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Ovarian Cancer™ UPDATE

Conversations with Oncology Investigators
Bridging the Gap between Research and Patient Care

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Ovarian Cancer Update
A Continuing Medical Education Audio Series

OVERVIEW OF ACTIVITY

Management of ovarian cancer (OC) includes optimal surgical debulking followed by postoperative chemotherapy and, in most cases, subsequent medical management when the disease recurs. Although many single-agent and combination chemotherapy regimens have been studied, only recently have antibody and small-molecule growth-inhibitory targeted agents been integrated into the OC research milieu. It is hoped that the results from these trials will lead to the emergence of new therapeutic agents and changes or enhancements in the indications for existing treatment strategies, ultimately improving the duration and quality of life for patients with metastatic OC. To bridge the gap between research and patient care, this issue of *Ovarian Cancer Update* features one-on-one discussions with leading gynecologic oncology investigators. By providing information on the latest research developments, this activity attempts to assist medical and gynecologic oncologists with the formulation of therapeutic strategies, which in turn facilitates optimal patient care.

LEARNING OBJECTIVES

- Use case-based learning to develop individualized strategies for the care of patients with suboptimally and optimally debulked Stage II to Stage III OC, including the use of intraperitoneal versus intravenous chemotherapy.
- Consider emerging data focused on the use of angiogenesis inhibition when designing front-line and maintenance therapeutic strategies for patients with OC.
- Formulate an evidence-based algorithm for the systemic treatment of recurrent platinum-sensitive and platinum-resistant OC.
- Offer BRCA testing to appropriately selected patients with OC to better facilitate discussions about prognosis, optimal treatment selection and the option of clinical trial participation with promising novel agents.
- Develop an understanding of the unique mechanisms of action and emerging efficacy and toxicity profiles of investigational agents in OC to effectively prioritize clinical trial opportunities for appropriate patients.

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This activity is supported by educational grants from Amgen Inc, Boehringer Ingelheim Pharmaceuticals Inc and Genentech BioOncology.

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CME INFORMATION

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CONTENT VALIDATION AND DISCLOSURES

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FACULTY — **Dr Fleming** had no real or apparent conflicts of interest to disclose. The following faculty (and their spouses/partners) reported real or apparent conflicts of interest, which have been resolved through a conflict of interest resolution process: **Dr Oza** — Consulting Agreement: AstraZeneca Pharmaceuticals LP; Honoraria: Sanofi. **Dr Spriggs** — Advisory Committee: AstraZeneca Pharmaceuticals LP, Johnson & Johnson Pharmaceuticals, Lilly USA LLC, ZIOPHARM Oncology Inc. **Dr Dizon** — Consulting Agreements: Amgen Inc, Centocor Ortho Biotech Services LLC, Genentech BioOncology, Johnson & Johnson Pharmaceuticals.

EDITOR — Dr Love is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME activities from the following commercial interests: Abbott Laboratories, Allos Therapeutics, Amgen Inc, Astellas Pharma Global Development Inc, Bayer HealthCare Pharmaceuticals/Onyx Pharmaceuticals Inc, Biodesix Inc, Biogen Idec, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Cephalon Inc, Daiichi Sankyo Inc, Dendreon Corporation, Eisai Inc, EMD Serono Inc, Genentech BioOncology, Genomic Health Inc, ImClone Systems, a wholly owned subsidiary of Eli Lilly and Company, Lilly USA LLC, Medivation Inc, Millennium: The Takeda Oncology Company, Mundipharma International Limited, Novartis Pharmaceuticals Corporation, Regeneron Pharmaceuticals, Sanofi, Seattle Genetics and Teva Pharmaceuticals.

RESEARCH TO PRACTICE STAFF AND EXTERNAL REVIEWERS — The scientific staff and reviewers for Research To Practice have no real or apparent conflicts of interest to disclose.

QUESTIONS (PLEASE CIRCLE ANSWER):

1. **The GOG-0218 and ICON7 Phase III randomized trials demonstrated an improvement in progression-free survival with the addition of bevacizumab to first-line chemotherapy and continuation maintenance bevacizumab in patients with high-risk OC.**
   a. True
   b. False

2. **The OCEANS Phase III study evaluated chemotherapy with concurrent and maintenance bevacizumab for patients with _____ recurrent OC.**
   a. Platinum-resistant
   b. Platinum-sensitive

3. **Which of the following are being evaluated in the ongoing Phase III GOG-0252 study for patients with Stage II to Stage IV OC?**
   a. Intravenous (IV) chemotherapy with or without bevacizumab
   b. Intraperitoneal (IP) chemotherapy with or without bevacizumab
   c. Bevacizumab with IV or IP chemotherapy

4. **AMG 386 is an angiogenesis inhibitor with a unique mechanism of action that is distinct from anti-VEGF agents and involves inhibition of the interaction between the Tie2 receptor and angiopoietin-1 and angiopoietin-2 ligands.**
   a. True
   b. False

5. **In a randomized, double-blind, placebo-controlled Phase II study, the addition of AMG 386 to weekly paclitaxel in patients with recurrent OC resulted in a significant prolongation of progression-free survival with _____.**
   a. No evidence of an AMG 386 dose effect
   b. Evidence of an AMG 386 dose effect

6. **What is the most commonly observed AMG 386-associated adverse event?**
   a. Hypertension
   b. Proteinuria
   c. Venous thromboembolic events
   d. Peripheral edema

