxicities/symptoms improve to grade 1 or baseline for at least 72 hours. Provide supportive therapy. If ICANS, manage per practice guidelines.
	Grade 3	Withhold mosunetuzumab until neurologic toxicities/symptoms improve to grade 1 or baseline for at least 72 hours. Provide supportive therapy, which may include ICU care; consider neurology evaluation. If ICANS, manage per practice guidelines. If grade 3 neurologic toxicity recurs, permanently discontinue mosunetuzumab.
	Grade 4	Permanently discontinue mosunetuzumab. Provide supportive therapy, which may include intensive care; consider neurology evaluation. If ICANS, manage per practice guidelines.

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Other Toxicities

- Infections
  - Prophylaxis per guidelines
- Cytopenias
  - Severe cytopenias particularly grade 3 or 4 neutrophil count current in 30% of patients
  - monitor blood counts and treat as appropriate.
- Tumor flare
  - In 4% of patients a tumor flare occurred
    - new or worsening pleural effusion
    - localized pain and swelling at the site of the lymphoma
    - tumor inflammation
    - signs or symptoms of compression or obstruction based on organ

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CAR-T

- Cytokine Release Syndrome (CRS)
- Neurotoxicity (ICANS)
- Cytopenias
- Hypogammaglobulinemias
- Infections

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ASTCT ICANS Consensus Grading for Adults

Neurotoxicity	Grade 1	Grade 2	Grade 3	Grade 4
ICE score	7-9	3-6	0-2	0 (patient is unarousable and unable to perform ICE)
Depressed level of consciousness	Awakens spontaneously	Awakens to voice	Awakens only to tactile stimulus	Patient is unarousable or requires vigorous or repetitive tactile stimuli to arouse. Stupor or coma
Seizure	N/A	N/A	Any clinical seizure focal or generalized that resolves rapidly or nonconvulsive seizures on EEG that resolve with intervention	Life-threatening prolonged seizure (>5 min); or Repetitive clinical or electrical seizures without return to baseline in between
Motor findings[‡]	N/A	N/A	N/A	Deep focal motor weakness such as hemiparesis or paraparesis
Elevated ICP/cerebral edema	N/A	N/A	Focal/local edema on neuroimaging[‡]	Diffuse cerebral edema on neuroimaging; decerebrate or decorticate posturing; or cranial nerve VI palsy; or papilledema; or Cushing's triad

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Cytopenias

- Prolonged Cytopenias can occur 30-90 days post CAR-T and can persist or occur >90 days post CAR-T.
- **Early onset cause:**
  - Lymphodepletion, possibly infection or HLH like syndrome
  - Often correlates with severity of CRS or ICANS
- **Prolonged/Late onset:**
  - A bone marrow biopsy is important to evaluate for both primary disease and secondary neoplasm as causes
- **Treatment strategies**:
  - Growth factors, thrombopoietin-receptor agonist, stem cell boost, transfusion support

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Infections

- Viral Infections
- PJP
- Fungal Infections
- CMV
- Herpes Reactivation

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Strategies for Infection Risk

- Monitor for CMV and Herpes virus
  - Treat as appropriate
- Viral Infections
  - Standard: Acyclovir 400 mg twice daily
- PJP
  - Standard: Sulfamethoxazole/trimethoprim single strength (400 mg/80 mg) by mouth once daily
  - Alterative prophylactic agents may be used
- Fungal infections
  - Standard: Fluconazole 400 mg by mouth once daily

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Hypogammaglobulinemias

- Hypogammaglobulinemia is defined as IgG < 400 mg/dL.
- 90 days post CAR-T, 67% of patients had hypogammaglobulinemia at some point.
- Hypogammaglobulinemia has been reported to last up to 4 years.
- IVIG replacement recommendations vary. Recommend IVIG replacement for levels <400.

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Question #3

- What test would be the standard to rule out secondary myeloid malignancies in CAR-T patients with prolonged cytopenias?

