# Gynecologic Oncology Update

Issue 2, 2015

# **CME Information**

# **TARGET AUDIENCE**

This activity is intended for gynecologic and medical oncologists, gynecologists and other healthcare providers involved in the treatment of gynecologic cancers.

#### **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 2016, it is anticipated that approximately 105,890 new cases of gynecologic cancer will be documented in the United States and 30,890 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, this program uses discussions with Drs Ursula A Matulonis and Kathleen Moore about treatment controversies and the integration of key data sets into the practical management of gynecologic cancers.

#### **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 endometrial and cervical cancers, incorporating existing, recently approved and investigational targeted treatments.

#### **ACCREDITATION STATEMENT**

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#### CREDIT DESIGNATION STATEMENT

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Successful completion of this CME activity enables the participant to earn up to 1.75 MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Please note, this program has been specifically designed for the following ABIM specialty: **medical oncology**.

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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 80% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/GOU215/Video/CME.

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

# Ursula A Matulonis, MD

Medical Director and Program Leader Gynecologic Oncology Program Associate Professor of Medicine Harvard Medical School Dana-Farber Cancer Institute Boston, Massachusetts

**Advisory Committee:** Momenta Pharmaceuticals Inc; Speakers Bureau: AstraZeneca Pharmaceuticals LP; **Unpaid Consultant:** AstraZeneca Pharmaceuticals LP.

#### Kathleen Moore, MD

Jim and Christy Everest Endowed Chair in Cancer Research Director, Oklahoma TSET Phase I Program Stephenson Cancer Center Associate Professor, Section of Gynecologic Oncology Director, Gynecologic Oncology Fellowship Department of Obstetrics and Gynecology University of Oklahoma Health Sciences Center Oklahoma City, Oklahoma

**Advisory Committee:** Advaxis Inc, Amgen Inc, AstraZeneca Pharmaceuticals LP, Boehringer Ingelheim Pharmaceuticals Inc, Genentech BioOncology, Pfizer Inc, 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: April 2016 Expiration date: April 2017

# Select Publications

Armstrong DK et al. Intraperitoneal cisplatin and paclitaxel in ovarian cancer. N Engl J Med 2006;354(1):34-43.

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.

Burger RA et al. Incorporation of bevacizumab in the primary treatment of ovarian cancer. *N Engl J Med* 2011;365(26):2473-83.

Burger RA et al. Phase III trial of bevacizumab (BEV) in the primary treatment of advanced epithelial ovarian cancer (EOC), primary peritoneal cancer (PPC), or fallopian tube cancer (FTC): A Gynecologic Oncology Group study. *Proc ASCO* 2010:Abstract LBA1.

Disis ML et al. Avelumab (MSB0010718C), an anti-PD-L1 antibody, in patients with previously treated, recurrent or refractory ovarian cancer: A phase lb, open-label expansion trial. *Proc ASCO* 20150; Abstract 5509.

Do KT et al. Phase I trial of AZD1775 (MK1775), a wee1 kinase inhibitor, in patients with refractory solid tumors. *Proc ASCO* 2014:Abstract 2503.

Domchek SM et al. Efficacy and safety of olaparib monotherapy in germline BRCA1/2 mutation carriers with advanced ovarian cancer and three or more lines of prior therapy. *Gynecol Oncol* 2016;140(2):199-203.

Eccles DM et al. BRCA1 and BRCA2 genetic testing-pitfalls and recommendations for managing variants of uncertain clinical significance. *Ann Oncol* 2015;26(10):2057-65.

Gunderson CC, Moore KN. **BRACA**nalysis **CD**x as a companion diagnostic tool for Lynparza. *Expert Rev Mol Diagn* 2015;15(9):1111-6.

Kaufman B et al. Olaparib monotherapy in patients with advanced cancer and a germline BRCA1/2 mutation. *J Clin Oncol* 2015;33(3):244-50.

Ledermann J et al. Olaparib maintenance therapy in patients with platinum-sensitive relapsed serous ovarian cancer: A preplanned retrospective analysis of outcomes by BRCA status in a randomized phase 2 trial. *Lancet Oncol* 2014;15(8):852-61.

Ledermann J et al. **Olaparib maintenance therapy in platinum-sensitive relapsed ovarian cancer.** *N Engl J Med* 2012;366(15):1382-92.

Leijen S et al. Phase II study with Wee1 inhibitor AZD1775 plus carboplatin in patients with p53 mutated ovarian cancer refractory or resistant (<3 months) to standard first line therapy. *Proc ASCO* 2015; Abstract 2507.

Lheureux S et al. Genomic characterization of long-term responders to olaparib. Proc ASCO 2015; Abstract 5566.

Liu JF, Matulonis UA. Bevacizumab in newly diagnosed ovarian cancer. Lancet Oncol 2015;16(8):876-8.

Matulonis U et al. Frequency, severity and timing of common adverse events (AEs) with maintenance olaparib in patients (pts) with platinum-sensitive relapsed serous ovarian cancer (PSR SOC). *Proc ASCO* 2015; Abstract 5550.

Matulonis UA et al. Olaparib maintenance therapy in patients with platinum- sensitive relapsed serous ovarian cancer and a BRCA mutation: Overall survival adjusted for post-progression PARP inhibitor therapy. *Proc SGO* 2015; Abstract 13.

Moore KN et al. Preliminary single agent activity of IMGN853, a folate receptor alpha (FRα)-targeting antibody-drug conjugate (ADC), in platinum-resistant epithelial ovarian cancer (EOC) patients (pts): Phase I trial. *Proc ASCO* 2015; Abstract 5518.

Niraparib and/or niraparib-bevacizumab combination against bevacizumab alone in HRD platinum sensitive ovarian cancer (AVANOVA). NCT02354131

Oza AM et al. Standard chemotherapy with or without bevacizumab for women with newly diagnosed ovarian cancer (ICON7): Overall survival results of a phase 3 randomised trial. *Lancet Oncol* 2015;16(8):928-36.

Rafii S et al. What clinical factors influence advanced *BRCA1/2* mutant ovarian cancer patient (BMOC pt) outcomes to poly(ADP-ribose) polymerase inhibitor (PARPi) treatment? *Proc ASCO* 2015; Abstract 5546.

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.

Varga A et al. Antitumor activity and safety of pembrolizumab in patients (pts) with PD-L1 positive advanced ovarian cancer: Interim results from a phase Ib study. *Proc ASCO* 2015; Abstract 5510.