OCU | 2011 VOL 4 | ISSUE 2

Ovarian Cancer™ UPDATE

Conversations with Oncology Investigators
Bridging the Gap between Research and Patient Care

FACULTY INTERVIEWS

Beth Y Karlan, MD
Maurie Markman, MD
Richard T Penson, MD, MRCP
Angeles Alvarez Secord, MD

EDITOR

Neil Love, MD

CME Certified

Subscribe to Podcasts or download MP3s of this program at ResearchToPractice.com/OCU211

Ovarian Cancer Update

A Continuing Medical Education Audio Series

OVERVIEW OF ACTIVITY

Management of ovarian cancer (OC) includes optimal surgical debulking followed by postoperative chemotherapy and, in most cases, subsequent medical management when the disease recurs. Although many single-agent and combination chemotherapy regimens have been studied, only recently have antibody and small-molecule growth-inhibitory targeted agents been integrated into the OC research milieu. It is hoped that the results from these trials will lead to the emergence of new therapeutic agents and changes or enhancements in the indications for existing treatment strategies, ultimately improving the duration and quality of life for patients with metastatic OC. To bridge the gap between research and patient care, this issue of *Ovarian Cancer Update* features one-on-one discussions with leading gynecologic oncology investigators. By providing information on the latest research developments, this activity attempts to assist medical and gynecologic oncologists with the formulation of therapeutic strategies, which in turn facilitates optimal patient care.

LEARNING OBJECTIVES

- Use case-based learning to develop individualized management strategies for optimally debulked Stage II to III OC, including the use of intraperitoneal versus intravenous chemotherapy.
- Consider emerging data focused on the use of angiogenesis inhibition when designing front-line and maintenance therapeutic strategies for patients with OC.
- Develop an evidence-based algorithm for the systemic treatment of recurrent platinum-sensitive and platinum-resistant OC, including the option of anti-angiogenic therapy alone or in combination with chemotherapy.
- Offer BRCA testing to appropriately selected patients with OC to better facilitate discussions about prognosis, optimal treatment selection and the option of clinical trial participation with promising novel agents.
- Develop an algorithm for the use of CA125 surveillance to monitor patients for relapsed OC.
- Recall the rationale for and activity of novel targeted agents under investigation for the treatment of OC.
- Counsel appropriately selected patients with OC about the availability of and participation in ongoing clinical trials.

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

Research To Practice designates this enduring material for a maximum of 2.75 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

HOW TO USE THIS CME ACTIVITY

This CME activity contains an audio component. To receive credit, the participant should review the CME information, listen to the CDs, complete the Post-test with a score of 70% or better and fill out the Educational Assessment and Credit Form located in the back of this booklet or on our website at **ResearchToPractice.com/OCU211/CME**.

This activity is supported by educational grants from Amgen Inc, Boehringer Ingelheim Pharmaceuticals Inc and Genentech BioOncology.

Last review date: October 2011; Release date: October 2011; Expiration date: October 2012

This educational activity contains discussion of published and/or investigational uses of agents that are not indicated by the Food and Drug Administration. Research To Practice does not recommend the use of any agent outside of the labeled indications. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications and warnings. The opinions expressed are those of the presenters and are not to be construed as those of the publisher or grantors.

CME INFORMATION

FACULTY AFFILIATIONS

Beth Y Karlan, MD
Director, Women's Cancer Program, Samuel Oschin Comprehensive Cancer Institute
Division of Gynecologic Oncology
Department of Obstetrics and Gynecology, Cedars-Sinai Medical Center; Professor of Obstetrics and Gynecology
David Geffen School of Medicine at UCLA
Los Angeles, California

Richard T Penson, MD, MRCP
Assistant Professor of Medicine
Harvard Medical School
Clinical Director, Medical Gynecologic Oncology
Massachusetts General Hospital
Boston, Massachusetts

Maurie Markman, MD
Vice President for Patient Care Services; National Director for Medical Oncology, Cancer Treatment Centers of America
Philadelphia, Pennsylvania

Angeles Alvarez Secord, MD
Associate Professor
Department of Obstetrics and Gynecology, Division of Gynecologic Oncology
Duke University Medical Center
Durham, North Carolina

