INTERVIEW

William P McGuire, MD

Dr McGuire is Director of the Harry and Jeanette Weinberg Cancer Institute at Franklin Square Hospital Center and Clinical Professor of Medicine and Oncology at Georgetown University School of Medicine in Washington, DC.

Tracks 1-6

Track 1 Perspective on the efficacy and safety of bevacizumab in the GOG-0218 study

Track 2 Risks and benefits of chemotherapeutic options for recurrent, platinum-sensitive OC

Track 3 **Case discussion:** A 68-year-old woman is diagnosed with BRCA1 mutation-associated OC and undergoes optimal debulking surgery followed by IP chemotherapy

Track 4 Common emotional reactions among cancer survivors

Track 5 **Case discussion:** A 51-year-old woman diagnosed with advanced OC experiences long-term disease control with several combination chemotherapy regimens

Track 6 Patterns of metastases in OC

Select Excerpts from the Interview

Track 1

DR LOVE: Would you discuss your thoughts on the GOG-0218 trial evaluating bevacizumab in ovarian cancer (Burger 2010; [1.1, 1.2])?

DR MCGUIRE: I believe that in the up-front setting we must show an overall survival advantage for a treatment to be justified, so to a patient I would say, "In the spirit of keeping you apprised, here's what's new" — but I tell the patient that the jury is still out regarding the use of bevacizumab. It is extraordinarily expensive unless their insurance company will pay for the drug. However, the drawbacks to using this drug are minimal.

One side effect of the drug, hypertension, can generally be controlled with a calcium channel blocker (Burger 2010; [2.2]). Some patients experience proteinuria, but few patients have developed proteinuria that required discontinuation of the drug.

The third concern, which is major, is bowel perforation. Initial studies showed bowel perforation rates from three to 11 percent in patients with recurrent, often large-volume disease. In the GOG-0218 study, we did not see an excessive number of bowel perforations in the group that received bevacizumab,

and the rates for Grade 2 or worse were less than three percent in all three groups.

Track 2

DR LOVE: How do you choose a regimen for a patient with recurrent platinum-sensitive disease?

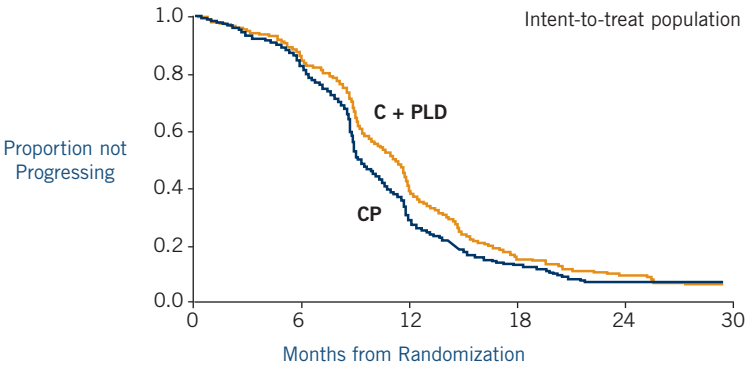
DR MCGUIRE: Of the platinum regimen choices, I rank the carboplatin/paclitaxel combination at the bottom of the list, primarily because of its toxicity profile. Many patients experience some degree of existing persistent neuropathy, and carboplatin/paclitaxel causes added neurotoxicity. Hair loss isn't a major concern from a toxicity standpoint, although it is important to a patient whose hair is recently beginning to regrow 12 months after primary therapy.

Carboplatin/gemcitabine does not cause neuropathy or hair loss, but it carries some hematologic toxicity that affects platelets and causes some respiratory events — shortness of breath without pulmonary infiltrates — that can be bothersome.

Carboplatin/pegylated liposomal doxorubicin is an agreeable regimen because it doesn't cause neuropathy. It doesn't cause hair loss or significant blood count suppression, and it is administered every four weeks rather than every three

4.1

CALYPSO Study: Progression-Free Survival (PFS) with Carboplatin (C) and Pegylated Liposomal Doxorubicin (PLD) versus Carboplatin and Paclitaxel (P) in Relapsed Platinum-Sensitive Ovarian Cancer



In C + PLD arm, PLD dose was 30 mg/m^2

	C + PLD	CP	Hazard ratio	*p*-value (superiority)	*p*-value (noninferiority)
Median PFS, mo	11.3	9.4	0.82	0.005	<0.001

With permission from Pujade-Lauraine E et al. *Proc ASCO* 2009;**Abstract LBA5509**.

weeks. Therefore, for the patient who has recurrent platinum-sensitive disease and is still active, carboplatin/pegylated liposomal doxorubicin is probably the least noxious of the three regimens. Carboplatin/pegylated liposomal doxorubicin has been compared to carboplatin/paclitaxel and was found to significantly increase PFS (Pujade-Lauraine 2009; [4.1]). No one has compared carboplatin/pegylated liposomal doxorubicin to carboplatin/gemcitabine, but I'm reasonably certain that from a hematologic toxicity standpoint it would be easier to administer carboplatin/doxorubicin.

Track 6

DR LOVE: Can you discuss the clinical pattern of metastasis in ovarian cancer?

DR MCGUIRE: We usually see metastases in the lung, pleura, mediastinum and supraclavical lymph nodes. Metastasis in the brain or bone is extremely uncommon. In 30-plus years of practice, I've seen a total of three patients with brain metastases and one or two patients who had documented bony metastatic disease.

The disease tends to stay in the abdominal cavity, retroperitoneal nodes, splenic hilum and porta hepatis. Occasionally you see hepatic parenchymal metastases. More typically, these lesions are referred to as liver metastases, but that is not what they are. They are implants on Glisson's capsule. At times, the implants indent Glisson's capsule and make it seem as though a true parenchymal metastasis is present in the liver, but it is only a superficial metastasis that's indenting the liver. ■

SELECT PUBLICATIONS

Burger RA et al. **Phase III trial of bevacizumab (BEV) in the primary treatment of advanced epithelial ovarian cancer (EOC), primary peritoneal cancer (PPC), or fallopian tube cancer (FTC): A Gynecologic Oncology Group study.** *Proc ASCO* 2010;**Abstract LBA1**.

Ferrandina G et al. **Pegylated liposomal doxorubicin in the management of ovarian cancer.** *Ther Clin Risk Manag* 2010;6:463-83.

Güth U et al. **Metastatic patterns at autopsy in patients with ovarian carcinoma.** *Cancer* 2007;110(6):1272-80.

Holloway RW et al. **Tolerability, efficacy, and safety of pegylated liposomal doxorubicin in combination with carboplatin versus gemcitabine-carboplatin for the treatment of platinum-sensitive recurrent ovarian cancer: A systematic review.** *Oncologist* 2010;15(10):1073-82.

Pujade-Lauraine E et al. **Pegylated liposomal doxorubicin and carboplatin compared with paclitaxel and carboplatin for patients with platinum-sensitive ovarian cancer in late relapse.** *J Clin Oncol* 2010;28(20):3323-9.

Pujade-Lauraine E et al. **A randomized phase III study of carboplatin and pegylated liposomal doxorubicin versus carboplatin and paclitaxel in relapsed platinum-sensitive ovarian cancer (OC): CALYPSO study of the Gynecologic Cancer Intergroup (GCIG).** *Proc ASCO* 2009;**Abstract LBA5509**.

Rose PG et al. **Metastatic patterns in histologic variants of ovarian cancer. An autopsy study.** *Cancer* 1989;64(7):1508-13.