



Mayo School of Continuous Professional Development

12th Annual Mayo Clinic

Hematology Review



January 24, 2015

Loews Hotel
Minneapolis, Minnesota

REGISTER ONLINE NOW!
<http://www.mayo.edu/cme>

COURSE DESCRIPTION

This one-day educational program will provide hematology and oncology clinicians, nurse practitioners, and physician assistants with an overview of the most recent advances in the treatment of various hematologic malignancies, based on abstracts presented at the December 2014 annual meeting of the American Society of Hematology (ASH). Invited speakers choose exciting and relevant abstracts presented at the ASH meeting and discuss their clinical relevance to the hematology/oncology practice.

COURSE LEARNING OBJECTIVES

Upon conclusion of this program, participants should be able to:

- Describe the results of important disease-specific clinical trials presented at the 2014 American Society of Hematology Annual Meeting, and translate them into clinical context and practice guidelines.
- Identify investigational therapeutic regimens that are available as alternatives to standard of care approaches.
- Compare current clinical practice advances and new knowledge in managing various hematological malignancies presented at the 2014 American Society of Hematology Annual Meeting or published within the last 12 months.

Attendance at this Mayo course does not indicate nor guarantee competence or proficiency in the performance of any procedures which may be discussed or taught in this course.

INTENDED AUDIENCE

The target audience includes practitioners in the upper Midwest, predominantly Minnesota, South Dakota, North Dakota, Wisconsin, and Iowa. This includes Hematology/Oncology physicians, nurse practitioners, physician assistants, nurses, and fellows in training.

CREDIT

Mayo Clinic College of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Mayo Clinic College of Medicine designates this live activity for a maximum of 7.25 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

DATE AND LOCATION

The 12th Annual Mayo Clinic Hematology Review will be held Saturday, January 24, 2015. Course headquarters will be located at Loews Hotel (formerly the Graves 601), 601 1st Ave N in downtown Minneapolis, MN. More information about the hotel can be found on the hotel website: www.loewshotels.com/Minneapolis

REGISTRATION

To register online, visit <http://www.mayo.edu/cme/hematology-and-oncology>, or complete the attached registration form and return by mail or fax. The registration fee includes tuition, comprehensive electronic course syllabus, continental breakfast, break refreshments and lunch. Although it is not Mayo School of Continuous Professional Development (CPD) policy to limit the number of registrants for a course, conference room facilities may necessitate closing of enrollment; therefore, early registration is advised. A letter of confirmation will be sent upon receipt of payment and completed registration form. Please present the confirmation letter when checking in at the meeting registration desk.

For additional information, contact:

Mayo School of Continuous Professional Development
Plummer 2-60
200 First Street SW
Rochester, MN 55905
Website: www.mayo.edu/cme
E-mail: cme@mayo.edu
Phone: 800-323-2688 or 507-284-2509
Fax: 507-284-0532

CANCELLATION POLICY

If you cancel your participation in this course, your registration fee, less a \$75 administrative fee, will be refunded when written notification is received by Mayo School of CPD before January 11, 2015 (cme@mayo.edu or fax#: 507-284-0532). No refunds will be made on or after January 11, 2015. Canceled registrations are non-transferable.

Mayo School of CPD reserves the right to cancel or postpone any course due to unforeseen circumstances. In the unlikely event Mayo School of CPD must cancel or postpone this course, Mayo School of CPD will refund the registration fee, but is not responsible for any related costs, charges, or expenses to participants, including fees assessed by airline/travel/lodging agencies.

LODGING ACCOMMODATIONS

Loews Hotel is extending a special rate of \$139 per night to course participants for a Superior King room, single or double occupancy. Reservations must be made by January 3, 2015, to receive this special rate. Reservations can be made by calling **Loews Hotel** at 1-866-523-1100.

For more information about the Loews Hotel please visit their website at www.loewshotels.com/Minneapolis.

Travel arrangements are the sole responsibility of the individual registrant.

Mayo School of CPD is not responsible for expenses incurred by an individual who is not confirmed and for whom space is not available at the meeting. Costs incurred by the registrant such as airline or hotel fees or penalties are the responsibility of the registrant.

PARKING

The cost for self-parking is not included in the hotel or course registration fee.

FACULTY

Course Directors

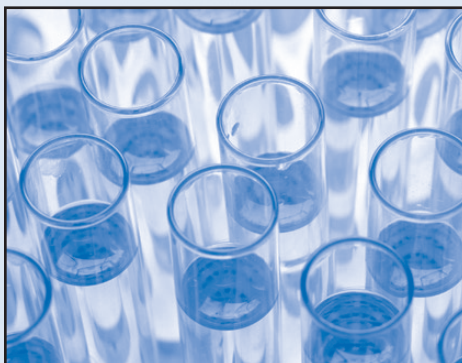
Thomas M. Habermann, M.D.
Thomas E. Witzig, M.D.

