Oncology Grand Rounds

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

Part 3: PARP Inhibitors in 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

The American Cancer Society estimates that in 2018, more than 14,000 individuals will die of OC, accounting for nearly half of the deaths attributable to all gynecologic cancers. For this reason, significant financial and intellectual resources have been invested over the past few decades in attempts to better understand the natural history of the disease, identify genetic and other factors responsible for its proliferation and develop novel therapies with the potential to significantly improve outcomes for patients. Perhaps the largest recent advance in OC has been the introduction of PARP inhibitors into the therapeutic milieu. However, the paradigm shift brought forth by the availability of PARP inhibitors has significant ramifications for practicing clinicians who must now confront a variety of practical issues, and uncertainties with regard to the safe and efficacious use of these agents persist.

Although medical and gynecologic oncologists have been routinely responsible for counseling patients with regard to therapeutic decision-making, oncology nurses play an integral role in the successful delivery of systemic anticancer therapy and the preservation of patient physical and psychosocial wellbeing. These video proceedings from the third part of a 6-part integrated CNE curriculum originally held at the 2018 ONS Annual Congress feature discussions with leading gynecologic oncology 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.

PURPOSE STATEMENT

By providing information on the latest research developments in the context of expert perspectives, this CNE activity will assist oncology nurses, nurse practitioners and clinical nurse specialists with the formulation of an understanding of the mechanism of action of PARP inhibitors, their role in the

clinical algorithm and the unique spectrum of associated side effects to facilitate optimal care of patients with OC.

LEARNING OBJECTIVES

- Demonstrate knowledge of existing guidelines and consensus statements regarding the rationale for genetic testing and counseling for all patients with newly diagnosed OC regardless of family history.
- Appreciate available clinical trial data with and approved indications for FDA-endorsed PARP inhibitors to appropriately integrate these agents into the routine care of patients with OC.
- Understand the dosing requirements and other practical considerations for the use of PARP inhibitors for women with OC to ensure appropriate administration and patient compliance.
- Describe the potential toxicities of FDA-approved PARP inhibitors, and use this information to design effective monitoring strategies for patients receiving these agents.
- Develop an evidence-based algorithm for the prevention and amelioration of side effects associated with the use of PARP inhibitors for the treatment of platinum-sensitive and platinum-recurrent advanced OC.
- Identify opportunities to enhance the collaborative role of oncology nurses in the comprehensive biopsychosocial care of patients with OC to optimize clinical and quality-of-life outcomes.

ACCREDITATION STATEMENT

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

CREDIT DESIGNATION STATEMENTS

This educational activity for 1.7 contact hours is provided by RTP during the period of July 2018 through July 2019.

This activity is awarded 1.7 ANCC pharmacotherapeutic contact hours.

ONCOLOGY NURSING CERTIFICATION CORPORATION (ONCC)/INDIVIDUAL LEARNING NEEDS ASSESSMENT (ILNA) CERTIFICATION INFORMATION

The program content has been reviewed by the ONCC and is acceptable for recertification points. To review certification qualifications, please visit **ResearchToPractice.com/ONS2018/ILNA**.

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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/ONSOvarian2018/CNE.

CONTENT VALIDATION AND DISCLOSURES

RTP is committed to providing its participants with high-quality, unbiased and state-of-the-art 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:

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MODERATOR — **Dr Love** is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME/CNE activities from the following commercial interests: AbbVie Inc., Acerta Pharma — A member of the AstraZeneca Group, 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, administered by Janssen Scientific Affairs LLC, 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, Pfizer Inc, 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.

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Hardware/Software Requirements:

A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 11 or later, Firefox 56 or later, Chrome 61 or
later, Safari 11 or later, Opera 48 or later
Adobe Flash Player 27 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

Release date: July 2018
Expiration date: July 2019

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

Select Publications

Aghajanian C et al. Somatic mutations in homologous recombination pathway genes in ovarian cancer. *Proc ASCO* 2017; Abstract 5545.

Coleman RL et al; ARIEL3 Investigators. Rucaparib maintenance treatment for recurrent ovarian carcinoma after response to platinum therapy (ARIEL3): A randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet* 2017;390(10106):1949-61.

Henderson J et al. Screening for ovarian cancer: Updated evidence report and systematic review for the US Preventive Services Task Force. *JAMA* 2018;319(6):595-606.

Hennessy B et al. Somatic mutations in BRCA1 and BRCA2 could expand the number of patients that benefit from poly (ADP ribose) polymerase inhibitors in ovarian cancer. *J Clin Oncol* 2010;28(22):3570-6.

Kaufman B et al. Olaparib monotherapy in patients with advanced cancer and a germline BRCA1/2 mutation. *J Clin Oncol* 2015;33(3):244-50.

Kristeleit R et al. A phase I-II study of the oral PARP inhibitor rucaparib in patients with germline *BRCA1/2*-mutated ovarian carcinoma or other solid tumors. *Clin Cancer Res* 2017;23(15):4095-106.

Ledermann JA et al. ARIEL3: A phase 3, randomised, double-blind study of rucaparib vs placebo following response to platinum-based chemotherapy for recurrent ovarian carcinoma (OC). *Proc ESMO* 2017; Abstract LBA40 PR.

Ledermann JA et al. Olaparib maintenance therapy in patients with platinum-sensitive relapsed serous ovarian cancer: A preplanned retrospective analysis of outcomes by BRCA status in a randomised phase 2 trial. *Lancet Oncol* 2014;15(8):852-61.

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Menon U et al. Ovarian cancer prevention and screening. Obstet Gynecol 2018;131(5):909-27.

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

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

Pujade-Lauraine E et al; SOLO2/ENGOT-Ov21 Investigators. Olaparib tablets as maintenance therapy in patients with platinum-sensitive, relapsed ovarian cancer and a BRCA1/2 mutation (SOLO2/ENGOT-Ov21): A double-blind, randomised, placebo-controlled, phase 3 trial. *Lancet Oncol* 2017;18(9):1274-84.

Pujade-Lauraine E et al. Treatment with olaparib monotherapy in the maintenance setting significantly improves progression-free survival in patients with platinum-sensitive relapsed ovarian cancer: Results from the phase III SOLO2 study. *Proc SGO* 2017; Abstract LBA2.

Swisher E et al. Rucaparib in relapsed, platinum-sensitive high-grade ovarian carcinoma (ARIEL2 Part 1): An international, multicentre, open-label, phase 2 trial. *Lancet Oncol* 2017;18(1):75-87.