

Accreditation Information

This continuing medical education (CME) activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the Joint Sponsorship of the Institute for Medical Studies (IMS), Akita Biomedical Consulting, and Diplomat Specialty Pharmacy. The IMS is accredited by the ACCME to provide continuing medical education for physicians.

The IMS designates this educational activity for a maximum of *1 AMA PRA Category 1 Credit™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Release Date: October 1, 2009

Expiration Date: October 1, 2010

Statement of Need

The Myelodysplastic Syndromes (MDS) represent a heterogeneous group of bone marrow disorders.¹ Between 15,000 and 20,000 new cases occur yearly in the United States,^{1,2} with most patients over the age of 60 years.^{1,2} This number may be significantly higher (~76,000) based upon a recent analysis.³ Higher-risk patients have the propensity to progress to acute myeloid leukemia and a short period of survival. Approximately 29% of MDS patients fall within these groups.⁴

Guidelines break down treatment for higher-risk patients based upon whether an individual is a candidate for intensive therapy or nonintensive therapy.² Patients who are not candidates for allogeneic stem cell transplantation can undergo high-intensity chemotherapy, receive a DNA MTI, or be managed on or referred for an investigational protocol. Recent data have found that azacitidine, a DNA MTI, can significantly extend survival versus conventional care in this patient population.⁵

Many hematologists and oncologists may not be fully aware of recent epidemiologic and survival data. There is a need to better understand evolving trends in the management of MDS and how new, lower-intensity options like the DNA MTI agents best fit into the treatment of these patients.

References

1. Sekeres MA. The myelodysplastic syndromes. *Expert Opin Biol Ther*. 2007;7(3):369-377.
2. National Comprehensive Cancer Network Practice Guidelines in Oncology v1.2009. http://nccn.org/professionals/physician_gls/. Accessed August 13, 2009.
3. Goldberg SL, Mody-Patel N, Chen ER. Clinical and Economic Consequences of Myelodysplastic Syndromes in the United States: An Analysis of the Medicare Database. *Blood (ASH Annual Meeting Abstracts)*. 2008;112:636.
4. Sekeres MA, Schoonen WM, Kantarjian H, et al. Characteristics of US patients with myelodysplastic syndromes: results of six cross-sectional physician surveys. *J Natl Cancer Inst*. 2008;100(21):1542-1551.
5. Fenaux P, Mufti GJ, Hellstrom-Lindberg E, et al. Efficacy of azacitidine compared with that of conventional care regimens in the treatment of higher-risk myelodysplastic syndromes: a randomised, open-label, phase III study. *Lancet Oncol*. 2009;10(3):223-232.

Target Audience

This supplement to *Cancer Control* is specifically designed for hematologists, oncologists and other health care professionals who wish to review and update their knowledge regarding the enhancement of survival outcomes in the management of patients with higher-risk myelodysplastic syndromes.

Learning Objectives

In compliance with ACCME guidance, action-oriented educational learning objectives have been developed to focus on enhancing clinical outcomes specific to the needs of MDS patients.

The identified needs for patients with MDS are:

- To reduce transfusion requirements.
- To minimize symptomatology and maximize quality of life.
- To lengthen survival when possible.

To achieve the desired patient-related outcomes summarized above, hematology/oncology practitioners who manage MDS patients will:

- Accurately diagnose and classify higher-risk (intermediate-2, high-risk) patients.
- Define treatment goals for this population, including survival.
- Integrate recent survival data into treatment planning and selection.
- Incorporate current data into treatment administration to assure safety and effectiveness.
- Monitor patients to assure safety and that a full course of treatment can be given.
- Refer patients to appropriate investigative protocols as clinically appropriate.

How to Obtain CME Credit

To successfully complete this activity, the IMS requires that you read the learning objectives, read the monograph, and take the posttest on page 12. You may complete the attached evaluation and CME request and fax or e-mail it to:

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**CME accreditation for this activity
expires on October 1, 2010.**