7. **Which of the following is true about single-agent olaparib in patients with recurrent high-grade serous or poorly differentiated OC?**
   a. Olaparib is active in patients with or without BRCA mutations
   b. Olaparib activity is greatest in patients with platinum-sensitive disease
   c. Both a and b

8. **In a Phase II, randomized, placebo-controlled study for patients with relapsed, platinum-sensitive serous OC, maintenance olaparib administered after chemotherapy resulted in a significant improvement in progression-free survival.**
   a. True
   b. False

9. **Which of the following are targeted by the angiokinase inhibitor BIBF 1120?**
   a. VEGFR
   b. PDGFR
   c. FGFR
   d. All of the above

10. **In a randomized, Phase II placebo-controlled study for patients who completed chemotherapy for relapsed OC, maintenance therapy with BIBF 1120 resulted in a tripling of the progression-free survival rate compared to placebo.**
    a. True
    b. False

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Ovarian Cancer Update — Issue 3, 2011

Research To Practice is committed to providing valuable continuing education for oncology clinicians, and your input is critical to helping us achieve this important goal. Please take the time to assess the activity you just completed, with the assurance that your answers and suggestions are strictly confidential.

PART 1 — Please tell us about your experience with this educational activity

How would you characterize your level of knowledge on the following topics?

4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

	BEFORE	AFTER
Key study results with bevacizumab — GOG-0218, ICON7 and OCEANS — in advanced OC	4 3 2 1	4 3 2 1
GOG-0252: A Phase III study of bevacizumab with intravenous versus intraperitoneal chemotherapy in Stage II to Stage IV OC	4 3 2 1	4 3 2 1
Improved progression-free survival with the new-generation anti-angiogenic agent AMG 386 and weekly paclitaxel in platinum-resistant, recurrent OC	4 3 2 1	4 3 2 1
Phase II randomized placebo-controlled study results with olaparib in platinum-sensitive relapsed serous OC	4 3 2 1	4 3 2 1
Randomized Phase II placebo-controlled trial results of maintenance therapy with BIBF 1120 after chemotherapy for relapsed OC	4 3 2 1	4 3 2 1

Was the activity evidence based, fair, balanced and free from commercial bias?

☐ Yes ☐ No If no, please explain: .....

Please identify how you will change your practice as a result of completing this activity (select all that apply).

☐ This activity validated my current practice; no changes will be made
☐ Create/revise protocols, policies and/or procedures
☐ Change the management and/or treatment of my patients
☐ Other (please explain): .....

If you intend to implement any changes in your practice, please provide 1 or more examples:

.....

.....

The content of this activity matched my current (or potential) scope of practice.

☐ Yes ☐ No If no, please explain: .....

Please respond to the following learning objectives (LOs) by circling the appropriate selection:

4 = Yes 3 = Will consider 2 = No 1 = Already doing N/M = LO not met N/A = Not applicable

As a result of this activity, I will be able to:

- Use case-based learning to develop individualized strategies for the care of patients with suboptimally and optimally debulked Stage II to Stage III OC, including the use of intraperitoneal versus intravenous chemotherapy. . . . . 4 3 2 1 N/M N/A
- Consider emerging data focused on the use of angiogenesis inhibition when designing front-line and maintenance therapeutic strategies for patients with OC. . 4 3 2 1 N/M N/A
- Formulate an evidence-based algorithm for the systemic treatment of recurrent platinum-sensitive and platinum-resistant OC. . . . . 4 3 2 1 N/M N/A
- Offer BRCA testing to appropriately selected patients with OC to better facilitate discussions about prognosis, optimal treatment selection and the option of clinical trial participation with promising novel agents. . . . . 4 3 2 1 N/M N/A
- Develop an understanding of the unique mechanisms of action and emerging efficacy and toxicity profiles of investigational agents in OC to effectively prioritize clinical trial opportunities for appropriate patients. . . . . 4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

Please describe any clinical situations that you find difficult to manage or resolve that you would like to see addressed in future educational activities:

.....

Would you recommend this activity to a colleague?

☐ Yes ☐ No

If no, please explain:.....

Additional comments about this activity:

.....

As part of our ongoing, continuous quality-improvement effort, we conduct postactivity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate your willingness to participate in such a survey.

☐ Yes, I am willing to participate in a follow-up survey.

☐ No, I am not willing to participate in a follow-up survey.

PART 2 — Please tell us about the faculty and editor for this educational activity

4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

Faculty	Knowledge of subject matter	Effectiveness as an educator
Amit M Oza, MD	4 3 2 1	4 3 2 1
David R Spriggs, MD	4 3 2 1	4 3 2 1
Don S Dizon, MD	4 3 2 1	4 3 2 1
Gini Fleming, MD	4 3 2 1	4 3 2 1
Editor	**Knowledge of subject matter**	**Effectiveness as an educator**
Neil Love, MD	4 3 2 1	4 3 2 1

Please recommend additional faculty for future activities:

.....

Other comments about the faculty and editor for this activity:

.....

REQUEST FOR CREDIT — Please print clearly

Name:..... Specialty:.....

Professional Designation:

☐ MD ☐ DO ☐ PharmD ☐ NP ☐ RN ☐ PA ☐ Other .....

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City, State, Zip:.....

Telephone:..... Fax:.....

Email:.....

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I certify my actual time spent to complete this educational activity to be _____ hour(s).

Signature:..... Date:.....

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Ovarian Cancer™

U P D A T E

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