EDITOR

Neil Love, MD
Research To Practice
Miami, Florida

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 CME activities. Real or apparent 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 physician 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: **Dr Karlan** — Paid Research: Abbott Laboratories, Amgen Inc, AstraZeneca Pharmaceuticals LP, Bristol-Myers Squibb Company, Genentech BioOncology. **Dr Markman** — Advisory Committee: Amgen Inc, Boehringer Ingelheim Pharmaceuticals Inc, Celgene Corporation, Eisai Inc, Genentech BioOncology, Hana Biosciences Inc, Sanofi; Speakers Bureau: Lilly USA LLC. **Dr Penson** — Data Safety and Monitoring Committee Chair: Genentech BioOncology; Paid Research: Amgen Inc, AstraZeneca Pharmaceuticals LP, Eisai Inc, Endocyte Inc, ImClone Systems, a wholly owned subsidiary of Eli Lilly and Company. **Dr Secord** — Advisory Committee: Boehringer Ingelheim Pharmaceuticals Inc, Lilly USA LLC, Pfizer Inc; Paid Research: Bristol-Myers Squibb Company, Eisai Inc, GlaxoSmithKline, Lilly USA LLC, Sanofi; Speakers Bureau: Lilly USA LLC.

EDITOR — Dr Love is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME activities from the following commercial interests: Allos Therapeutics, Amgen Inc, Astellas Pharma Global Development Inc, Bayer HealthCare Pharmaceuticals/Onyx Pharmaceuticals Inc, Biogen Idec, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Cephalon Inc, Daiichi Sankyo Inc, Dendreon Corporation, Eisai Inc, EMD Serono Inc, Genentech BioOncology, Genomic Health Inc, ImClone Systems, a wholly owned subsidiary of Eli Lilly and Company, Lilly USA LLC, Millennium: The Takeda Oncology Company, Mundipharma International Limited, Myriad Genetics Inc, Novartis Pharmaceuticals Corporation, OSI Oncology, Sanofi and Seattle Genetics.

RESEARCH TO PRACTICE STAFF AND EXTERNAL REVIEWERS — The scientific staff and reviewers for Research To Practice have no real or apparent conflicts of interest to disclose.

QUESTIONS (PLEASE CIRCLE ANSWER):

1. **In the GOG-0218 trial, which of the following regimens resulted in a significant 30% reduction in the risk of disease progression compared to chemotherapy alone for patients with newly diagnosed, advanced ovarian cancer?**
   a. Chemotherapy/bevacizumab
   b. Chemotherapy/bevacizumab followed by maintenance bevacizumab
   c. Neither a nor b

2. **The MRC OV05/EORTC-55955 randomized trial in relapsed OC of early treatment based on CA125 level alone versus delayed treatment based on conventional clinical indicators reported a statistically significant overall survival improvement for patients receiving early second-line chemotherapy.**
   a. True
   b. False

3. **In the ICON7 study of chemotherapy with or without bevacizumab for patients with newly diagnosed OC, bevacizumab 7.5 mg/kg was administered every 3 weeks as opposed to bevacizumab _____ every 3 weeks in the GOG-0218 study.**
   a. 5 mg/kg
   b. 15 mg/kg
   c. 7.5 mg/kg (same as ICON7)

4. **An interim analysis of the Gynecologic Cancer Intergroup ICON7 Phase III trial in newly diagnosed OC has not yet demonstrated an overall survival advantage with the addition of bevacizumab to chemotherapy.**
   a. True
   b. False

5. **For patients with relapsed ovarian cancer, the single-agent response rate with bevacizumab is approximately 15% to 20%.**
   a. True
   b. False

6. **The Phase III OCEANS study, which is evaluating carboplatin and gemcitabine with or without bevacizumab in platinum-sensitive recurrent epithelial ovarian, primary peritoneal or fallopian tube cancer, reported significant improvements in _____ for patients who received bevacizumab.**
   a. Progression-free survival
   b. Overall survival
   c. Duration of response
   d. All of the above

7. **Which of the following side effects is/are associated with BIBF 1120?**
   a. Diarrhea
   b. Hand-foot syndrome
   c. Rash
   d. All of the above

8. **AMG 386 is a novel selective inhibitor of _____.**
   a. Angiogenesis
   b. HER2
   c. VEGF

9. **A Phase II study of AMG 386 combined with weekly paclitaxel for patients with recurrent OC reported significant improvements in _____ for patients who received AMG 386.**
   a. Progression-free survival
   b. Overall survival
   c. Duration of response
   d. None of the above

10. **Which of the following statements is true?**
    a. NCCN guidelines recommend BRCA testing for all women with high-grade epithelial OC
    b. Patients with germline BRCA mutation generally have a higher likelihood of platinum sensitivity
    c. Patients with germline BRCA mutation generally have a longer overall survival
    d. All of the above

