Data + Perspectives

Clinical Investigators Explore Emerging Research and Actual Patients with Uterine Sarcomas

Audio Program

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

Sarcomas of the female genital tract are uncommon neoplasms with an estimated incidence ranging between 1% and 7% of all gynecologic cancers. Although sarcomas may occur in any organ of the female genitalia (uterine corpus, cervix, ovary, fallopian tubes, vulva and vagina), the highest occurrence is in the uterine corpus. It is estimated that 61,880 new cases of cancer of the uterine corpus will be diagnosed in 2019 and 12,160 will die of this disease. Based on the cell of origin, uterine sarcomas can be further divided into leiomyosarcoma, endometrial stromal sarcoma and mixed mesodermal tumors. The most common of these is uterine leiomyosarcoma (uLMS), an aggressive cancer characterized by poor prognosis and high recurrence rates. As with the treatment paradigm for many other solid tumors, surgery remains a critical component in the primary management of localized disease (Stage I and II).

As a group gynecologic sarcomas are relatively rare, and given their heterogeneity, specific histologic subtypes present even less frequently in clinical practice. Therefore, gynecologic and medical oncologists may lack experience caring for patients with any given uterine sarcoma, including uLMS. And although conventional treatment options for sarcomas of the female genital tract remained unchanged for several years, recent research has led to a number of FDA-approved therapies that have begun to disrupt established practices.

This CME program, developed from the proceedings of a satellite symposium held during the 2019 Society of Gynecologic Oncology Annual Meeting on Women's Cancer, features discussions with leading researchers with expertise in gynecologic cancers regarding actual cases from their practices and the published data that drive clinical decision-making. By providing information on emerging research developments and their potential application to routine practice, this activity is designed to assist medical oncologists, gynecologic oncologists and other healthcare providers with the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Appreciate the importance of multidisciplinary collaboration in the diagnosis and management of gynecologic sarcomas, and use this information to design a process to optimize tissue procurement, accurate histologic assessment, tertiary care referral and treatment outcome.
- Develop an evidence-based strategy for the treatment of Stage I to III uterine sarcoma, considering the potential contributions of surgery, radiation therapy and cytotoxic therapy.
- Employ guideline-endorsed monitoring protocols and techniques to effectively screen patients with localized uLMS for the development of metastases.
- Appraise available safety and efficacy data with approved targeted and cytotoxic therapies used in the treatment of advanced gynecologic sarcomas, and consider how these agents can be optimally incorporated into clinical management algorithms.
- Recognize the toxicities and adverse events associated with novel agents in the management of soft-tissue sarcomas, and formulate strategies to minimize and manage these side effects.
- Recall new data with other investigational agents demonstrating promising activity in uterine and other gynecologic sarcomas, and discuss ongoing trial opportunities with eligible patients.

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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 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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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 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, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Daiichi Sankyo Inc, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech, Genmab, Genomic Health Inc, Gilead Sciences Inc, Guardant Health, 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, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, Natera Inc, Novartis, Oncopeptides, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sandoz Inc, a 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 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

Last review date: June 2019

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Select Publications

Amanda Nickles Fader, MD

Bogani G et al. **Efficacy of adjuvant chemotherapy in early stage uterine leiomyosarcoma: A systematic review and meta-analysis.** *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;120(5):738-43.

Hensley ML et al. **Adjuvant gemcitabine plus docetaxel followed by doxorubicin versus observation for uterus-limited, high-grade leiomyosarcoma: A phase III GOG study.** *Proc ASCO* 2018;**Abstract 5505**.

Hensley ML et al. **Adjuvant therapy for high-grade, uterus-limited leiomyosarcoma: Results of a phase 2 trial (SARC 005).** *Cancer* 2013;119(8):1555-61.

Hensley ML et al. **Adjuvant gemcitabine plus docetaxel for completely resected stages I-IV high grade uterine leiomyosarcoma: Results of a prospective study.** *Gynecol Oncol* 2009;112(3):563-7.

Kapp DS et al. **Prognostic factors and survival in 1396 patients with uterine leiomyosarcomas: Emphasis on impact of lymphadenectomy and oophorectomy.** *Cancer* 2008;112(4):820-30.

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.

Pautier P et al. **A randomized clinical trial of adjuvant chemotherapy with doxorubicin, ifosfamide, and cisplatin followed by radiotherapy versus radiotherapy alone in patients with localized uterine sarcomas (SARCGYN study). A study of the French Sarcoma Group.** *Ann Oncol* 2013;24(4):1099-104.

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 Cancer* 2008;44(6):808-18.

Ricci S et al. **Does adjuvant chemotherapy improve survival for women with early-stage uterine leiomyosarcoma?** *Gynecol Oncol* 2013;131(3):629-33.

Brian A Van Tine, MD, PhD

Cote GM et al. **Next-generation sequencing for patients with sarcoma: A single center experience.** *Oncologist* 2018;23(2):234-42.

Demetri GD et al. **Efficacy and safety of trabectedin or dacarbazine for metastatic liposarcoma or leiomyosarcoma after failure of conventional chemotherapy: Results of a phase III randomized multicenter clinical trial.** *J Clin Oncol* 2016;34(8):786-93.

Demetri GD et al. **A randomized phase III study of trabectedin (T) or dacarbazine (D) for the treatment of patients (pts) with advanced liposarcoma (LPS) or leiomyosarcoma (LMS).** *Proc ASCO* 2015;**Abstract 10503**.

Seddon B et al. **Gemcitabine and docetaxel versus doxorubicin as first-line treatment in previously untreated advanced unresectable or metastatic soft-tissue sarcomas (GeDDiS): A randomised controlled phase 3 trial.** *Lancet Oncol* 2017;18(10):1397-410.

Schoffski P et al. **Eribulin versus dacarbazine in previously treated patients with advanced liposarcoma or leiomyosarcoma: A randomised, open-label, multicentre, phase 3 trial.** *Lancet* 2016;387(10028):1629-37.

Tap WD et al. **Olaratumab and doxorubicin versus doxorubicin alone for treatment of soft-tissue sarcoma: An open-label phase 1b and randomised phase 2 trial.** *Lancet* 2016;38(10043):488-97.

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