

Dissecting the Decision: Investigators Discuss Current Management, Emerging Treatment Strategies and Novel Approaches in Gynecologic Cancers

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

Gynecologic cancers are comprised of 5 primary cancers affecting the ovaries, uterine corpus (endometrial cancer), uterine cervix (cervical cancer), vulva and vagina. In 2017, it is anticipated that approximately 107,470 new cases of gynecologic cancer will be documented in the United States and 31,600 individuals will succumb to these diseases. As with many other tumors, patient outcomes are critically dependent upon effective multidisciplinary care, which in this case often includes contributions from gynecologic, medical and radiation oncologists as well as pathologists, diagnostic radiologists, oncology nurses and psychosocial services. In addition to the disease- and treatment-related morbidity and mortality associated with gynecologic cancers, pain, fatigue, lymphedema, depression/anxiety, infertility/childbearing and sexual dysfunction are commonly occurring issues that must also be addressed in the care of these patients. Of interest, despite many commonalities, each of these diseases is in fact quite distinct, and management algorithms employed for each are consequently varied.

These video proceedings from a CME symposium held during the Society of Gynecologic Oncology's 2017 Annual Meeting on Women's Cancer feature discussions with leading researchers with an expertise in gynecologic oncology regarding actual patient cases and related clinical research findings. By providing information on the latest research developments and their potential application to routine practice, this activity is designed to assist gynecologic oncologists, medical oncologists, gynecologists and other healthcare providers with the formulation of up-to-date clinical management strategies for various gynecologic cancers.

LEARNING OBJECTIVES

- Develop individualized management strategies for optimally debulked Stage II to III ovarian cancer (OC), including the use of intraperitoneal versus intravenous chemotherapy.
- Evaluate current and emerging treatment options, and use this information to appropriately select and sequence systemic therapeutic approaches for patients with primary and recurrent OC.
- Describe the rationale for targeting angiogenic pathways in gynecologic cancers, and consider the role of the anti-VEGF antibody bevacizumab in the initial and long-term treatment of advanced OC, cervical cancer (CC) and endometrial cancer (EC).
- Implement a long-term clinical plan for the management of metastatic CC and EC, incorporating existing, recently approved and investigational targeted treatments.
- Recognize the mechanisms of action, emerging efficacy data and toxicity profiles of investigational agents in gynecologic cancers to effectively prioritize clinical trial opportunities for appropriate patients.

ACCREDITATION STATEMENT

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Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 1.25 Medical Knowledge MOC points 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 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/GynOnc17/EmergingStrategies/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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Consulting Agreements: Advaxis Inc, Amgen Inc, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Clovis Oncology, Genentech BioOncology, Gradalis Inc, INSYS Therapeutics Inc, Mateon Therapeutics, Merck, Pfizer Inc, PPD, Precision Oncology, Roche Laboratories Inc, Tesaro Inc; **Contracted Research:** Amgen Inc, Array BioPharma Inc, Genentech BioOncology, Lilly, Janssen Biotech Inc, Johnson & Johnson Pharmaceuticals, Morphotek Inc, Tesaro Inc; **Speakers Bureau:** AstraZeneca Pharmaceuticals LP, Genentech BioOncology, Janssen Biotech Inc, Johnson & Johnson Pharmaceuticals, Roche Laboratories Inc.

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RESEARCH TO PRACTICE STAFF AND EXTERNAL

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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

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Select Publications

Bradley J Monk, MD

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.

Alvarez RD et al. **Moving beyond the platinum sensitive/resistant paradigm for patients with recurrent ovarian cancer.** *Gynecol Oncol* 2016;141(3):405-9.

Chan JK et al. **Weekly vs every-3-week paclitaxel for ovarian cancer.** *N Engl J Med* 2016;374(26):2603-4.

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 O213).** *Gynecol Oncol* 2015;137(Suppl 1):3-4.

Pfisterer J et al. **Gemcitabine plus carboplatin compared with carboplatin in patients with platinum-sensitive recurrent ovarian cancer: An intergroup trial of the AGO-OVAR, the NCIC CTG, and the EORTC GCG.** *J Clin Oncol* 2006;24(29):4699-707.

Pujade-Lauraine E et al. **Bevacizumab combined with chemotherapy for platinum-resistant recurrent ovarian cancer: The AURELIA open-label randomized phase III trial.** *J Clin Oncol* 2014;32(13):1302-8.

Walker JL et al. **Patient-reported outcomes in GOG 252: NRG Oncology study of IV vs IP chemotherapy for ovarian, fallopian, or peritoneal carcinoma.** *Gynecol Oncol* 2016;141(Suppl 1):208.

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Aghajanian C et al. **A randomized phase II study of paclitaxel/carboplatin/bevacizumab, paclitaxel/carboplatin/temsirolimus and ixabepilone/carboplatin/bevacizumab as initial therapy for measurable stage III or IVA, stage IVB or recurrent endometrial cancer, GOG-86P.** *Proc ASCO* 2015;Abstract 5500.

Lorusso D et al. **Randomized phase II trial of carboplatin-paclitaxel (CP) compared to carboplatin-paclitaxel-bevacizumab (CP-B) in advanced (stage III-IV) or recurrent endometrial cancer: The MITO END-2 trial.** *Proc ASCO* 2015;Abstract 5502.

Masuda K et al. **Relationship of lower uterine segment cancer with Lynch syndrome: A novel case with an hMLH1 germline mutation.** *Oncol Rep* 2012;28(5):1537-43.

Tewari KS et al. **Prospective validation of pooled prognostic factors in women with advanced cervical cancer treated with chemotherapy with/without bevacizumab: NRG Oncology/GOG study.** *Clin Cancer Res* 2015;21(24):5480-7.

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

Michael Birrer, MD, PhD

Leijen S et al. **Phase II study with WEE1 inhibitor AZD1775 plus carboplatin in patients with p53 mutated ovarian cancer refractory or resistant (<3 months) to standard first line therapy.** *Proc ASCO* 2015;Abstract 2507.

Moore KN et al. **IMGN853 (mirvetuximab soravtansine), a folate receptor alpha (FR α)-targeting antibody-drug conjugate (ADC): Single-agent activity in platinum-resistant epithelial ovarian cancer (EOC) patients (pts).** *Proc ASCO* 2016;Abstract 5567.

Oza AM et al. **An international, biomarker-directed, randomized, phase II trial of AZD1775 plus paclitaxel and carboplatin (P/C) for the treatment of women with platinum-sensitive, TP53-mutant ovarian cancer.** *Proc ASCO* 2015;Abstract 5506.

Ponte JF et al. **Mirvetuximab soravtansine (IMGN853), a folate receptor alpha-targeting antibody-drug conjugate, potentiates the activity of standard of care therapeutics in ovarian cancer models.** *Neoplasia* 2016;18(12):775-84.