A) CBC with Differential

B) CT Scan

C) Bone Marrow Biopsy

D) All the Above

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Pirtobrutinib

- Hematologic Toxicity
  - Monitor CBC
- Atrial Fibrillation or flutter
  - Cardiovascular events/history may be at higher risk
- Bleeding
  - Consider holding for 3-7 days pre- and post-surgery
- Infection
  - Consider prophylaxis
- Leukocytosis
  - Asymptomatic leukocytosis is no dose modification

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Healthcare Team

- **Definition:**
  - Professionals from various roles who enter a collaborative relationship with the patient to deliver coordinated high value, and patient centered health care
- **Qualities of a Healthcare team**
  - Mutual accountability
  - Work closely together to solve problems
  - Shared goals
  - Clear roles and responsibilities
  - Mutual trust
  - Ability to adapt quickly
  - Continuous learning
  - Individualized coaching

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Benefits of Healthcare Teams

Inpatient
- Decreased readmission rates in high-risk individuals
- Decreased adverse events
- Decreased length of stay

Outpatient
- Improved patient outcomes
- Improved coordination of care

Patient-centered Medical homes
- Improved coordination of care
- Improved access to care
- Improved quality and safety metrics
- Decreased pharmacy expenditures
- Decreased ER visits

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Individuals in Care Team

Patient/Family Members/Caregivers	**Physician** •Hematologist •Radiation Oncologist •Pathologist •Surgeon •Fellow •Resident	**Advanced Practice Provider** •Nurse Practitioner •Physician Assistant	Pharmacist
Nursing •Triage RN •Chemotherapy RN •Inpatient RN	Clinical Research Coordinator	Desk Staff/Schedulers	Social Workers

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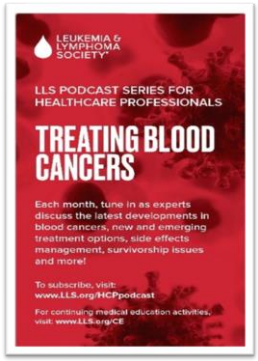
FREE LLS RESOURCES FOR HEALTHCARE PROVIDERS

- CME and CE courses: www.LLS.org/CE
- Fact Sheets for HCPs: www.LLS.org/HCPbooklets
- Videos for HCPs: www.LLS.org/HCPvideos
- Podcast series for HCPs: www.LLS.org/HCPpodcast



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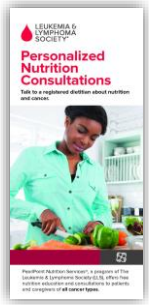
FREE LLS RESOURCES FOR PATIENTS

- **Information Specialists** – Personalized assistance for managing treatment decisions, side effects, and dealing with financial and psychosocial challenges (IRC).

- **Clinical Trial Nurse Navigators** – RNs and NPs provide a personalized service for patients seeking treatment in a clinical trial, sift through the information and provide information to bring back to their HC team (CTSC).
  - www.LLS.org/CTSC

- **Registered Dieticians** – (LLS) provides PearlPoint Nutrition Services® to patients/caregivers of all cancer types, free nutrition education and one-on-one consultations by phone or email.
  - www.LLS.org/Nutrition

- **Reach out Monday–Friday, 9 am to 9 pm ET**
  - Phone: (800) 955-4572
  - Live chat: www.LLS.org/IRC
  - Email: infocenter@LLS.org
  - HCP Patient Referral Form: www.LLS.org/HCPreferral



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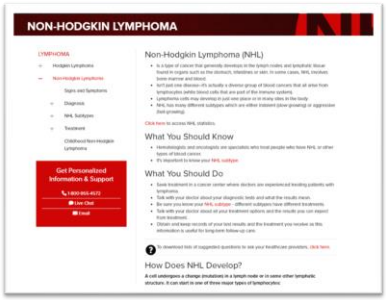
FREE LLS RESOURCES FOR PATIENTS AND CAREGIVERS

- **Webcasts, Videos, Podcasts**:
  - www.LLS.org/Webcasts
  - www.LLS.org/EducationVideos
  - www.LLS.org/Podcast

- **www.LLS.org/Lymphoma**

- **Support Resources**
  - Financial Assistance: www.LLS.org/Finances
  - Other Support: www.LLS.org/Support
    - LLS Regions
    - Live Online Weekly Chats: "Living with NHL"
      - Facilitated by Oncology SW
    - LLS Community Social Media Platform
    - First Connection Peer to Peer Program



