Gynecologic Oncology Update

Issue 1, 2015

CME Information

TARGET AUDIENCE

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

OVERVIEW OF ACTIVITY

Gynecologic cancers are comprised of 5 primary tumor types affecting the ovaries, uterine corpus (endometrial cancer). uterine cervix (cervical cancer), vulva and vagina. In 2015, it is anticipated that approximately 98,280 new cases of gynecologic cancer will be documented in the United States and 30,440 individuals will succumb to these diseases. As with many other tumors, patient outcomes are critically dependent on effective multidisciplinary care, which for these cancers often includes contributions from gynecologic, medical and radiation oncologists in addition to pathologists, diagnostic radiologists, oncology nurses and psychosocial services. Interestingly, despite many commonalities, each of these diseases is in fact quite distinct, and in this regard management algorithms employed for each are varied. To bridge the gap between research and patient care, this program uses discussions with Drs Robert L Coleman and Bradley J Monk about treatment controversies and the integration of key data sets into the practical management of gynecologic cancers.

LEARNING OBJECTIVES

- Employ current clinical guidelines and available data in the selection of treatment options for patients with commonly diagnosed gynecologic cancers.
- Consider clinical investigator perspectives regarding the indications for BRCA mutation testing, and use this information to appropriately select patients with ovarian cancer (OC) for this analysis.
- Develop an evidence-based algorithm for the initial and long-term treatment of advanced OC considering the role of the recently approved anti-VEGF antibody bevacizumab.
- Understand the rationale for the investigation of PARP inhibitors in OC, and recall the results of studies with olaparib and other similar agents under development for patients with advanced disease.

- Appreciate the recent approval of olaparib for patients with highly refractory advanced OC, and integrate this agent into the clinical care of appropriate individuals.
- 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.

ACCREDITATION STATEMENT

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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:

Robert L Coleman, MD

Professor and Deputy Chairman Vice Chair, Clinical Research

Ann Rife Cox Chair in Gynecology Department of Gynecologic Oncology and Reproductive Medicine

The University of Texas MD Anderson Cancer Center Houston, Texas

Advisory Committee: Abbott Laboratories, AbbVie Inc, Amgen Inc, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Caris Life Sciences Ltd, Celgene Corporation, Cerulean Pharma Inc, Clovis Oncology, CritiTech Inc, Eisai Inc, Genentech BioOncology, Genmab, GlaxoSmithKline, ImmunoGen Inc, Incyte Corporation, Janssen Biotech Inc, Merck, Merrimack Pharmaceuticals Inc, Nektar, Takeda Oncology, VentiRx Pharmaceuticals Inc; Consulting Agreement: Celgene Corporation; Contracted Research: Array BioPharma Inc, AstraZeneca Pharmaceuticals LP, Clovis Oncology, EMD Serono Inc, Janssen Biotech Inc, Merck, OncoMed Pharmaceuticals Inc, Takeda Oncology.

Bradley J Monk, MD

Professor and Director, Division of Gynecologic Oncology Vice Chair, Department of Obstetrics and Gynecology University of Arizona Cancer Center and Creighton University School of Medicine at Dignity Health St Joseph's Hospital and Medical Center Phoenix, Arizona

Consulting Agreements: Advaxis Inc, Amgen Inc, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Cerulean Pharma Inc, Genentech BioOncology, GlaxoSmithKline, Gradalis Inc, ImmunoGen Inc, Merck, Pfizer Inc, Roche Laboratories Inc, TESARO Inc, Verastem Inc, Vermillion Inc; Contracted Research: Amgen Inc, Array BioPharma Inc, Genentech BioOncology, Janssen Biotech Inc, Johnson & Johnson Pharmaceuticals, Lilly, Morphotek Inc, Novartis Pharmaceuticals Corporation, TESARO Inc; Speakers Bureau: AstraZeneca Pharmaceuticals LP, Genentech BioOncology, Myriad Genetic Laboratories Inc, Roche Laboratories 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: November 2015

Expiration date: November 2016

Select Publications

Borghaei H et al. Phase 1 study of IMGN853, a folate receptor alpha (FRα)-targeting antibody-drug conjugate (ADC) in patients (pts) with epithelial ovarian cancer (EOC) and other FRA-positive solid tumors. *Proc ASCO* 2015; Abstract 5558.

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.

Coleman RL et al. Randomized phase III trial of carboplatin/paclitaxel alone (CP) or in combination with bevacizumab followed by bevacizumab (CPB) and secondary cytoreduction surgery in platinum-sensitive recurrent ovarian cancer: GOG0213, an NRG Oncology/GOG Study — Analysis of patient reported outcomes (PRO) on chemotherapy randomization. *Proc ASCO* 2015:Abstract 5525.

Gómez-Hidalgo NR et al. Predictors of optimal cytoreduction in patients with newly diagnosed advanced-stage epithelial ovarian cancer: Time to incorporate laparoscopic assessment into the standard of care. *Gynecol Oncol* 2015;137(3):553-8.

Matulonis UA et al. Olaparib monotherapy in patients with advanced relapsed ovarian cancer and a germline BRCA1/2 mutation: A multi-study sub-analysis. *Proc SGO* 2015; Abstract 14.

Nick AM et al. A framework for a personalized surgical approach to ovarian cancer. Nat Rev Clin Oncol 2015;12(4):239-45.

Nick AM et al. Launching personalized surgical therapy for advanced ovarian cancer. Proc SGO 2014; Abstract 69.

Phase II randomized trial of nivolumab with or without ipilimumab in patients with persistent or recurrent epithelial ovarian, primary peritoneal or fallopian tube cancer. NCT02498600

Tewari D et al. Long-term survival advantage and prognostic factors associated with intraperitoneal chemotherapy treatment in advanced ovarian cancer: A gynecologic oncology group study. *J Clin Oncol* 2015;33(13):1460-6.

Tewari KS et al. Improved survival with bevacizumab in advanced cervical cancer. N Engl J Med 2014;370(8):734-43.