Oncology Grand Rounds Series:

Part 5 — Ovarian Cancer

CNE Information

TARGET AUDIENCE

This activity has been designed to meet the educational needs of oncology nurses, nurse practitioners and clinical nurse specialists involved in the treatment of ovarian cancer (OC).

OVERVIEW OF ACTIVITY

Gynecologic cancers comprise 5 primary cancers affecting the ovaries, uterine corpus (endometrial cancer), uterine cervix (cervical cancer), vulva and vagina. Of these, OC has continually been the most lethal. The American Cancer Society estimates that in 2016, 14,240 individuals will die of this disease, accounting for nearly 50% of deaths attributable to gynecologic cancers. As with many other tumors, patient outcomes are critically dependent upon effective multidisciplinary care, which often includes contributions from gynecologic, medical and radiation oncologists as well as pathologists, diagnostic radiologists, oncology nurses and psychosocial services. In addition to the disease- and treatment-related morbidity and mortality associated with gynecologic cancers, pain, fatigue, lymphedema, depression/anxiety, infertility/childbearing and sexual dysfunction are commonly occurring issues that must also be addressed in the care of these patients.

Oncology nurses play a pivotal role in supporting patients through their therapeutic journey and are essential to the delivery of a complete course of effective systemic treatment for OC. These video proceedings from the fifth part of an 8-part integrated CNE curriculum originally held at the 2016 ONS Annual Congress feature discussions with leading OC investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

PURPOSE STATEMENT

By providing information on the latest research developments in the context of expert perspectives, this CNE activity will assist oncology nurses, nurse practitioners and clinical nurse specialists with the formulation of state-of-the-art clinical management strategies to facilitate optimal care of patients with OC.

LEARNING OBJECTIVES

- Apply existing and emerging research data to the diagnostic, therapeutic and supportive care of patients with OC.
- Demonstrate knowledge of existing guidelines and consensus statements regarding the rationale for genetic counseling/testing for all patients with newly diagnosed OC, regardless of family history.
- Develop an understanding of the initial and long-term treatment of advanced OC considering the role of the recently approved anti-VEGF antibody bevacizumab.
- Implement an evidence-based approach to the prevention and amelioration of side effects associated with chemotherapeutic and biologic agents used in the management of OC.
- Appreciate the recent FDA approval of olaparib for patients with highly refractory advanced OC, and safely integrate this agent into the clinical management of appropriate individuals.
- Recall ongoing trials of investigational approaches and agents in OC, and refer patients and obtain consent for study participation.

ACCREDITATION STATEMENT

Research To Practice is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

CREDIT DESIGNATION STATEMENTS

This educational activity for 1.6 contact hours is provided by Research To Practice during the period of August 2016 through August 2017.

This activity is awarded 1.6 ANCC pharmacotherapeutic contact hours.

ONCC/ILNA CERTIFICATION INFORMATION

The program content has been reviewed by the Oncology Nursing Certification Corporation (ONCC) and is acceptable for recertification points. To review certification qualifications please visit **ResearchToPractice.com/ONS2016/ILNA**.

ONCC review is only for designating content to be used for recertification points and is not for CNE accreditation. CNE programs must be formally approved for contact hours by an

acceptable accreditor/approver of nursing CE to be used for recertification by ONCC. If the CNE provider fails to obtain formal approval to award contact hours by an acceptable accrediting/approval body, no information related to ONCC recertification may be used in relation to the program.

FOR SUCCESSFUL COMPLETION

This is a video CNE program. To receive credit, participants should read the learning objectives and faculty disclosures, watch the video, complete the Post-test with a score of 75% or better and fill out the Educational Assessment and Credit Form located at **ResearchToPractice.com/ONSOvarian2016/CNE**.

CONTENT VALIDATION AND DISCLOSURES

Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-the-art education. We assess potential conflicts of interest with faculty, planners and managers of CNE activities. Conflicts of interest are identified and resolved through a conflict of interest resolution process. In addition, all activity content is reviewed by both a member of the RTP scientific staff and an external, independent reviewer for fair balance, scientific objectivity of studies referenced and patient care recommendations.

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

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MODERATOR — **Dr Love** is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME/CNE activities from the following commercial interests: AbbVie Inc, Acerta Pharma, Agendia Inc, Amgen Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Baxalta Inc, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, CTI BioPharma Corp, Daiichi Sankyo Inc, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Lilly, Medivation Inc, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, NanoString Technologies, Natera Inc, Novartis Pharmaceuticals Corporation, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Regeneron Pharmaceuticals, Sanofi, Seattle Genetics, Sigma-Tau Pharmaceuticals Inc, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Teva Oncology, Tokai Pharmaceuticals Inc and VisionGate 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: August 2016

Expiration date: August 2017

There is no implied or real endorsement of any product by RTP or the American Nurses Credentialing Center.

Select Publications

Audeh MW et al. **Oral poly(ADP-ribose) polymerase inhibitor olaparib in patients with BRCA1 or BRCA2 mutations and recurrent ovarian cancer: A proof-of-concept trial.** *Lancet* 2010;376(9737):245-51.

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**.

Howell SB et al. **Intraperitoneal cisplatin with systemic thiosulfate protection.** *Ann Intern Med* 1982;97(6):845-51.

Iglehart JD, Silver DP. **Synthetic lethality — A new direction in cancer-drug development.** *N Engl J Med* 2009;361(2):189-91.

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.

Kennedy RD, D'Andrea AD. **DNA repair pathways in clinical practice: Lessons from pediatric cancer susceptibility syndromes.** *J Clin Oncol* 2006;24(23):3799-808.

Khanna KK et al. **ATM, a central controller of cellular responses to DNA damage.** *Cell Death Differ* 2001;8(11):1052-65.

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 randomised 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.

Liu J et al. **A randomized phase 2 trial comparing efficacy of the combination of the PARP inhibitor olaparib and the antiangiogenic cediranib against olaparib alone in recurrent platinum-sensitive ovarian cancer.** *Proc ASCO* 2014;**Abstract LBA5500**.

Matulonis UA et al. **Olaparib monotherapy in patients with advanced relapsed ovarian cancer and a germline BRCA1/2 mutation: A multistudy analysis of response rates and safety.** *Ann Oncol* 2016;27(6):1013-9.

Pujade-Lauraine E et al. **Bevacizumab combined with chemotherapy for platinum-resistant recurrent ovarian cancer: The AURELIA open-label randomized phase III trial.** *J Clin Oncol* 2014;32(13):1302-8.

Sánchez-Pérez. **DNA repair inhibitors in cancer treatment.** *Clin Transl Oncol* 2006;8(9):642-6.

Vergote I et al. **Prognostic importance of degree of differentiation and cyst rupture in stage I invasive epithelial ovarian carcinoma.** *Lancet* 2001;357(9251):176-82.