# Data + Perspectives Clinical Investigators Explore Emerging Research and Actual Patients with Uterine Sarcomas

# **CME** Information

# TARGET AUDIENCE

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

## **OVERVIEW OF ACTIVITY**

As a group, gynecologic sarcomas are relatively rare, and given their wide heterogeneity, specific histologic subtypes present even less frequently in clinical practice. As such, gynecologic and medical oncologists may lack experience caring for patients with any given uterine sarcoma, including the most common, uterine leiomyosarcoma (uLMS). Even so, and despite the fact that conventional treatment options for sarcomas of the female genital tract had remained unchanged for several years, recently published research has led to several newly approved therapies poised to disrupt established standards. With the proliferation of these research advances, it is important for any healthcare professional involved in the care of these individuals to remain up to date in order to appropriately offer patients with uLMS or other gynecologic sarcomas high-quality treatment.

This CME program developed from the proceedings of a satellite symposium held during the Society of Gynecologic Oncology's 2019 Annual Meeting on Women's Cancer features video slide presentations given by leading researchers with an expertise in gynecologic cancers on the published data that drive clinical decision-making. By providing information on the emerging research developments and their potential application to routine practice, this activity is designed to assist medical oncologists, gynecologic oncologists and other healthcare providers with the formulation of up-to-date clinical management strategies.

#### LEARNING OBJECTIVES

- Appreciate the importance of multidisciplinary collaboration in the diagnosis and management of gynecologic sarcomas, and use this knowledge to design a process to optimize tissue procurement, accurate histological assessment, tertiary care referral and treatment outcome.
- Develop an evidence-based strategy for the treatment of Stage I to III uterine sarcoma, considering the potential contributions of surgery, radiation therapy and cytotoxic therapy.

- Use guideline-endorsed monitoring protocols and techniques to effectively screen patients with localized uterine leiomyosarcoma for metastases.
- Appraise available safety and efficacy data with targeted and cytotoxic therapies approved for the treatment of advanced gynecologic sarcomas, and consider how these agents can be optimally incorporated into clinical management algorithms.
- Recall new data with investigational agents demonstrating promising activity in patients with uterine sarcomas, and discuss ongoing trial opportunities with eligible individuals.

#### **ACCREDITATION STATEMENT**

Research To Practice is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

#### **CREDIT DESIGNATION STATEMENT**

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#### AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) — MAINTENANCE OF CERTIFICATION (MOC)

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 1 Medical Knowledge MOC point 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 review the CME information, 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/GynOnc19/Sarcoma/***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:

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Advisory Committee: Clovis Oncology, Merck.

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No relevant conflicts of interest to disclose.

#### Angeles Alvarez Secord, MD, MHSc

Professor, Duke Cancer Institute Duke University Health System Durham, North Carolina

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#### Brian A Van Tine, MD, PhD

Medical Oncology Associate Professor of Medicine Sarcoma Program Director Washington University in St Louis Siteman Cancer Center St Louis, Missouri

#### Advisory Committee and Consulting Agreements:

Adaptimmune, CytRx Corporation, Daiichi Sankyo Inc, Epizyme Inc, Immune Design, Janssen Biotech Inc, Lilly, Pfizer Inc; **Contracted Research:** Merck, Pfizer Inc, TRACON Pharmaceuticals Inc; **Speakers Bureau:** Adaptimmune, Caris Life Sciences, Janssen Biotech Inc, Lilly; **Other Remunerated Activities:** Merck, Pfizer Inc, TRACON Pharmaceuticals Inc.

**MODERATOR** — **Dr Love** is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME activities from the following commercial interests: AbbVie Inc, Acerta Pharma - A member of the AstraZeneca Group, Adaptive Biotechnologies, Agendia Inc. Agios Pharmaceuticals Inc. Amgen Inc, Ariad Pharmaceuticals Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Daiichi Sankyo Inc. Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech, Genmab, Genomic Health Inc, Gilead Sciences Inc, Guardant Health, Halozyme Inc, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Kite Pharma Inc, Lexicon Pharmaceuticals Inc, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, Natera Inc, Novartis, Oncopeptides, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sandoz Inc, a Novartis Division, Sanofi Genzyme, Seattle Genetics, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Tesaro, Teva Oncology, Tokai Pharmaceuticals Inc and Tolero Pharmaceuticals.

