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Gynecologic Oncology™ UPDATE

Conversations with Oncology Investigators

Bridging the Gap between Research and Patient Care

FACULTY INTERVIEWS

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CME Certified

Gynecologic Oncology Update
A Continuing Medical Education Audio Series

OVERVIEW OF ACTIVITY

Gynecologic cancers are comprised of 5 primary tumor types affecting the ovaries, uterine corpus (endometrial cancer), uterine cervix (cervical cancer), vulva and vagina. In 2015, it is anticipated that approximately 98,280 new cases of gynecologic cancer will be documented in the United States and 30,440 individuals will succumb to these diseases. As with many other tumors, patient outcomes are critically dependent on effective multidisciplinary care, which for these cancers often includes contributions from gynecologic, medical and radiation oncologists in addition to pathologists, diagnostic radiologists, oncology nurses and psychosocial services. Interestingly, despite many commonalities, each of these diseases is, in fact, quite distinct, and in this regard management algorithms employed for each are varied. To bridge the gap between research and patient care, *Gynecologic Oncology Update* uses one-on-one discussion with leading investigators in these fields. By providing access to the latest scientific developments and the perspectives of experts, this CME activity assists practicing clinicians with the formulation of up-to-date management strategies.

LEARNING OBJECTIVES

- Employ current clinical guidelines and available data in the selection of treatment options for patients with commonly diagnosed gynecologic cancers.
- Consider clinical investigator perspectives regarding the indications for BRCA mutation testing, and use this information to appropriately select patients with ovarian cancer (OC) for this analysis.
- Develop an evidence-based algorithm for the initial and long-term treatment of advanced OC considering the role of the recently approved anti-VEGF antibody bevacizumab.
- Appreciate the recent approval of olaparib for patients with highly refractory advanced OC, and integrate this agent into the clinical care of appropriate individuals.
- Develop an understanding of the emerging efficacy data and toxicity profiles of investigational agents in OC to effectively prioritize clinical trial opportunities for appropriate patients.
- Implement a long-term clinical plan for the management of metastatic cervical cancer, incorporating existing, recently approved and investigational treatments.

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SELECT PUBLICATIONS

A phase 3 placebo-controlled study of carboplatin/paclitaxel with or without concurrent and continuation maintenance veliparib (PARP inhibitor) in subjects with previously untreated stages III or IV high-grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer. NCT02470585

Aghajanian C et al. **A randomized phase II study of paclitaxel/carboplatin/bevacizumab, paclitaxel/carboplatin/temsirolimus and ixabepilone/carboplatin/bevacizumab as initial therapy for measurable stage III or IVA, stage IVB or recurrent endometrial cancer, GOG-86P.** *Proc ASCO* 2015;**Abstract 5500**.

Borghaei H et al. **Phase 1 study of IMGN853, a folate receptor alpha (FRα)-targeting antibody-drug conjugate (ADC) in patients (pts) with epithelial ovarian cancer (EOC) and other FRA-positive solid tumors.** *Proc ASCO* 2015;**Abstract 5558**.

Coleman RL et al. **A phase II evaluation of the potent, highly selective PARP inhibitor veliparib in the treatment of persistent or recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer in patients who carry a germline BRCA1 or BRCA2 mutation — An NRG Oncology/Gynecologic Oncology Group study.** *Gynecol Oncol* 2015;137(3):386-91.

Coleman RL et al. **A phase III randomized controlled clinical trial of carboplatin and paclitaxel alone or in combination with bevacizumab followed by bevacizumab and secondary cytoreductive surgery in platinum-sensitive, recurrent ovarian, peritoneal primary and fallopian tube cancer (Gynecologic Oncology Group 0213).** *Proc SGO* 2015;**Abstract 3**.

Coleman RL et al. **Randomized phase III trial of carboplatin/paclitaxel alone (CP) or in combination with bevacizumab followed by bevacizumab (CPB) and secondary cytoreduction surgery in platinum-sensitive recurrent ovarian cancer: GOG0213, an NRG Oncology/GOG study — Analysis of patient reported outcomes (PRO) on chemotherapy randomization.** *Proc ASCO* 2015;**Abstract 5525**.

