

4.28: Calling Out Unethical Clinical Trials, Melflufen, and Academic Oncology with Dr. Aaron Goodman

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| Season | 4 |
| Type | Plenary Session |

We Discuss:

- Introduction [1:00]
 - DLBCL [2:00]
 - The loop [18:00]
 - Melflufen [24:00]
 - Teaching [30:00]
 - Change [40:00]
 - Clinical medicine [43:00]
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Plenary Session 4.28 Show Notes

Overview

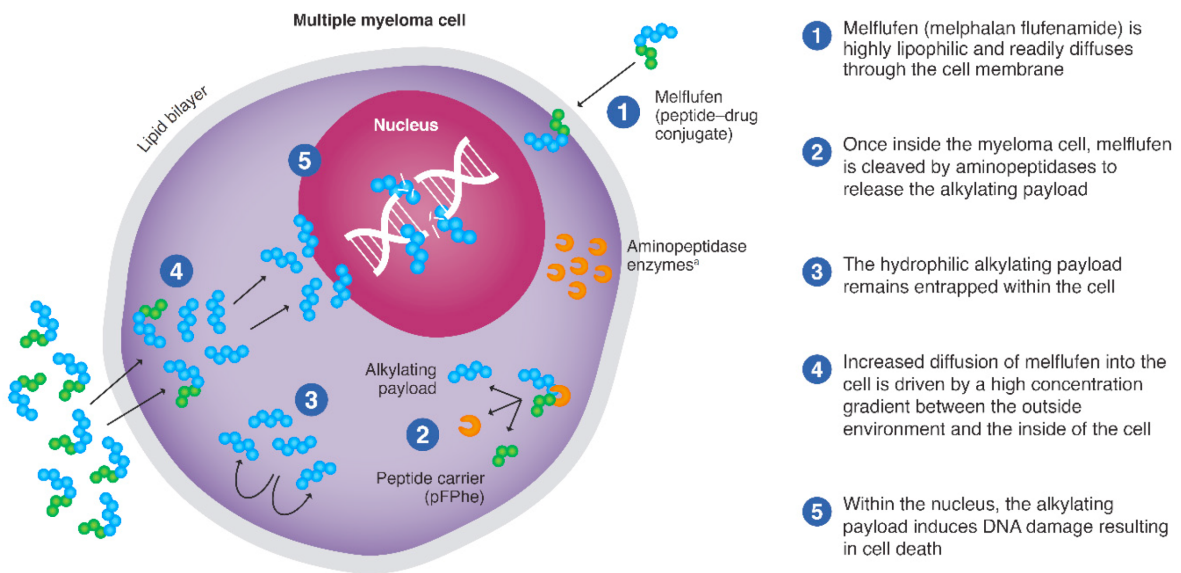
Conversation with Dr. Aaron Goodman

- **YouTube**
 - [Watch this video on YouTube](#)
- **Introduction [1:00]**

- Aaron Goodman, MD is a hematologist and medical oncologist who specializes in treating a variety of blood cancers
 - He completed his residency at Washington University School of Medicine
 - He earned his medical degree at Emory University School of Medicine
 - **DLBCL [2:00]**
 - When it comes to DLBCL (NOS) it's pretty clear R-CHOP is sufficient and EPOCH is more toxic
 - The problem
 - Dose-Adjusted EPOCH-R Compared With R-CHOP as Frontline Therapy for Diffuse Large B-Cell Lymphoma: Clinical Outcomes of the Phase III Intergroup Trial Alliance/CALGB 50303
 - Bartlett et al., JCO
 - The CALGB 50303 presented during ASH 2016 demonstrated DA-EPOCH is more toxic and no better than RCHOP for DLBCL
 - So what is this issue?
 - We enrolled patients with DLBCL on DA-EPOCH + Venetoclax
 - Venetoclax with dose-adjusted EPOCH-R as initial therapy for patients with aggressive B-cell lymphoma: a single-arm, multicentre, phase 1 study
 - Rutherford et al., Lancet Haematology
 - Navigating the debate
- "I see the point that nobody wants to pick on people unnecessarily. But also, the bigger point, [is] human beings are really being harmed, so how are we ever going to fix that if people like you don't say it?" - VP
- **The loop [18:00]**

- These trials are inevitable
 - At the end of the day, many corporations with large portfolios and drugs for broad implications in clinical trials are running these studies
 - They are simply recruiting the many moving parts
 - Investigator initiated studies are a little bit different but the funding still comes from the pharmaceutical companies

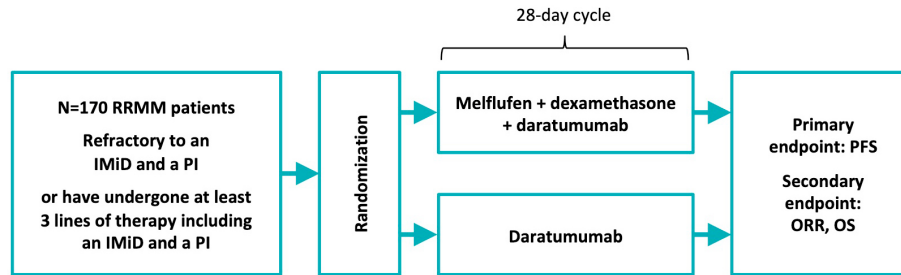
• **Melflufen [24:00]**



Source

- Are more options always better?

"If the more options are bad and expensive, and takes us away from doing things that are better than that more option is not helping our patient, it is hurting our patient and society." - Dr. Goodman



Source

- **Teaching [30:00]**

- A sad scenario in the medical career ladder is that being an author on a major randomized study is better for your career than focusing on educating students
 - This may be a reason why individuals take criticism of studies too personally
 - Perhaps education should be rewarded more than authorship

"Anyone in academics – don't do what you don't want to do to get the promotion, do what you like doing and are good at and excel" - Dr. Goodman

- **Change [40:00]**

"There will someday be a moment where you will have done enough hollowing out that the whole thing will kind of collapse, and you can actually have some big change" - VP

- **Clinical medicine [43:00]**

- What does it mean to practice medicine?
 - Practicing medicine, particularly oncology, entails interacting with people whose lives are reliant on the physician making life-or-death decisions
 - This can be especially difficult when navigating a tumor type that is "data free"

- **Other literature mentioned:**

- Study of Melphalan Flufenamide (Melflufen) in Combination With Daratumumab in Relapsed Refractory Multiple Myeloma (LIGHTHOUSE)
 - Venetoclax or placebo in combination with bortezomib and dexamethasone in patients with relapsed or refractory multiple myeloma (BELLINI): a randomised, double-blind, multicentre, phase 3 trial
 - Multiple myeloma triplet therapies: baseline characteristics and control groups
 - Mohyuddin et al., The Lancet
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Plenary Session is a podcast on medicine, oncology, & health policy.

Host: Vinay Prasad, MD MPH from University of California, San Francisco.

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