

STATEMENT OF EDUCATIONAL NEED

In an era of newly emerging treatment options in multiple myeloma (MM), clinicians must evaluate and consider the best options for newly diagnosed patients and patients who have relapsed or are refractory to treatment in order to develop a treatment regimen that delivers the best chance for successful outcome and, ultimately, for prolonged survival.

TARGET AUDIENCE

This activity has been designed to meet the educational needs of hematologists and hematologic oncologists who treat patients with MM.

The Institute for Continuing Healthcare Education plans and implements continuing medical education activities that are fair, balanced, evidence-based, evaluated for bias, and in the best interest of the public. Faculty disclosure statements will be included in handout materials provided at the activity.

INSTITUTE FOR CONTINUING HEALTHCARE EDUCATION

210 West Washington Square
10th floor
Philadelphia, PA 19106

**WEDNESDAY
OCTOBER 18, 2006**

**Hemenway's
Seafood Grill & Oyster Bar
121 South Main Street
Providence, Rhode Island**

**6:00–6:30 PM
Registration**

**6:30–8:00 PM
Presentation and Dinner**

Multiple Strategies for Treating Myeloma: Case Discussions

This activity is jointly sponsored by



THE
INTERNATIONAL
MYELOMA
FOUNDATION

INSTITUTE
FOR CONTINUING HEALTHCARE EDUCATION

FACULTY

Brian G. M. Durie, MD (Chair)

Cedars-Sinai Comprehensive Cancer Center
Los Angeles, California

PROGRAM FORMAT

This activity is designed to be a didactic lecture including 6 case studies and an interactive question and answer session.

ACCREDITATION

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through joint sponsorship of the Institute for Continuing Healthcare Education and the International Myeloma Foundation. The Institute for Continuing Healthcare Education is accredited by the ACCME to provide continuing medical education for physicians.

The Institute for Continuing Healthcare Education designates this educational activity for a maximum of 1.5 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she spent in the activity.

LEARNING OBJECTIVES

After attending the activity, participants should be able to do the following:

- Compare traditional and new therapies for MM, and explain the strengths and weaknesses of each and the impact of each therapy on future treatment regimens.
- Define categories of patients who are appropriate candidates for selected types of first-line MM therapy.
- Determine the most effective treatment strategies for relapsing patients with MM.

COMMERCIAL SUPPORT

This activity is supported by an educational grant from Millennium Pharmaceuticals, Inc. and Tibotec Therapeutics.

 **MILLENNIUM**



Tibotec Therapeutics
Division of Ortho Biotech Products, L.P.


ORTHO BIOTECH

The Institute for Continuing Healthcare Education recognizes and adheres to the ACCME Standards for Commercial Support of Continuing Medical Education.

FAX REGISTRATION FORM

WEDNESDAY, OCTOBER 18, 2006

To reserve your place for **Multiple Strategies for Treating Myeloma: Case Discussions**, please complete the following information, and fax this form to the Institute for Continuing Healthcare Education at **215-413-3953**.

There is no registration fee for attending this program. Space is limited; we suggest that you fax this registration form as soon as possible. To cancel after you register, please fax your registration form with the word "CANCEL" at the top.

For more information, please contact the Institute for Continuing Healthcare Education at 866-242-8084, extension 1501, or at www.iche.edu. Please note that we cannot accept registration by telephone. This registration form may be copied for your colleagues.

You will receive a CONFIRMATION of your registration within 48 hours upon receipt.

What questions regarding multiple myeloma would you like the faculty to address?

1. _____
2. _____
3. _____

FIRST NAME _____

LAST NAME _____

DEGREE(S) _____

TITLE/POSITION _____

SPECIALTY _____

AFFILIATION _____

PREFERRED ADDRESS _____

CITY _____

STATE _____

ZIP _____

TELEPHONE _____

FAX (required for fax confirmation) _____

E-MAIL (required for e-mail confirmation) _____

SPECIAL REQUESTS OR NEEDS _____

(ADA accommodations will be made in accordance with the law. If you require ADA accommodations, please indicate your needs at the time of registration by e-mail at info@iche.edu.)