

# Optimizing Treatment for Patients with Cancer

*A CME/MOC-Accredited Grand Rounds Event*

**Saturday, January 31, 2026**

9:30 AM – 12:45 PM

## FACULTY

### RELAPSED/REFRACTORY CHRONIC LYMPHOCYTIC LEUKEMIA

9:30 AM – 10:30 AM

*To be announced*

### DIFFUSE LARGE B-CELL LYMPHOMA

10:30 AM – 11:30 AM



**Brad S Kahl, MD**  
Siteman Cancer Center  
St Louis, Missouri

### HORMONE RECEPTOR-POSITIVE LOCALIZED BREAST CANCER

11:45 AM – 12:45 PM



**Kevin Kalinsky, MD, MS, FASCO**  
Winship Cancer Institute of Emory University  
Atlanta, Georgia

## LOCATION

Hyatt Regency Atlanta Perimeter  
at Villa Christina 4000 Summit  
Boulevard Atlanta, GA 30319

Meeting Room:  
Dogwood Room - Lobby Level

## MODERATOR



**Priya Rudolph, MD, PhD**  
Georgia Cancer Specialists  
Northside Hospital Cancer Institute  
Athens, Georgia

## Register Today

[www.ResearchToPractice.com/Meetings/GrandRounds2026/Registration/Atlanta\\_GA/Jan31](http://www.ResearchToPractice.com/Meetings/GrandRounds2026/Registration/Atlanta_GA/Jan31)

*Complimentary parking will be provided at the hotel.*



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## LEARNING OBJECTIVES

### Relapsed/Refractory Chronic Lymphocytic Leukemia

- Analyze how age, performance status, prior therapeutic exposure and other biological and disease-related factors affect the selection of therapy for patients who experience relapse after first-line treatment for chronic lymphocytic leukemia (CLL).
- Appraise the similarities and differences between covalent and noncovalent Bruton tyrosine kinase (BTK) inhibitors, and recognize the implications for clinical activity and tolerability.
- Discuss available clinical research demonstrating the efficacy and safety of noncovalent BTK inhibitors for relapsed/refractory (R/R) CLL, and use this information to effectively incorporate these agents into the treatment of disease that has previously been treated with a covalent BTK inhibitor.
- Appreciate recent clinical research with noncovalent BTK inhibitors for patients with treatment-naïve or BTK inhibitor-naïve CLL, and discern the implications of these findings for therapeutic selection and sequencing.
- Evaluate the biological rationale for the investigation of CD19-directed chimeric antigen receptor T-cell therapy for CLL, and identify patients for whom this novel therapeutic strategy would be appropriate.
- Appraise clinical investigator best practices for various relapsed/refractory CLL management situations, and leverage this information to improve shared decision-making with patients.
- Recall available and emerging data with novel agents and combination strategies currently under investigation in CLL, and appropriately refer patients for clinical trial participation.

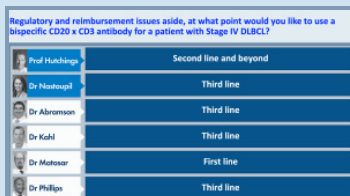
### Diffuse Large B-Cell Lymphoma

- Assess which clinical and biological factors (eg, age, cell of origin, comorbidities) should influence the selection of first-line therapy for patients with newly diagnosed diffuse large B-cell lymphoma (DLBCL), and use this insight to personalize treatment recommendations.
- Review the biological rationale for, available research findings with and ongoing investigation of BTK inhibitors as a component of initial therapy for patients with DLBCL.
- Apply available clinical research findings in the formation of evidence-based therapeutic approaches for R/R DLBCL in patients who are unfit for intensive treatment.
- Evaluate the mechanisms of action of and available clinical trial findings with CD19-directed monoclonal antibodies and antibody-drug conjugates approved for use in R/R DLBCL.
- Appraise available research findings with and the current clinical role of CD30-targeted antibody-drug conjugate-based therapy for patients with R/R DLBCL.
- Consider published research data with and the current clinical role of bispecific antibodies targeting CD20 x CD3 for R/R DLBCL.
- Recognize the scientific justification for and potential clinical role of CD19 x CD3 bispecific antibodies for patients with DLBCL and other lymphoma subtypes.
- Discern the side effects and toxicities associated with available therapies for patients with DLBCL, and identify strategies to manage and mitigate them.