Mayo Clinic Faculty

Stephen M. Ansell, M.D., Ph.D.
Aneel Ashrani, M.D.
Timothy G. Call, M.D.
Ronald S. Go, M.D.
William J. Hogan, MB.B.Ch
Martha Q. Lacy, M.D.
Animesh Pardanani, MBBS, Ph.D.
Mrinal S. Patnaik, MBBS

FACULTY DISCLOSURE

As a provider accredited by ACCME, Mayo Clinic College of Medicine (Mayo School of Continuous Professional Development) must ensure balance, independence, objectivity and scientific rigor in its educational activities. Course director(s), planning committee, faculty, and all others who are in a position to control the content of this educational activity are required to disclose all relevant financial relationships with any commercial interest related to the subject matter of the educational activity. Safeguards against commercial bias have been put in place. Faculty also will disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. Disclosure of this information will be published in course materials so those participants in the activity may formulate their own judgments regarding the presentation.



Program Schedule

6:30 a.m.	Registration and Continental Breakfast
7:30 a.m.	Welcome, Introductions, and Overview <i>Thomas E. Witzig, M.D.</i>
7:40 a.m.	Case Questions <i>Thomas M. Habermann, M.D.</i>
8:00 a.m.	Myeloproliferative Neoplasms <i>Aminesh Pardanani, MBBS, Ph.D.</i>
8:30 a.m.	Chronic Myelogenous Leukemia <i>Mrinal Patnaik, MBBS</i>
8:45 a.m.	Myelodysplastic Syndromes <i>Mrinal Patnaik, MBBS</i>
9:15 a.m.	Chronic Lymphocytic Leukemia <i>Timothy G. Call, M.D.</i>
9:45 a.m.	Case Questions <i>Thomas M. Habermann, M.D.</i>
9:55 a.m.	Break
10:10 a.m.	Benign Hematology <i>Ronald S. Go, M.D.</i>
10:30 a.m.	Non-Hodgkin's Lymphoma <i>Thomas E. Witzig, M.D.</i>
11:10 a.m.	Non-Hodgkin's Lymphoma <i>Thomas M. Habermann, M.D.</i>
11:50 a.m.	Case Questions <i>Thomas M. Habermann, M.D.</i>
12:00 p.m.	Lunch
12:50 p.m.	Hodgkin Lymphoma and T-Cell Lymphomas <i>Stephen M. Ansell, M.D., Ph.D.</i>
1:30 p.m.	Coagulation and Thrombosis <i>Aneel A. Ashrani, M.D.</i>
2:05 p.m.	Multiple Myeloma, Amyloidosis, and Stem Cell Transplantation <i>Martha Q. Lacy, M.D.</i>
2:50 p.m.	Acute Leukemia and Stem Cell Transplantation <i>William J. Hogan, M.B.,B.Ch.</i>
3:35 p.m.	Case Questions <i>Thomas M. Habermann, M.D.</i>
3:50 p.m.	Adjourn

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Mail or fax form and payment to:

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Rochester, MN 55905

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FAX 507-284-0532
E-mail cme@mayo.edu
Web site www.mayo.edu/cme

(Please print or type all information. You may duplicate this form for multiple registrations.)

Course Registrant List (Check only if you want your name removed)

☐ I do not want information (ie, name, degree, city, and state) to appear on the course registrants' list.

Contact Information

Name of Registrant - first name, middle name or initial, and last name		Degree - select all that apply <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> Other - specify	
Institution		Medical Specialty	
Which do you prefer to be your mailing address: <input type="checkbox"/> Work/Business <input type="checkbox"/> Home			
Work/Business Address - street address		Work Phone - include all country and city/area codes as needed along with complete phone number	
City	State or Province	ZIP or Postal Code	Country
Home Address - street address		Home Phone - include all country and city/area codes as needed along with complete phone number	
City	State or Province	ZIP or Postal Code	Country
E-mail - Mayo School of CPD's primary form of correspondence	FAX - include all country and city/area codes as needed along with complete phone number	FAX Location - select one <input type="checkbox"/> Work/Business <input type="checkbox"/> Home	
<div>SPECIAL NEEDS</div> If you have special assistance needs or dietary restrictions, describe here:			

Registration

Registration Fee: \$160.00 Physicians, Scientists, Residents, Physician Assistants and Nurse Practitioners	\$ _____
Total Payment Enclosed:	\$ _____

Payment Information* (US funds only *Wire transfers will be assessed a \$25 USD fee.)

<input type="checkbox"/> Check is enclosed in the amount shown at right - make checks payable to Mayo Clinic		Payment Total
Credit Card - select one <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Account Number	
Name of Cardholder - as it appears on the card		Exp Date - mm/yy
Signature of Cardholder - required		

X

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Rochester, MN 55905

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If you already received a copy of this brochure, please give this brochure to an interested colleague.

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