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Ovarian Cancer Update — Issue 2, 2011

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 ONE — 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
GOG-0218 study: Efficacy of bevacizumab in the initial management of OC	4 3 2 1	4 3 2 1
Clinical trials evaluating BIBF 1120 in OC	4 3 2 1	4 3 2 1
Use of intraperitoneal and intravenous chemotherapy for optimally debulked Stage II or Stage III OC	4 3 2 1	4 3 2 1
Utility of bevacizumab for palliation of ascites	4 3 2 1	4 3 2 1
Efficacy and tolerability of the novel selective angiopoietin inhibitor AMG 386 in recurrent OC	4 3 2 1	4 3 2 1

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; no changes will be made
☐ 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:

- Use case-based learning to develop individualized management strategies for optimally debulked Stage II to III OC, including the use of intraperitoneal versus intravenous chemotherapy. . . . . 4 3 2 1 N/M N/A
- Consider emerging data focused on the use of angiogenesis inhibition when designing front-line and maintenance therapeutic strategies for patients with OC. . . . . 4 3 2 1 N/M N/A
- Develop an evidence-based algorithm for the systemic treatment of recurrent platinum-sensitive and platinum-resistant OC, including the option of anti-angiogenic therapy alone or in combination with chemotherapy. . . . . 4 3 2 1 N/M N/A
- Offer BRCA testing to appropriately selected patients with OC to better facilitate discussions about prognosis, optimal treatment selection and the option of clinical trial participation with promising novel agents. . . . . 4 3 2 1 N/M N/A
- Develop an algorithm for the use of CA125 surveillance to monitor patients for relapsed OC. . . . . 4 3 2 1 N/M N/A
- Recall the rationale for and activity of novel targeted agents under investigation for the treatment of OC. . . . . 4 3 2 1 N/M N/A
- Counsel appropriately selected patients with OC about the availability of and participation in ongoing clinical trials. . . . . 4 3 2 1 N/M N/A

Please describe any clinical situations that you find difficult to manage or resolve that you would like to see addressed in future educational activities:

.....

Would you recommend this activity to a colleague?

☐ Yes ☐ No

If no, please explain:.....

Additional comments about this activity:

.....

As part of our ongoing, continuous quality-improvement effort, we conduct postactivity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate your willingness to participate in such a survey.

☐ Yes, I am willing to participate in a follow-up survey.

☐ No, I am not willing to participate in a follow-up survey.

PART TWO — 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
Beth Y Karlan, MD	4 3 2 1	4 3 2 1
Maurie Markman, MD	4 3 2 1	4 3 2 1
Richard T Penson, MD, MRCP	4 3 2 1	4 3 2 1
Angeles Alvarez Secord, 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

Please recommend additional faculty for future activities:

.....

Other comments about the faculty and editor for this activity:

.....

REQUEST FOR CREDIT — Please print clearly

Name:..... Specialty:.....

Professional Designation:

☐ MD ☐ DO ☐ PharmD ☐ NP ☐ RN ☐ PA ☐ Other .....

Street Address:..... Box/Suite:.....

City, State, Zip:.....

Telephone:..... Fax:.....

Email:.....

Research To Practice designates this enduring material for a maximum of 2.75 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

I certify my actual time spent to complete this educational activity to be _____ hour(s).

Signature:..... Date:.....

To obtain a certificate of completion and receive credit for this activity, please complete the Post-test, fill out the Educational Assessment and Credit Form and fax both to (800) 447-4310, or mail both to Research To Practice, One Biscayne Tower, 2 South Biscayne Boulevard, Suite 3600, Miami, FL 33131. You may also complete the Post-test and Educational Assessment online at www.ResearchToPractice.com/OCU211/CME.

OCU211

Ovarian Cancer™

U P D A T E

Contact Information	Neil Love, MD Research To Practice One Biscayne Tower 2 South Biscayne Boulevard, Suite 3600 Miami, FL 33131 Fax: (305) 377-9998 Email: DrNeilLove@ResearchToPractice.com
For CME/CNE Information	Email: CE@ResearchToPractice.com

Ovarian Cancer™ UPDATE

This activity is supported by educational grants from Amgen Inc,
Boehringer Ingelheim Pharmaceuticals Inc and Genentech BioOncology.

Research
To Practice®

Sponsored by Research To Practice.

Last review date: October 2011
Release date: October 2011
Expiration date: October 2012
Estimated time to complete: 2.75 hours