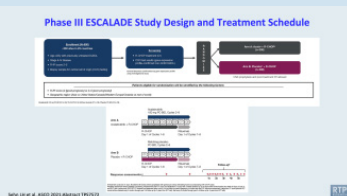
### Hormone Receptor-Positive Localized Breast Cancer

- Understand how various clinical and biological factors, such as age and menopausal status, tumor size and grade, and nodal involvement, affect a patient's risk of disease recurrence, and use this information to personalize the selection of adjuvant systemic therapy for those with newly diagnosed hormone receptor (HR)-positive, HER2-negative breast cancer.
- Consider available clinical trial findings with CDK4/6 inhibitors for localized HR-positive, HER2-negative breast cancer, and identify patients for whom adjuvant treatment with one of these agents would be appropriate.
- Recognize adverse events associated with various CDK4/6 inhibitors, and tailor therapy for patients with HR-positive, HER2-negative localized breast cancer and preexisting medical conditions and relevant comorbidities.
- Develop preventive and emergent strategies to reduce or ameliorate the various toxicities associated with CDK4/6 inhibitors.
- Assess the similarities and differences among the various genomic assays with established prognostic and predictive utility for HR-positive localized breast cancer, and consider available research informing the use of these tests.

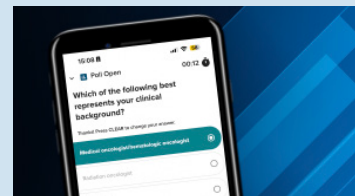
## AGENDA FORMAT



Discussion of Steering Committee Members' Treatment Recommendations



Review of Available Clinical Research Findings



Integration of Interactive Audience Polling Results

## AGENDA

### 9:30 AM – 10:30 AM — Relapsed/Refractory (R/R) Chronic Lymphocytic Leukemia (CLL)

- Selection of Therapy for Patients with CLL After Initial Relapse
- Optimizing the Management of Double-Refractory CLL
- Benefits of Clinical Trial Participation and Promising Investigational Strategies for CLL

### 10:30 AM – 11:30 AM — Diffuse Large B-Cell Lymphoma (DLBCL)

- Selection of First-Line Therapy for Patients with DLBCL
- Current and Future Roles of Monoclonal and Bispecific Antibodies in Therapy for R/R DLBCL
- Evidence-Based Incorporation of Antibody-Drug Conjugates into the Management of R/R DLBCL

### 11:30 AM – 11:45 AM — Break and Boxed Lunches

### 11:45 AM – 12:45 PM — Hormone Receptor (HR)-Positive Localized Breast Cancer

- Integration of Adjuvant CDK4/6 Inhibitor Therapy into the Current Management of High-Risk, HR-Positive, HER2-Negative Localized Breast Cancer
- Tolerability and Other Practical Considerations with Adjuvant CDK4/6 Inhibitor Therapy
- Risk Assessment and Genomic Assays for Treatment Decision-Making for HR-Positive, HER2-Negative Localized Breast Cancer

### 12:45 PM — Program Adjourns

## CME / MOC INFORMATION

### CE Credit

CME and MOC credit information will be given to each participant at the conclusion of the activity.

### Accreditation Statement

Research To Practice is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

### Credit Designation Statement

Research To Practice designates this live activity for a maximum of 3 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### American Board of Internal Medicine (ABIM) — Maintenance of Certification (MOC)

Successful completion of this CME activity, which includes participation in the evaluation component and a post-test, enables the participant to earn up to 3 Medical Knowledge MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. Please note, this program has been specifically designed for the following ABIM specialties: medical oncology and hematology.

It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM credit.

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### Supporters

The Relapsed/Refractory Chronic Lymphocytic Leukemia activity is supported by an educational grant from Lilly.

The Diffuse Large B-Cell Lymphoma activity is supported by educational grants from ADC Therapeutics, AstraZeneca Pharmaceuticals LP, Genentech, a member of the Roche Group, and Pfizer Inc.

The Hormone Receptor-Positive Localized Breast Cancer activity is supported by educational grants from Biotheranostics Inc, A Hologic Company, Exact Sciences Corporation, Lilly, and Novartis.