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Ovarian Cancer™ UPDATE

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

FACULTY INTERVIEWS

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CME Certified

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 in the context of expert perspectives, this activity assists medical and gynecologic oncologists with the formulation of therapeutic strategies, which in turn facilitates optimal patient care.

LEARNING OBJECTIVES

- Apply the results of emerging research with angiogenesis inhibition to the development of front-line and maintenance therapeutic strategies for patients with OC.
- Develop an understanding of the unique mechanisms of action and emerging efficacy and toxicity profiles of investigational agents in OC to effectively prioritize clinical trial opportunities for appropriate patients.
- Summarize available research data on the activity of PARP inhibitors in patients with advanced OC with or without BRCA mutations.
- Determine the utility of CA125 serum levels in monitoring disease progression and making treatment recommendations for patients.
- Communicate the benefits and risks of maintenance chemotherapy and/or biologic therapy to patients with advanced OC in first remission.

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CME INFORMATION

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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 Burger** — Consulting Agreements: Eisai Inc, Endocyte Inc, Genentech BioOncology, Nektar, Sanofi; Honorarium: GlaxoSmithKline. **Dr Thigpen** — Advisory Committee: Amgen Inc, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Eisai Inc, Genentech BioOncology, Janssen Biotech Inc; Speakers Bureau: Amgen Inc, Celgene Corporation, Genentech BioOncology, Janssen Biotech Inc.

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: Abbott Laboratories, Allos Therapeutics, Amgen Inc, ArQule Inc, Astellas, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals/Onyx Pharmaceuticals Inc, Biodesix Inc, Biogen Idec, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Daiichi Sankyo Inc, Dendreon Corporation, Eisai Inc, EMD Serono Inc, Foundation Medicine Inc, Genentech BioOncology, Genomic Health Inc, ImClone Systems, a wholly owned subsidiary of Eli Lilly and Company, Incyte Corporation, Lilly USA LLC, Medivation Inc, Millennium: The Takeda Oncology Company, Mundipharma International Limited, Novartis Pharmaceuticals Corporation, Regeneron Pharmaceuticals, Sanofi, Seattle Genetics, Spectrum Pharmaceuticals Inc and Teva.

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.

SELECT PUBLICATIONS

A randomized phase III trial of every-3-weeks paclitaxel versus dose dense weekly paclitaxel in combination with carboplatin plus concurrent and consolidation bevacizumab (NSC# 704865, IND #7921) in the treatment of primary stage III or IV epithelial ovarian, peritoneal or fallopian tube cancer. NCT01167712

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. **Independent radiologic review of GOG218, a phase III trial of bevacizumab (BEV) in the primary treatment of advanced epithelial ovarian (EOC), primary peritoneal (PPC) or fallopian tube cancer (FTC).** *Proc ASCO* 2011;**Abstract 5023**.

Burger RA. **Overview of anti-angiogenic agents in development for ovarian cancer.** *Gynecol Oncol* 2011;121(1):230-8.

Guerriero S et al. **Transvaginal color Doppler imaging in the detection of ovarian cancer in a large study population.** *Int J Gynecol Cancer* 2010;20(5):781-6.

Katsumata N et al. **Long-term follow-up of a randomized trial comparing conventional paclitaxel and carboplatin with dose-dense weekly paclitaxel and carboplatin in women with advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer: JGOG 3016 trial.** *Proc ASCO* 2012;**Abstract 5003**.

Katsumata N et al. **Dose-dense paclitaxel once a week in combination with carboplatin every 3 weeks for advanced ovarian cancer: A phase 3, open-label, randomised controlled trial.** *Lancet* 2009;374(9698):1331-8.

Kitagawa R et al. **A randomized, phase III trial of paclitaxel plus carboplatin (TC) versus paclitaxel plus cisplatin (TP) in stage IVb, persistent or recurrent cervical cancer: Japan Clinical Oncology Group study (JCOG0505).** *Proc ASCO* 2012;**Abstract 5006**.

Oza AM et al. **Olaparib plus paclitaxel plus carboplatin (P/C) followed by olaparib maintenance treatment in patients (pts) with platinum-sensitive recurrent serous ovarian cancer (PSR SOC): A randomized, open-label phase II study.** *Proc ASCO* 2012;**Abstract 5001**.

Pujade-Lauraine E et al. **AURELIA: A randomized phase III trial evaluating bevacizumab (BEV) plus chemotherapy (CT) for platinum (PT)-resistant recurrent ovarian cancer (OC).** *Proc ASCO* 2012;**Abstract LBA5002**.