Gómez-Hidalgo NR et al. **Predictors of optimal cytoreduction in patients with newly diagnosed advanced-stage epithelial ovarian cancer: Time to incorporate laparoscopic assessment into the standard of care.** *Gynecol Oncol* 2015;137(3):553-8.

Gourley C et al. **Molecular subgroup of high-grade serous ovarian cancer (HGSOC) as a predictor of outcome following bevacizumab.** *Proc ASCO* 2014;**Abstract 5502**.

Matulonis UA et al. **Olaparib monotherapy in patients with advanced relapsed ovarian cancer and a germline BRCA1/2 mutation: A multi-study sub-analysis.** *Proc SGO* 2015;**Abstract 14**.

McNeish IA et al. **Results of ARIEL2: A Phase 2 trial to prospectively identify ovarian cancer patients likely to respond to rucaparib using tumor genetic analysis.** *Proc ASCO* 2015;**Abstract 5508**.

Nick AM et al. **A framework for a personalized surgical approach to ovarian cancer.** *Nat Rev Clin Oncol* 2015;12(4):239-45.

Nick AM et al. **Launching personalized surgical therapy for advanced ovarian cancer.** *Proc SGO* 2014;Abstract 69.

Phase II randomized trial of nivolumab with or without ipilimumab in patients with persistent or recurrent epithelial ovarian, primary peritoneal or fallopian tube cancer. NCT02498600

Swishera EM et al. **Tumor BRCA mutation or high genomic LOH identify ovarian cancer patients likely to respond to rucaparib: Interim results for ARIEL2 clinical trial.** *Proc SGO* 2015;**Abstract 8**.

Tewari D et al. **Long-term survival advantage and prognostic factors associated with intraperitoneal chemotherapy treatment in advanced ovarian cancer: A Gynecologic Oncology Group study.** *J Clin Oncol* 2015;33(13):1460-6.

Tewari KS et al. **Improved survival with bevacizumab in advanced cervical cancer.** *N Engl J Med* 2014;370(8):734-43.

QUESTIONS (PLEASE CIRCLE ANSWER):

1. **The ongoing Phase III GOG 3005 trial is evaluating platinum-based chemotherapy in combination with which type of agents for patients with previously untreated Stage III/IV high-grade serous epithelial ovarian, fallopian tube or primary peritoneal cancer?**
   a. Antibody-drug conjugate
   b. Novel anti-angiogenic agent
   c. PARP inhibitor

2. **In addition to a statistically significant progression-free survival improvement, the Phase III GOG 0213 trial reported a statistically significant overall survival improvement of approximately 5 months for patients who received bevacizumab.**
   a. True
   b. False

3. **As single agents, PARP inhibitors have shown activity in _____.**
   a. BRCA1 mutation-positive OC
   b. BRCA2 mutation-positive OC
   c. BRCA germline-normal OC
   d. Both a and b
   e. All of the above

4. **Approximately what percentage of patients with OC experience responses to anti-PD-1/PD-L1 therapy?**
   a. ≤5%
   b. 15% to 20%
   c. 30% to 35%

5. **Bevacizumab is FDA approved for which of the following gynecologic cancers?**
   a. Platinum-resistant recurrent epithelial OC
   b. Persistent, recurrent or metastatic cervical cancer
   c. Both a and b
   d. Neither a nor b

6. **_____ is commonly associated with intraperitoneal compared to intravenous chemotherapy.**
   a. Increased nausea
   b. Increased abdominal pain
   c. Both a and b
   d. Neither a nor b

7. **The incidence of bevacizumab-associated bowel complications is _____ in patients with OC who have received multiple lines of prior therapy than in those who have received only 1 to 3 prior regimens.**
   a. Lower
   b. Higher

8. **The FDA recently approved olaparib monotherapy for patients with deleterious germline BRCA-mutated advanced OC previously treated with 3 or more prior lines of chemotherapy.**
   a. True
   b. False

9. **Common side effects of olaparib therapy include _____.**
   a. Anemia
   b. Fatigue
   c. Diarrhea
   d. All of the above

10. **Which of the following is the mechanism of action of mirvetuximab soravtansine (IMGN853)?**
    a. Anti-angiogenic
    b. Antibody-drug conjugate
    c. PARP inhibitor

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Gynecologic Oncology Update — Issue 1, 2015

Research To Practice is committed to providing valuable continuing education for oncology clinicians, and your input is critical to helping us achieve this important goal. Please take the time to assess the activity you just completed, with the assurance that your answers and suggestions are strictly confidential.

