TARGET AUDIENCE
This activity is intended for gynecologic oncologists and other healthcare providers involved in the treatment of ovarian, cervical and endometrial cancer.

OVERVIEW OF ACTIVITY
In 2014 it is anticipated that approximately 94,990 new cases of gynecologic cancer — which includes cancer of the ovaries, uterine corpus (endometrial cancer), uterine cervix (cervical cancer), vulva and vagina — will be documented in the United States and 28,790 individuals will succumb to these diseases. As with many other tumors, patient outcomes are critically dependent on effective multidisciplinary care. Despite many commonalities, each of these diseases is in fact quite distinct, and in this regard management algorithms employed for each are varied.

Existing and emerging multimodality treatment regimens used in the routine management of these diseases necessitate the physician’s working knowledge of novel surgical, radiation and systemic therapeutic techniques. Ongoing clinical trials will continue to refine the optimal management of these tumors, and the introduction of innovative, targeted compounds may offer individualized treatment options that provide increased efficacy and improved tolerability. In order to offer optimal patient care — including the option of clinical trial participation — clinicians who care for patients with gynecologic cancers must be well informed of these advances. By providing information on the latest research developments and their potential application to routine practice, this activity is designed to assist gynecologic oncologists and other healthcare providers with the formulation of up-to-date clinical management strategies for various gynecologic cancers.

LEARNING OBJECTIVES
• Employ current clinical guidelines and available data in the selection of treatment options for patients with commonly diagnosed gynecologic cancers.
• Apply the results of emerging research with angiogenesis inhibition to the development of therapeutic strategies for patients with advanced epithelial ovarian cancer.
• Summarize available research data on the activity of PARP inhibitors in patients with advanced ovarian cancer with or without BRCA mutations.
• Appreciate emerging clinical trial data documenting the benefit of anti-angiogenic therapy in combination with chemotherapy for patients with metastatic, recurrent or persistent cervical cancer, and consider this information in treatment decision-making.
• Develop an understanding of the emerging efficacy data and toxicity profiles of investigational agents in common gynecologic cancers to effectively prioritize clinical trial opportunities for appropriate patients.

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CREDIT DESIGNATION STATEMENT
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This CME activity consists of a video component. To receive credit, the participant should watch the video, complete the Post-test with a score of 70% or better and fill out the Educational Assessment and Credit Form located on our website at ResearchToPractice.com/GynOnc14/CME.

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reviewer for fair balance, scientific objectivity of studies referenced and patient care recommendations.

**FACULTY** — The following faculty (and their spouses/partners) reported real or apparent conflicts of interest, which have been resolved through a conflict of interest resolution process:

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**Consulting Agreements:** Arno Therapeutics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Celgene Corporation, GlaxoSmithKline, INSYS Therapeutics Inc, Merck, QIAGEN, TESARO Inc; **Contracted Research:** Amgen Inc, Array BioPharma Inc, Genentech BioOncology, Janssen Pharmaceuticals Inc, Johnson & Johnson Pharmaceuticals, Lilly, Novartis Pharmaceuticals Corporation; **Speakers Bureau:** Genentech BioOncology, Roche Laboratories Inc.

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**Hardware/Software Requirements:**
A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 7 or later, Firefox 3.0 or later, Chrome, Safari 3.0 or later
Adobe Flash Player 10.2 plug-in or later
Adobe Acrobat Reader (Optional) Sound card and speakers for audio

**Last review date:** July 2014
**Expiration date:** July 2015
A randomized Phase III trial of cisplatin plus paclitaxel with and without NCI-supplied bevacizumab (NSC #704865, IND #113912) versus the non-platinum doublet, topotecan plus paclitaxel, with and without NCI-supplied bevacizumab, in stage IVB, recurrent or persistent carcinoma of the cervix. NCT00803062


Du Bois A et al. Randomized, double-blind, phase III trial of pazopanib versus placebo in women who have not progressed after first-line chemotherapy for advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer (AEOC): Results of an international Intergroup trial (AGO-OVAR16). Proc ASCO 2013;Abstract LBA5503.


Pujade-Lauraine E et al. AURELIA: A randomized phase III trial evaluating bevacizumab (BEV) plus chemotherapy (CT) for platinum (PT)-resistant recurrent ovarian cancer (OC). Proc ASCO 2012;Abstract LBA5002.


Ursula A Matulonis, MD


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Ledermann J et al. Olaparib maintenance therapy in patients with platinum-sensitive relapsed serous ovarian cancer (SOC) and a BRCA mutation (BRCAm). Proc ASCO 2013;Abstract 5505.


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