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# Hardware/Software Requirements:

A high-speed Internet connection A monitor set to 1280 x 1024 pixels or more Internet Explorer 11 or later, Firefox 56 or later, Chrome 61 or later, Safari 11 or later, Opera 48 or later Adobe Flash Player 27 plug-in or later Adobe Acrobat Reader (Optional) Sound card and speakers for audio

Last review date: June 2019

Expiration date: June 2020

# **Select Publications**

#### Amanda Nickles Fader, MD

Bogani G et al. Efficacy of adjuvant chemotherapy in early stage uterine leiomyosarcoma: A systematic review and metaanalysis. *Gynecol Oncol* 2016;143(2):443-7.

George S et al. Phase 2 trial of aromatase inhibition with letrozole in patients with uterine leiomyosarcomas expressing estrogen and/or progesterone receptors. *Cancer* 2014;120(5):738-43.

Hensley ML et al. Adjuvant gemcitabine plus docetaxel followed by doxorubicin versus observation for uterus-limited, highgrade leiomyosarcoma: A phase III GOG study. *Proc ASCO* 2018; Abstract 5505.

Hensley ML et al. Adjuvant therapy for high-grade, uterus-limited leiomyosarcoma: Results of a phase 2 trial (SARC 005). *Cancer* 2013;119(8):1555-61.

Hensley ML et al. Adjuvant gemcitabine plus docetaxel for completely resected stages I-IV high grade uterine leiomyosarcoma: Results of a prospective study. *Gynecol Oncol* 2009;112(3):563-7.

Kapp DS et al. Prognostic factors and survival in 1396 patients with uterine leiomyosarcomas: Emphasis on impact of lymphadenectomy and oophorectomy. *Cancer* 2008;112(4):820-30.

Omura GA et al. A randomized clinical trial of adjuvant adriamycin in uterine sarcomas: A Gynecologic Oncology Group study. *J Clin Oncol* 1985;3(9):1240-5.

Pautier P et al. A randomized clinical trial of adjuvant chemotherapy with doxorubicin, ifosfamide, and cisplatin followed by radiotherapy versus radiotherapy alone in patients with localized uterine sarcomas (SARCGYN study). A study of the French Sarcoma Group. *Ann Oncol* 2013;24(4):1099-104.

Reed NS et al. Phase III randomised study to evaluate the role of adjuvant pelvic radiotherapy in the treatment of uterine sarcomas stages I and II: An European Organisation for Research and Treatment of Cancer Gynaecological Cancer Group study (protocol 55874). *Eur J Cancer* 2008;44(6):808-18.

Ricci S et al. Does adjuvant chemotherapy improve survival for women with early-stage uterine leiomyosarcoma? *Gynecol Oncol* 2013;131(3):629-33.

#### Brian A Van Tine, MD, PhD

Cote GM et al. Next-generation sequencing for patients with sarcoma: A single center experience. *Oncologist* 2018;23(2):234-42.

Demetri GD et al. Efficacy and safety of trabectedin or dacarbazine for metastatic liposarcoma or leiomyosarcoma after failure of conventional chemotherapy: Results of a phase III randomized multicenter clinical trial. *J Clin Oncol* 2016;34(8):786-93.

Demetri GD et al. A randomized phase III study of trabectedin (T) or dacarbazine (D) for the treatment of patients (pts) with advanced liposarcoma (LPS) or leiomyosarcoma (LMS). *Proc ASCO* 2015; Abstract 10503.

Seddon B et al. Gemcitabine and docetaxel versus doxorubicin as first-line treatment in previously untreated advanced unresectable or metastatic soft-tissue sarcomas (GeDDiS): A randomised controlled phase 3 trial. *Lancet Oncol* 2017;18(10):1397-410.

Schoffski P et al. Eribulin versus dacarbazine in previously treated patients with advanced liposarcoma or leiomyosarcoma: A randomised, open-label, multicentre, phase 3 trial. *Lancet* 2016;387(10028):1629-37.

Tap WD et al. Olaratumab and doxorubicin versus doxorubicin alone for treatment of soft-tissue sarcoma: An open-label phase **1b** and randomised phase **2** trial. *Lancet* 2016;38(10043):488-97.

Van der Graaf WT et al. Pazopanib for metastatic soft-tissue sarcoma (PALETTE): A randomised, double-blind, placebocontrolled phase 3 trial. *Lancet* 2012;379(9829):1879-86.