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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 evidence-based therapeutic strategies, which in turn facilitates optimal patient care.

LEARNING OBJECTIVES

- Utilize case-based learning to develop individualized management strategies for optimally debulked Stage II to III OC, including the use of intraperitoneal versus intravenous chemotherapy.
- Determine the utility of CA125 serum levels in monitoring disease progression and making treatment recommendations for patients.
- 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 emerging efficacy data and toxicity profiles of investigational agents in OC to effectively prioritize clinical trial opportunities for appropriate patients.
- Identify potential later-line treatment options for patients with multiply recurrent, platinum- and taxane-refractory OC.

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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 — **Drs Morgan** and **Wolf** had no real or apparent conflicts of interest to disclose.

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, 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, Gilead Sciences Inc, Incyte Corporation, Lilly USA LLC, Medivation Inc, Merck, Millennium: The Takeda Oncology Company, Mundipharma International Limited, Novartis Pharmaceuticals Corporation, Onyx Pharmaceuticals Inc, Prometheus Laboratories Inc, Regeneron Pharmaceuticals, Sanofi, Seattle Genetics, Spectrum Pharmaceuticals Inc and Teva Oncology.

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

Aghajanian C et al. **An updated safety analysis of OCEANS, a randomized, double-blind, phase III trial of gemcitabine (G) and carboplatin (C) with bevacizumab (BV) or placebo (PL) followed by BV or PL to disease progression (PD) in patients with platinum-sensitive (Plat-S) recurrent ovarian cancer.** *Proc ASCO* 2012;**Abstract 5054**.

Aghajanian C et al. **OCEANS: A randomized, double-blind, placebo-controlled phase III trial of chemotherapy with or without bevacizumab in patients with platinum-sensitive recurrent epithelial ovarian, primary peritoneal, or fallopian tube cancer.** *J Clin Oncol* 2012;30(17):2039-45.

Aghajanian C et al. **OCEANS: A randomized, double-blinded, placebo-controlled phase III trial of chemotherapy with or without bevacizumab (BEV) in patients with platinum-sensitive recurrent epithelial ovarian (EOC), primary peritoneal (PPC), or fallopian tube cancer (FTC).** *Proc ASCO* 2011;**Abstract LBA5007**.

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

Burger RA et al; Gynecologic Oncology Group. **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**.

GOG-0252: A phase III clinical trial of bevacizumab with IV versus IP chemotherapy in ovarian, fallopian tube, and primary peritoneal carcinoma. NCT00951496

GOG-0262: A randomized phase III trial of every-3-weeks paclitaxel versus dose dense weekly paclitaxel in combination with carboplatin with or without concurrent and consolidation bevacizumab (NSC #704865, IND #7921) in the treatment of primary stage II, III or IV epithelial ovarian, peritoneal or fallopian tube cancer. NCT01167712

Kristensen G et al. **Result of interim analysis of overall survival in the GCIG ICON7 phase III randomized trial of bevacizumab in women with newly diagnosed ovarian cancer.** *Proc ASCO* 2011;**Abstract LBA5006**.

Monk BJ et al. **Antiangiogenic agents as a maintenance strategy for advanced epithelial ovarian cancer.** *Crit Rev Oncol Hematol* 2012;[Epub ahead of print].

Morgan RJ. **Thinking outside the box about screening for ovarian cancer: The nose knows!** *J Natl Compr Canc Netw* 2012;10(6):795-6.

Perren TJ et al; ICON7 Investigators. **A phase 3 trial of bevacizumab in ovarian cancer.** *N Engl J Med* 2011;365(26):2484-96.

Tanaka Y et al. **Ovarian vein thrombosis following total laparoscopic hysterectomy.** *Asian J Endosc Surg* 2012;5(4):179-82.

Wagner U et al. **Final overall survival results of phase III GCIG CALYPSO trial of pegylated liposomal doxorubicin and carboplatin vs paclitaxel and carboplatin in platinum-sensitive ovarian cancer patients.** *Br J Cancer* 2012;107(4):588-91.

Wolf JK et al. **A phase II trial of oral capecitabine in patients with platinum — and taxane — refractory ovarian, fallopian tube, or peritoneal cancer.** *Gynecol Oncol* 2006;102(3):468-74.

QUESTIONS (PLEASE CIRCLE ANSWER):

1. **Which of the following was observed in the Armstrong study of IV paclitaxel combined with IV versus IP cisplatin?**
   a. Quality of life was worse with IP versus IV cisplatin during and immediately after treatment
   b. Quality of life was equivalent 1 year after treatment
   c. Both a and b

2. **The OCEANS study demonstrated that the addition of bevacizumab to carboplatin/gemcitabine for patients with recurrent platinum-sensitive epithelial OC resulted in improvements in _____.**
   a. Overall survival
   b. Progression-free survival
   c. Response rate
   d. All of the above
   e. Both b and c

3. **Which of the following issues are being addressed in the adjuvant GOG-0252 study?**
   a. IV versus IP chemotherapy
   b. IP cisplatin versus IP carboplatin
   c. Adjuvant and maintenance bevacizumab
   d. All of the above

4. **Both the GOG-0218 and ICON7 trials demonstrated an improvement in progression-free survival with the addition of bevacizumab to adjuvant chemotherapy for patients with newly diagnosed OC.**
   a. True
   b. False

5. **The EORTC trial conducted by Dr Rustin and colleagues demonstrated that early treatment based on CA125 levels in asymptomatic women who completed adjuvant platinum-based therapy resulted in an improvement in long-term outcomes compared to patients who received treatment at clinical or symptomatic relapse.**
   a. True
   b. False

6. **_____ is commonly associated with IP compared to IV chemotherapy.**
   a. Increased nausea
   b. Increased abdominal pain
   c. Increased electrolyte abnormalities
   d. All of the above

7. **Which of the following are common side effects associated with pegylated liposomal doxorubicin?**
   a. Nausea and vomiting
   b. Peripheral neuropathy
   c. Alopecia
   d. None of the above

8. **Basing treatment decision-making for recurrent OC on rising CA125 levels may result in premature discontinuation of effective therapy.**
   a. True
   b. False

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 ongoing GOG studies (0252 and 0262) evaluating IP chemotherapy and the use of bevacizumab as front-line therapy	4 3 2 1	4 3 2 1
Clinical implications of the GOG-0218 and ICON7 trial results on the use of bevacizumab as front-line and maintenance therapy for OC	4 3 2 1	4 3 2 1
Use of CA125 for treatment decision-making	4 3 2 1	4 3 2 1
Results of the OCEANS study of combining anti-VEGF therapy to chemotherapy for platinum-sensitive, recurrent OC	4 3 2 1	4 3 2 1
Efficacy of capecitabine for recurrent platinum- and taxane-refractory 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:

- Utilize 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
- 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
- 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 emerging efficacy data 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
- Identify potential later-line treatment options for patients with multiply recurrent, platinum- and taxane-refractory OC. ..... 4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

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 J Morgan, MD	4 3 2 1	4 3 2 1
Judith Wolf, 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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