Oncology Grand Rounds

Nurse and Physician Investigators Discuss New Agents, Novel Therapies and Actual Cases from Practice

Part 6: Ovarian Cancer

CNE Information

TARGET AUDIENCE

This activity has been designed to meet the educational needs of oncology nurses, nurse practitioners and clinical nurse specialists involved in the treatment of ovarian cancer (OC).

OVERVIEW OF ACTIVITY

Gynecologic cancer comprises 5 primary types affecting the ovaries, uterine corpus (endometrial cancer), uterine cervix (cervical cancer), vulva and vagina. Of this group of diseases, OC has continually been the most lethal. The American Cancer Society estimates that 14,080 individuals will die of the disease in 2017, accounting for nearly 50% of the deaths attributable to all gynecologic cancers. Further, epithelial OC accounts for approximately 90% of malignant ovarian neoplasms and is thus the country's fifth most common cause of cancer mortality in women. Primarily comprising the serous, endometrioid and mucinous cystadenocarcinoma histologies, epithelial OC is a challenging and often lethal medical condition. In fact, fewer than 40% of women with OC are ultimately cured and 70% present with advanced manifestations, at which point palliation and improvements in quality of life are the primary goals of therapy.

Although medical oncologists have been routinely responsible for counseling patients with regard to therapeutic decisionmaking, oncology nurses play an integral role in the successful delivery of systemic anticancer therapy and in preservation of patient physical and psychosocial well-being. These video proceedings from the sixth part of a 7-part integrated CNE curriculum originally held at the 2017 ONS Annual Congress feature discussions with leading OC investigators and their nursing counterparts regarding actual patient cases and recent clinical research findings affecting the optimal therapeutic and supportive care for each patient scenario.

LEARNING OBJECTIVES

- Apply existing and emerging research data to the diagnostic, therapeutic and supportive care of patients with OC.
- Demonstrate knowledge of existing guidelines and consensus statements regarding the rationale for genetic counseling/testing for all patients with newly diagnosed OC, regardless of family history.

- Develop an understanding of the initial and long-term treatment of advanced OC considering the role of the anti-VEGF antibody bevacizumab.
- Implement an evidence-based approach to the prevention and amelioration of side effects associated with chemotherapeutic and biologic agents used in the management of OC.
- Appreciate the FDA approvals of olaparib, niraparib and rucaparib for patients with OC, and safely integrate these agents into the clinical care of appropriate individuals.
- Evaluate existing and emerging evidence supporting the use of PARP inhibitors as maintenance therapy for patients with recurrent, platinum-sensitive OC who are responding to platinum-based chemotherapy.
- Recall ongoing trials of other investigational approaches and agents in OC, and refer patients and obtain consent for study participation.

ACCREDITATION STATEMENT

Research To Practice is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

CREDIT DESIGNATION STATEMENT

This educational activity for 1.75 contact hours is provided by Research To Practice during the period of July 2017 through July 2018.

This activity is awarded 1.75 ANCC pharmacotherapeutic contact hours.

ONCC/ILNA CERTIFICATION INFORMATION

The program content has been reviewed by the Oncology Nursing Certification Corporation (ONCC) and is acceptable for recertification points. To review certification qualifications please visit **ResearchToPractice.com/ONS2017/ILNA**.

ONCC review is only for designating content to be used for recertification points and is not for CNE accreditation. CNE programs must be formally approved for contact hours by an acceptable accreditor/approver of nursing CE to be used for recertification by ONCC. If the CNE provider fails to obtain formal approval to award contact hours by an acceptable accrediting/approval body, no information related to ONCC recertification may be used in relation to the program.

FOR SUCCESSFUL COMPLETION

This is a video CNE program. To receive credit, participants should read the learning objectives and faculty disclosures, 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/ONSOvarian2017/CNE**.

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 CNE 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 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:

Kimberly Camp, RN, BSN, MSN, ANP-BC, ONC

Division of Gynecologic Oncology Duke Cancer Institute Durham, North Carolina

Speakers Bureau: Depomed Inc.

Ursula A Matulonis, MD

Medical Director and Program Leader Gynecologic Oncology Program Associate Professor of Medicine Harvard Medical School Dana-Farber Cancer Institute Boston, Massachusetts

Advisory Committee: AstraZeneca Pharmaceuticals LP, Cerulean Pharma Inc, Clovis Oncology, Genentech BioOncology, ImmunoGen Inc, Lilly; **Consulting Agreement:** AstraZeneca Pharmaceuticals LP.

Michele Peetz, FNP-C

Gynecologic Oncology Phoenix - Biltmore Cancer Center Phoenix, Arizona

No relevant conflicts of interest to disclose.

