

Mayo Clinic Hematology Review

January 29, 2005

Le Meridien Minneapolis Hotel
Minneapolis, Minnesota



Course Director:
Thomas E. Witzig, MD

General Information

Course Description

This one-day educational program will provide hematology and oncology clinicians, fellows, nurse practitioners and physician assistants with an overview of the most recent advances in the treatment of various hematological malignancies, based on presentations given at the December 2004 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 Highlights

- Lymphoma
- Multiple myeloma
- Chronic lymphocytic leukemia
- Transplantation
- Acute leukemia
- Coagulation
- Myelodysplastic syndrome

Course Learning Objectives

Upon completion of this course, participants should be able to:

- Describe the results of important disease-specific clinical trials presented at the ASH Annual Meeting.
- Identify investigational therapeutic regimens that are available as alternatives to standard therapy.
- Compare with current clinical practice the advances in managing various hematological malignancies that were presented at the ASH Annual Meeting.

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

This program is designed for hematology and oncology clinicians, fellows, nurse practitioners and physician assistants.

Credit

Mayo Foundation is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Mayo Foundation designates this educational activity for a maximum of 5.0 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

Other health care professionals will be provided a certificate of attendance for requesting credits in accordance with state nursing boards, specialty societies, or other professional associations.

General Information

Industry Acknowledgment

This course is supported by an educational grant from Genentech, Inc., in accordance with ACCME Standards.

Date and Location

Mayo Clinic Hematology Review will be held Saturday, January 29, 2005. Course headquarters will be located at Le Meridien Hotel in downtown Minneapolis, MN. More information about the hotel can be found on the hotel website: www.minneapolis.lemeridien.com.

Registration

To register, complete the attached registration form and return by mail or fax. The registration fee includes tuition, comprehensive course syllabus, continental breakfast, refreshment break, and lunch. Although it is not Mayo School of Continuing Medical Education policy to limit the number of registrants for a course, conference room facilities may necessitate closing of enrollment; therefore, early registration is strongly 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.

Cancellation Policy

Your registration fee, less a \$50 administrative fee, will be refunded when written notification is received by the Mayo School of Continuing Medical Education before January 16, 2005 (fax#: 507-284-0532). **No refunds will be made after January 16, 2005.**

Lodging Accommodations

Le Meridien Minneapolis Hotel is extending a special rate of \$160 plus tax per night to course participants for a Superior Room, single or double occupancy. To help ensure accommodations and the discounted rate, please make your reservation directly with Le Meridien by January 7, 2005, and identify yourself as a participant of the Mayo Clinic Hematology Review. Reservations can be made by contacting the hotel directly by phone at 866-523-1100 (toll-free) or 612-677-1100 (direct), or by fax at 612-677-1200 (ATTN: Reservations).

Located on First Avenue in the Theater District of downtown Minneapolis, Le Meridien Minneapolis Hotel envelopes guests in an environment rich in contemporary art and design, as well as state-of-the-art technology. The hotel is superbly located at the center of the city's business, entertainment, shopping and theater districts, making it the perfect accommodation choice for this dynamic area. The hotel is 13 miles from the Minneapolis-St. Paul International Airport and easily reached by taxi, bus or limousine.

More information about Le Meridien Minneapolis Hotel can be found on the hotel website: www.minneapolis.lemeridien.com.

Travel/lodging arrangements are the sole responsibility of the individual registrant.

General Information

Parking/Directions

Complimentary valet parking will be available at Le Meridien Hotel to all registered meeting participants. Parking passes will be distributed at the meeting registration desk upon check in. Directions and a map to the hotel can be viewed and printed from the hotel website:

<http://www.minneapolis.lemeridien.com/us1788/directions.html>.

Faculty

Course Director

Thomas Witzig, MD

Mayo Clinic Faculty

Timothy Call, MD

Morie Gertz, MD

Thomas Habermann, MD

William Hogan, MD

Rajiv Pruthi, MD

Ayalew Tefferi, MD

Faculty Disclosure

As a provider accredited by ACCME, Mayo Foundation must ensure balance, independence, objectivity and scientific rigor in its educational activities. All faculty participating in a Mayo Foundation activity are required to disclose commitments to and/or relationships with pharmaceutical companies, biomedical device manufacturers or distributors, or others whose products or services may be considered to be related to the subject matter of the educational activity. Faculty will also disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. Disclosure of these commitments and/or relationships will be published in course materials so those participants in the activity may formulate their own judgments regarding the presentation.

Program Schedule

Saturday, January 29, 2005

7:00 – 8:00 a.m.	Registration and Breakfast
8:00 – 8:05 a.m.	Welcome and Introductions <i>Thomas Witzig, MD</i>
8:05 – 8:45a.m.	Lymphoma <i>Thomas Habermann, MD</i>
8:45 – 9:30 a.m.	Chronic Lymphocytic Leukemia (CLL) <i>Timothy Call, MD</i>
9:30 – 10:00 a.m.	Break
10:00 – 10:45 a.m.	Multiple Myeloma and Amyloidosis <i>Morie Gertz, MD</i>
10:45 – 11:30 a.m.	Acute Leukemia/CML <i>William Hogan, MD</i>
11:30 a.m. – 12:30 p.m.	Lunch
12:30 – 1:15 p.m.	Coagulation <i>Rajiv Pruthi, MD</i>
1:15 – 2:00 p.m.	Chronic Myeloid Disorders <i>Ayalew Tefferi, MD</i>
2:00 – 2:30 p.m.	Questions and Evaluation
2:30 p.m.	Adjourn

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To register, complete and return this registration form by mail or fax. The registration fee includes tuition, comprehensive course syllabus, continental breakfasts, break refreshments, and welcome reception. Pre-registration is required. A letter of confirmation will be sent upon receipt of payment and completed registration form. Enrollment is limited; early registration is encouraged.

Mail or FAX this completed registration form to:

Mayo School of CME
200 First Street SW
Rochester, MN 55905

Telephone: 800-323-2688 -or- 507-284-2509
FAX: 507-284-0532
Website: www.mayo.edu/cme

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

Name _____
First Name Middle Name or Initial Last Name

Degree MD DO PhD PA NP Other _____

Institution _____

Medical Specialty _____

E-mail Address _____

Which is your preferred mailing address: Work/Business Home

Work Address _____

City _____ State/PV _____ ZIP/Postal Code _____ Country _____

Home Address _____

City _____ State/PV _____ ZIP/Postal Code _____ Country _____

Home Telephone (_____) _____ Business Telephone (_____) _____

Int'l Telephone (Country code) _____ (City code) _____ (Phone) _____

FAX (_____) _____ E-mail Address _____

 Please check if you have any special assistance needs or dietary restrictions.

Please indicate your needs here: _____

P A Y M E N T

Registration Fee: \$75 \$ _____

Check Enclosed (payable to Mayo Foundation)

Credit Card: Visa MasterCard Discover

Card Number _____ Expiration Date _____

Signature _____ Date _____