Rustin GJ et al. **A randomized trial in ovarian cancer (OC) of early treatment of relapse based on CA125 level alone versus delayed treatment based on conventional clinical indicators (MRC OV05/EORTC 55955 trials).** *Proc ASCO* 2009;**Abstract 1**.

QUESTIONS (PLEASE CIRCLE ANSWER):

1. **The Phase III AURELIA study of bevacizumab and chemotherapy for platinum-resistant recurrent OC reported statistically significant improvements in _____ for patients receiving bevacizumab.**
   a. Overall survival
   b. Progression-free survival
   c. Both a and b

2. **Long-term follow-up results from the Phase III JGOG 3016 trial evaluating conventional paclitaxel/carboplatin versus dose-dense weekly paclitaxel and carboplatin in women with advanced epithelial OC confirmed the primary analysis that dose-dense paclitaxel/carboplatin improves progression-free survival and overall survival.**
   a. True
   b. False

3. **In the Phase III GOG-0218 trial, which of the following regimens resulted in a significant 28% reduction in the risk of disease progression compared to chemotherapy alone for patients with newly diagnosed, advanced OC?**
   a. Chemotherapy/bevacizumab
   b. Chemotherapy/bevacizumab followed by maintenance bevacizumab
   c. Neither a nor b

4. **The MRC OV05/EORTC-55955 randomized trial demonstrated no evidence of a survival benefit with early treatment of relapsed OC on the basis of a raised CA125 concentration alone.**
   a. True
   b. False

5. **The incidence of bevacizumab-associated bowel complications is lower in patients with OC who have received multiple lines of prior therapy than in those who have received only 1 or 2 prior regimens.**
   a. True
   b. False

6. **Results from a Phase II study of olaparib in combination with paclitaxel/carboplatin followed by olaparib maintenance for patients with platinum-sensitive recurrent serous OC reported no advantage for patients receiving olaparib-containing therapy versus those receiving paclitaxel/carboplatin alone.**
   a. True
   b. False

7. **The Phase III JCOG 0505 trial evaluating paclitaxel/carboplatin versus paclitaxel/cisplatin in Stage IVb persistent or recurrent cervical cancer reported which of the following?**
   a. Paclitaxel/cisplatin was equivalent to paclitaxel/carboplatin in terms of survival and response rate in the overall patient population
   b. Paclitaxel/cisplatin was associated with higher toxicity compared to paclitaxel/carboplatin
   c. Paclitaxel/cisplatin was superior to paclitaxel/carboplatin in patients without prior exposure to cisplatin-based chemoradiation therapy
   d. All of the above

8. **Which of the following side effects is/are exhibited with the multitargeted tyrosine kinase inhibitor (TKI) BIBF 1120?**
   a. Diarrhea
   b. Dermatitis
   c. Stomatitis
   d. All of the above

EDUCATIONAL ASSESSMENT AND CREDIT FORM

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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
Key study results with bevacizumab — AURELIA, GOG-0218, ICON7 and OCEANS — in advanced OC	4 3 2 1	4 3 2 1
Multitargeted TKIs — BIBF 1120 and cediranib — in OC: Early study results, common side effects and ongoing clinical trials	4 3 2 1	4 3 2 1
Utility of bevacizumab for palliation of ascites and pleural effusion	4 3 2 1	4 3 2 1
Available results and ongoing clinical trials evaluating dose-dense paclitaxel/carboplatin — with and without bevacizumab — for patients with OC	4 3 2 1	4 3 2 1
Phase II study results with olaparib in platinum-sensitive recurrent serous 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
☐ 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:

- Apply the results of emerging research with angiogenesis inhibition to the development of front-line and maintenance therapeutic strategies for patients with OC. . . . . 4 3 2 1 N/M N/A
- Develop an understanding of the unique mechanisms of action and emerging efficacy 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
- Summarize available research data on the activity of PARP inhibitors in patients with advanced OC with or without BRCA mutations. . . . . 4 3 2 1 N/M N/A
- Determine the utility of CA125 serum levels in monitoring disease progression and making treatment recommendations for patients. . . . . 4 3 2 1 N/M N/A
- Communicate the benefits and risks of maintenance chemotherapy and/or biologic therapy to patients with advanced OC in first remission. . . . . 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:

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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 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 A Burger, MD	4 3 2 1	4 3 2 1
Tate Thigpen, 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:

.....

Please recommend additional faculty for future activities:

.....

REQUEST FOR CREDIT — Please print clearly

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

Professional Designation:

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

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

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U P D A T E

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U P D A T E

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