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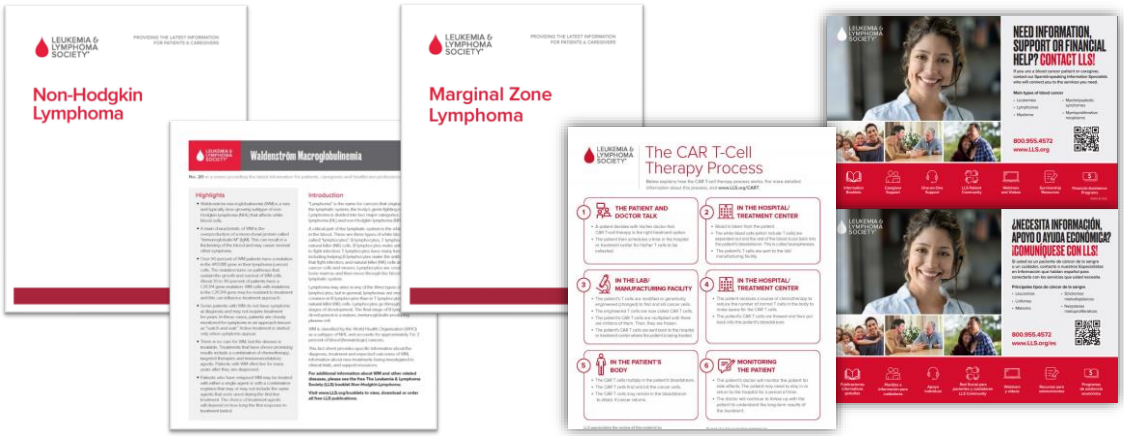
FREE LLS RESOURCES FOR YOUR PATIENTS



BOOKLETS AND FACT SHEETS

English – www.LLS.org/Booklets
Spanish – www.LLS.org/Materiales

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RESOURCES FOR HCPs & RESEARCHERS

- **WM Physician Directory** – Worldwide directory of WM-expert physicians available for consultations and second opinions for you and your patients: https://iwmf.com/directory-of-wm-physicians/
- **Lymphoma Hub** – Online resource for HCPs providing latest evidenced-based information to aid in diagnosis, treatment, and patient management decisions: https://lymphomahub.com/subtypes/indolent-nhl
- **Research Grants** – WM research; career development awards; pilot grants: https://iwmf.com/applying-for-a-research-grant/
- **Publications**

IWMF International Waldenstrom's Macroglobulinemia Foundation

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IWMF SUPPORT FOR PATIENTS & CAREGIVERS

- **Lifeline** – One-on-one consultations by phone or email with experienced peer mentors specializing in specific topics: https://iwmf.com/lifeline-and-one-on-one-support/
- **Support Groups** – Over 60 groups worldwide, including specialty topic groups (Bing-Neel, Peripheral Neuropathy, Young WM Patients, Veterans, People of Color, etc.) that meet in person or virtually: https://iwmf.com/us-and-international-support-groups/
- **IWMF Connect** – Online community with wide variety of moderated WM-related group discussion forums: https://iwmf.com/iwmf-connect-and-online-discussion-forums/
- **Stories of Hope** – Personal narratives providing support and inspiration to people living with a rare disease: https://iwmf.com/stories-of-hope/

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IWMF EDUCATIONAL RESOURCES

- **IWMF Educational Forum** – Annual in-person patient education mtg.
- **IWMF website:** Disease info, webinars, videos: https://iwmf.com
- **InfoPaks** – Publications for the newly diagnosed.
- **IWMF Torch** – Quarterly magazine available online and in print.
- **Publications** – Booklets, Fact Sheets; 9 languages available.

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IWMF AND PARTNER RESOURCES

- **Financial Resources** – Wide variety of organizations providing financial assistance to cancer patients:
  - IWMF Second Opinion T&L Assistance Program w/NORD
  - PAN Foundation WM Assistance Program
- **Wellness** – Resources re: complementary therapies to support mental and physical health. IWMF online wellness classes: yoga, cardio, sound meditation; sign-up email mpostek@iwmf.com.
- **International Affiliates** – IWMF affiliate organizations in 22 countries: https://iwmf.com/international-affiliates/
- **USA Home Office** – Monday–Friday, 9AM-5PM ET
  - Phone: 1-941-927-4963; international 001-941-927-4963
  - Email: info@iwmf.com

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THANK YOU!

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