PART 1 — Please tell us about your experience with this educational activity

How would you characterize your level of knowledge on the following topics?

4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

	BEFORE	AFTER
Results of the Phase III GOG 0213 trial of carboplatin/paclitaxel alone or in combination with bevacizumab → bevacizumab and secondary debulking surgery in platinum-sensitive recurrent OC	4 3 2 1	4 3 2 1
Clinical activity and available data with bevacizumab in the management of recurrent endometrial cancer	4 3 2 1	4 3 2 1
Appropriate use of BRCA testing to guide treatment selection for patients with OC	4 3 2 1	4 3 2 1
Recent FDA approval of olaparib monotherapy and current integration into clinical practice	4 3 2 1	4 3 2 1
Mechanism of action and available data with the antibody-drug conjugate mirvetuximab soravtansine (IMGN853) in advanced OC	4 3 2 1	4 3 2 1
Incidence and management of olaparib-related side effects (eg, GI toxicity, anemia)	4 3 2 1	4 3 2 1

Practice Setting:

☐ Academic center/medical school ☐ Community cancer center/hospital ☐ Group practice
☐ Solo practice ☐ Government (eg, VA) ☐ Other (please specify).....

Approximately how many new patients with the following do you see per year?

Ovarian cancer:..... Cervical cancer:..... Endometrial cancer:.....

Was the activity evidence based, fair, balanced and free from commercial bias?

☐ Yes ☐ No If no, please explain: .....

Please identify how you will change your practice as a result of completing this activity (select all that apply).

☐ This activity validated my current practice
☐ Create/revise protocols, policies and/or procedures
☐ Change the management and/or treatment of my patients
☐ Other (please explain): .....

If you intend to implement any changes in your practice, please provide 1 or more examples:

.....

The content of this activity matched my current (or potential) scope of practice.

☐ Yes ☐ No If no, please explain: .....

Please respond to the following learning objectives (LOs) by circling the appropriate selection:

4 = Yes 3 = Will consider 2 = No 1 = Already doing N/M = LO not met N/A = Not applicable

As a result of this activity, I will be able to:

- Employ current clinical guidelines and available data in the selection of treatment options for patients with commonly diagnosed gynecologic cancers. . . 4 3 2 1 N/M N/A
- Consider clinical investigator perspectives regarding the indications for BRCA mutation testing, and use this information to appropriately select patients with ovarian cancer (OC) for this analysis. . . . . 4 3 2 1 N/M N/A
- Develop an evidence-based algorithm for the initial and long-term treatment of advanced OC considering the role of the recently approved anti-VEGF antibody bevacizumab. . . . . 4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

As a result of this activity, I will be able to:

- Appreciate the recent approval of olaparib for patients with highly refractory advanced OC, and integrate this agent into the clinical care of appropriate individuals. . . . . 4 3 2 1 N/M N/A
- Develop an understanding of the emerging efficacy data and toxicity profiles of investigational agents in OC to effectively prioritize clinical trial opportunities for appropriate patients. . . . . 4 3 2 1 N/M N/A
- Implement a long-term clinical plan for the management of metastatic cervical cancer, incorporating existing, recently approved and investigational treatments. . . . . 4 3 2 1 N/M N/A

Would you recommend this activity to a colleague?

☐ Yes ☐ No If no, please explain: .....

PART 2 — Please tell us about the faculty and editor for this educational activity

4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

Faculty	Knowledge of subject matter	Effectiveness as an educator
Robert L Coleman, MD	4 3 2 1	4 3 2 1
Bradley J Monk, MD	4 3 2 1	4 3 2 1
Editor	**Knowledge of subject matter**	**Effectiveness as an educator**
Neil Love, MD	4 3 2 1	4 3 2 1

Other comments about the faculty and editor for this activity:

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