Angeles Alvarez Secord, MD, MHSc

Professor, Department of Obstetrics and Gynecology Division of Gynecologic Oncology Duke Cancer Institute Durham, North Carolina

Advisory Committee: AstraZeneca Pharmaceuticals LP, Genentech BioOncology, Janssen Biotech Inc, Tesaro Inc; Contracted Research: AbbVie Inc, Amgen Inc, Astellas Pharma Global Development Inc, Astex Pharmaceuticals, AstraZeneca Pharmaceuticals LP, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Eisai Inc, Endocyte Inc, Exelixis Inc, Genentech BioOncology, GlaxoSmithKline, Incyte Corporation, Merck, Morphotek Inc, Tesaro Inc.

MODERATOR — **Dr Love** is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME/CNE activities from the following commercial interests: AbbVie Inc, Acerta Pharma, Adaptive Biotechnologies, Agendia Inc, Agios Pharmaceuticals Inc, Amgen Inc, Ariad Pharmaceuticals Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Baxalta Inc, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, CTI BioPharma Corp, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, Halozyme Inc, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Kite Pharma Inc, Lexicon Pharmaceuticals Inc, Lilly, Medivation Inc, a Pfizer Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, NanoString Technologies, Natera Inc, Novartis, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc., Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sanofi Genzyme, Seattle Genetics, Sigma-Tau Pharmaceuticals Inc, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Tesaro Inc, Teva Oncology and Tokai Pharmaceuticals Inc.

RESEARCH TO PRACTICE STAFF AND EXTERNAL

REVIEWERS — The scientific staff and reviewers for Research To Practice have no relevant conflicts of interest to disclose.

This educational activity contains discussion of published and/ or investigational uses of agents that are not indicated by the Food and Drug Administration. Research To Practice does not recommend the use of any agent outside of the labeled indications. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications and warnings. The opinions expressed are those of the presenters and are not to be construed as those of the publisher or grantors.

This activity is supported by educational grants from AstraZeneca Pharmaceuticals LP, Genentech BioOncology and Tesaro Inc.

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: July 2017

Expiration date: July 2018

There is no implied or real endorsement of any product by RTP or the American Nurses Credentialing Center.

Select Publications

Aghajanian C et al. Final overall survival and safety analysis of OCEANS, a phase 3 trial of chemotherapy with or without bevacizumab in patients with platinum-sensitive recurrent ovarian cancer. *Gynecol Oncol* 2015;139(1):10-6.

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.

Alberts DS et al. Intraperitoneal cisplatin plus intravenous cyclophosphamide versus intravenous cisplatin plus intravenous cyclophosphamide for stage III ovarian cancer. *N Engl J Med* 1996;335(26):1950-5.

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

Coleman RL et al. Bevacizumab and paclitaxel–carboplatin chemotherapy and secondary cytoreduction in recurrent, platinum-sensitive ovarian cancer (NRG Oncology/Gynecologic Oncology Group study GOG-0213): A multicentre, open-label, randomised, phase 3 trial. *Lancet Oncol* 2017;18(6):779-91.

Hamanishi J et al. Safety and antitumor activity of anti-PD-1 antibody, nivolumab, in patients with platinum-resistant ovarian cancer. *J Clin Oncol* 2015;33(34):4015-22.

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.

Konstantinopoulos PA et al. Gene expression profile of BRCAness that correlates with responsiveness to chemotherapy and with outcome in patients with epithelial ovarian cancer. *J Clin Oncol* 2010;28(22):3555.

Lancaster JM et al. Society of Gynecologic Oncology statement on risk assessment for inherited gynecologic cancer predispositions. *Gyn Oncol* 2015;136(1):3-7.

Landrum LM et al. Phase II trial of intraperitoneal cisplatin combined with intravenous paclitaxel in patients with ovarian, primary peritoneal and fallopian tube cancer. *Gynecol Oncol* 2011;122(3):527-31.

Liu J et al. A randomized phase 2 trial comparing efficacy of the combination of the PARP inhibitor olaparib and the antiangiogenic cediranib against olaparib alone in recurrent platinum-sensitive ovarian cancer. *Proc ASCO* 2014; Abstract LBA5500.

Markman M, Walker JL. Intraperitoneal chemotherapy of ovarian cancer: A review, with a focus on practical aspects of treatment. *J Clin Oncol* 2006;24(6):988-94.

Markman M et al. Phase III trial of standard-dose intravenous cisplatin plus paclitaxel versus moderately high-dose carboplatin followed by intravenous paclitaxel and intraperitoneal cisplatin in small-volume stage III ovarian carcinoma: An intergroup study of the Gynecologic Oncology Group, Southwestern Oncology Group, and Eastern Cooperative Oncology Group. *J Clin Oncol* 2001;19(4):1001-7.

Melamed A et al. Trends in the use of neoadjuvant chemotherapy for advanced ovarian cancer in the United States. *Gynecol Oncol* 2016;143(2):236-40.

Mirza MR et al. Niraparib maintenance therapy in platinum-sensitive, recurrent ovarian cancer. *N Engl J Med* 2016; 375(22):2154-64.

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

Norquist BM et al. Inherited mutations in women with ovarian carcinoma. JAMA Oncol 2016;2(4):482-90.

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.