# Existing and Emerging Strategies in the Management of Patients with Uterine Sarcomas

### **CME** Information

#### TARGET AUDIENCE

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

#### **OVERVIEW OF ACTIVITY**

As a group, gynecologic sarcomas are relatively rare, and given their wide heterogeneity, specific histologic subtypes present even less frequently in clinical practice. As such, gynecologic and medical oncologists may lack experience managing any given uterine sarcoma. Even so, and despite the fact that conventional treatment options for sarcomas of the female genital tract had remained unchanged for several years, recently published research has led to several newly FDA-approved therapies poised to disrupt established standards. With the proliferation of these research advances it is important for any healthcare professional involved in the care of these individuals to remain up to date in order to appropriately offer patients uterine sarcoma high-quality care.

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 expertise in gynecologic oncology and/or sarcoma management. Using a blend of practical perspectives and review of clinical trial data, this activity is designed to address many of the most pertinent issues and education gaps faced by clinicians managing this unusual, challenging and heterogeneous disease.

#### LEARNING OBJECTIVES

- Appreciate the importance of multidisciplinary collaboration in the diagnosis and management of uterine sarcomas, and use this information to design a process to optimize tissue procurement, accurate histological assessment, tertiary care referral and treatment outcome.
- Apply evidence-based research findings in the formulation of treatment strategies for Stage I to III uterine sarcoma, considering the potential contributions of surgery, radiation therapy and/or cytotoxic therapy.
- Develop an understanding of the mechanism of action, available clinical trial data and FDA-approved indication for olaratumab.

- Appraise available safety and efficacy data with olaratumab, pazopanib and trabectedin for patients with advanced uterine sarcomas, and consider how these agents can be optimally incorporated in current clinical management algorithms.
- Communicate with patients regarding the incidence and manifestation of side effects and toxicities associated with commonly used systemic agents/regimens in the management of uterine sarcomas to actively include these individuals in shared decision-making and properly prepare them for future treatment.
- Recall new data with other investigational agents demonstrating promising activity in patients with uterine sarcomas.

#### **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 AMA PRA Category 1 Credits<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

# AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) — MAINTENANCE OF CERTIFICATION (MOC)

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 2 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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#### HOW TO USE THIS CME ACTIVITY

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/Sarcoma/CME**.

#### CONTENT VALIDATION AND DISCLOSURES

Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-theart education. We assess conflicts of interest with faculty, planners and managers of CME activities. 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 relevant conflicts of interest, which have been resolved through a conflict of interest resolution process:

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**Consulting Agreement:** AstraZeneca Pharmaceuticals LP; **Contracted Research:** Bayer HealthCare Pharmaceuticals, Blueprint Medicines, Deciphera Pharmaceuticals, Novartis, Pfizer Inc.

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#### Bradley J Monk, MD

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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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Advisory Committee: Caris Life Sciences, EMD Serono Inc, GlaxoSmithKline, ImClone Systems, a wholly owned subsidiary of Eli Lilly and Company, Lilly, Novartis; Contracted Research: Eisai Inc, Merck, Pfizer Inc; Paid Research: Eisai Inc, Merck; Speakers Bureau: Caris Life Sciences, GlaxoSmithKline, Novartis.

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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:** August 2017

Expiration date: August 2018

## Select Publications

#### David Scott Miller, MD

Bogani G et al. Efficacy of adjuvant chemotherapy in early stage uterine leiomyosarcoma: A systematic review and metaanalysis. *Gynecol Oncol* 2016;143(2):443-7.

George S et al. Phase 2 trial of aromatase inhibition with letrozole in patients with uterine leiomyosarcomas expressing estrogen and/or progesterone receptors. *Cancer* 2014;20(5):738-43.

Hensley ML et al. Fixed-dose rate gemcitabine plus docetaxel as first-line therapy for metastatic uterine leiomyosarcoma: A Gynecologic Oncology Group phase II trial. *Gynec Oncol* 2008;109(3):329-34.

Hornback NB et al. **Observations on the use of adjuvant radiation therapy in patients with stage I and II uterine sarcoma.** *Int J Radiat Oncol Biol Phys* 1986;12(12):2127-30.

Major FJ et al. **Prognostic factors in early-stage uterine sarcoma. A Gynecologic Oncology Group study.** *Cancer* 1993; 71(4 Suppl):1702-9.

Omura GA et al. A randomized clinical trial of adjuvant adriamycin in uterine sarcomas: A Gynecologic Oncology Group study. *J Clin Oncol* 1985;3(9):1240-5.

Piver MS et al. Effect of adjuvant chemotherapy on time to recurrence and survival of stage I uterine sarcomas. *J Surg Oncol* 1988;38(4):233-9.

Reed NS et al. Phase III randomised study to evaluate the role of adjuvant pelvic radiotherapy in the treatment of uterine sarcomas stages I and II: An European Organisation for Research and Treatment of Cancer Gynaecological Cancer Group study (protocol 55874). *Eur J Ca* 2008;44(6):808-18.

van Nagell JR Jr et al. Adjuvant vincristine, dactinomycin, and cyclophosphamide therapy in stage I uterine sarcomas. A pilot study. *Cancer* 1986;57(8):1451-4.

#### Brian A Van Tine, MD, PhD

D'Angelo SP et al. A multi-center phase II study of nivolumab +/- ipilimumab for patients with metastatic sarcoma (Alliance A091401). *Proc ASCO* 2017; Abstract 11007.

Tap WD et al. A randomized phase lb/II study evaluating the safety and efficacy of olaratumab (IMC-3G3), a human antiplatelet-derived growth factor  $\alpha$  (PDGFR $\alpha$ ) monoclonal antibody, with or without doxorubicin (Dox), in advanced soft tissue sarcoma (STS). *Proc ASCO* 2015; Abstract 10501.

#### Bradley J Monk, MD

Demetri GD et al. Efficacy and safety of trabectedin in patients with advanced or metastatic liposarcoma or leiomyosarcoma after failure of prior anthracyclines and ifosfamide: Results of a randomized phase II study of two different schedules. *J Clin Oncol* 2015;27(25):4188-96.

Hensley ML et al. Efficacy and safety of trabectedin or dacarbazine for the treatment of patients with uterine leiomyosarcoma after prior chemotherapy: A subgroup analysis of the randomized phase 3 SAR-3007 study. *Gynecol Oncol* 2016; 141(Suppl 1):3.

Hensley ML et al. Fixed-dose rate gemcitabine plus docetaxel as first-line therapy for metastatic uterine leiomyosarcoma: A Gynecologic Oncology Group phase II trial. *Gynecol Oncol* 2008;109(3):329-34.

Pautier P et al. Trabectedin in combination with doxorubicin for first-line treatment of advanced uterine or soft-tissue leiomyosarcoma (LMS-02): A non-randomised, multicentre, phase 2 trial. *Lancet Oncol* 2015;16(4):457-64.

Seddon BM et al. GeDDiS: A prospective randomised controlled phase III trial of gemcitabine and docetaxel compared with doxorubicin as first-line treatment in previously untreated advanced unresectable or metastatic soft tissue sarcomas (EudraCT 2009-014907-29). *Proc ASCO* 2015; Abstract 10500.

van der Graaf WT et al. Pazopanib for metastatic soft-tissue sarcoma (PALETTE): A randomised, double-blind, placebocontrolled phase 3 trial. *Lancet* 2012;379(9829):1879-86.