Management of Advanced Ovarian Cancer

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Case 1

- 56 yr old lady
- Abdominal distension and early satiety since past 3-4 months
- No medical co-morbidities
- USG Abdo – Gross ascites and adnexal lesion
- CA-125 - 665

To be discussed..

- Cytology vs biopsy
- Staging imaging – PET-CT vs Onco CT (+/- MRI)
- Upfront Genetic testing – gBRCA vs somatic BRCA vs HRD

Case 1 – Treatment

- Upfront Surgery vs NACT
- Pacli/ Carbo – weekly schedule vs 3 weekly
- Neo-adjuvant Bevacizumab ?

GOG 262

ORIGINAL ARTICLE

Weekly vs. Every-3-Week Paclitaxel and Carboplatin for Ovarian Cancer

J.K. Chan, M.F. Brady, R.T. Penson, H. Huang, M.J. Birrer, J.L. Walker, P.A. DiSilvestro, S.C. Rubin, L.P. Martin, S.A. Davidson, W.K. Huh, D.M. O'Malley, M.P. Boente, H. Michael, and B.J. Monk

ABSTRACT

BACKGROUND

A dose-dense weekly schedule of paclitaxel (resulting in a greater frequency of drug delivery) plus carboplatin every 3 weeks or the addition of bevacizumab to paclitaxel and carboplatin administered every 3 weeks has shown efficacy in ovarian cancer. We proposed to determine whether dose-dense weekly paclitaxel and carboplatin would prolong progression-free survival as compared with paclitaxel and carboplatin administered every 3 weeks among patients receiving and those not receiving bevacizumab.

METHODS

We prospectively stratified patients according to whether they elected to receive bevacizumab and then randomly assigned them to receive either paclitaxel, administered intravenously at a dose of 175 mg per square meter of body-surface area every 3 weeks, plus carboplatin (dose equivalent to an area under the curve [AUC] of 6) for six cycles or paclitaxel, administered weekly at a dose of 80 mg per square meter, plus carboplatin (AUC, 6) for six cycles. The primary end point was progression-free survival.

The authors' full names, academic degrees, and affiliations are listed in the Appendix. Address reprint requests to Dr. Chan at the California Pacific–Palo Alto Medical Foundation, Sutter Cancer Research Institute, 3838 California St., Unit 410, San Francisco, CA 94118, or at chanjohn@sutterhealth.org.

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- 84% of pts opted to receive bevacizumab.
- In the ITT analysis, weekly paclitaxel was not associated with longer PFS than paclitaxel administered every 3 weeks if pts received bev.
- Among patients who did not receive bevacizumab, weekly paclitaxel was associated with a longer PFS - 3.9 months longer than that observed with paclitaxel administered every 3 weeks (14.2 vs. 10.3 months) HR - 0.62.

Case 1 - Treatment

- Post NACT – Optimal cytoreduction done.
- Role of HIPEC
- Adjuvant Bevacizumab
- Role of maintenance Bevacizumab – ? Duration/ ? Dose (7.5 mg/kg vs 15 mg/ kg)

Maintenance Bev in 1st line

- GOG – 218 – Bev – 15 mg/kg. Duration – 22 cycles total.
- ICON 7 – Bev – 7.5 mg/kg. Duration – 12 cycles post chemo.
- FDA approval – 15 mg/kg.

Case 1 - Treatment

- HRD – Positive

- Maintenance – Olaparib + Bevacizumab vs Olaparib alone vs Rucaparib.

- Rucaparib dose ?

PARPi – 1st line maintenance

- SOLO 1 – BRCA 1/2 mutant – Olaparib single agent. Significant PFS benefit.

- PAOLA – 1 – HRD + - Olaparib + Bev as maintenance. Significant PFS benefit.

- Athena Mono – RUCAPARIB alone in HRD + - Significant PFS benefit. But 60 % - Grd III AE, 50 % - Dose reduction and 12% - discontinuation rates.

Case 2

- 60 yr old lady
- EOC – IIIC upfront.
- NACT f/b CRS f/b adjuvant Pacli/Carbo + Bev f/b Bev maintenance.
- Relapsed in the 5th month of Bev maintenance

Discussion – Case 2

- Repeat biopsy ?
- Role of NGS ?/ HRD testing in second line?
- Treatment options in Platinum refractory Ovarian Cancer.
- Bev continuation on progression ?

Platinum sensitive relapsed EOC

- Role of Secondary Cytoreduction. How to chose?

- PARPi in BRCA wild type ?

DESKTOP 2 trial

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Randomized Trial of Cytoreductive Surgery for Relapsed Ovarian Cancer

P. Harter, J. Sehouli, I. Vergote, G. Ferron, A. Reuss, W. Meier, S. Greggi, B.J. Mosgaard, F. Selle, F. Guyon, C. Pomel, F. Lécuru, R. Zang, E. Avall-Lundqvist, J.-W. Kim, J. Ponce, F. Raspagliesi, G. Kristensen, J.-M. Classe, P. Hillemanns, P. Jensen, A. Hasenburg, S. Ghaem-Maghami, M.R. Mirza, B. Lund, A. Reinthaller, A. Santaballa, A. Olaitan, F. Hilpert, and A. du Bois, for the DESKTOP III Investigators*

DESKTOP 2 - Methods

- ROC - first relapse after a platinum-free interval of 6 months or more to undergo secondary CRS and then receive platinum-based chemotherapy vs platinum based chemotherapy alone.
- Patients were eligible if they presented with a positive Arbeitsgemeinschaft Gynäkologische Onkologie (AGO) score, defined as an ECOG PS - 0, ascites of less than 500 ml, and complete resection at initial surgery. A positive AGO score is used to identify patients in whom a complete resection might be achieved.
- The primary end point was overall survival.

DESKTOP 2 - Results

- Median overall survival was 53.7 months in the surgery group and 46.0 months in the no-surgery group (hazard ratio for death, 0.75; 95% confidence interval, 0.59 to 0.96; P=0.02).

- No difference in QOL

PARPi maintenance – ASCO update

ASCO rapid recommendation

Poly(ADP-Ribose) Polymerase Inhibitors in the Management of Ovarian Cancer: ASCO Guideline Rapid Recommendation Update

William P. Tew, MD[1]; Christina Lacchetti, MHSc[2]; and Elise C. Kohn, MD[3]; for the PARP Inhibitors in the Management of Ovarian Cancer Guideline Expert Panel

ASCO Rapid Recommendations Updates highlight revisions to select ASCO guideline recommendations as a response to the emergence of new and practice-changing data. The rapid updates are supported by an evidence review and follow the guideline development processes outlined in the ASCO Guideline Methodology Manual. The goal of these articles is to disseminate updated recommendations, in a timely manner, to better inform health practitioners and the public on the best available cancer care options.

BACKGROUND **EVIDENCE REVIEW**

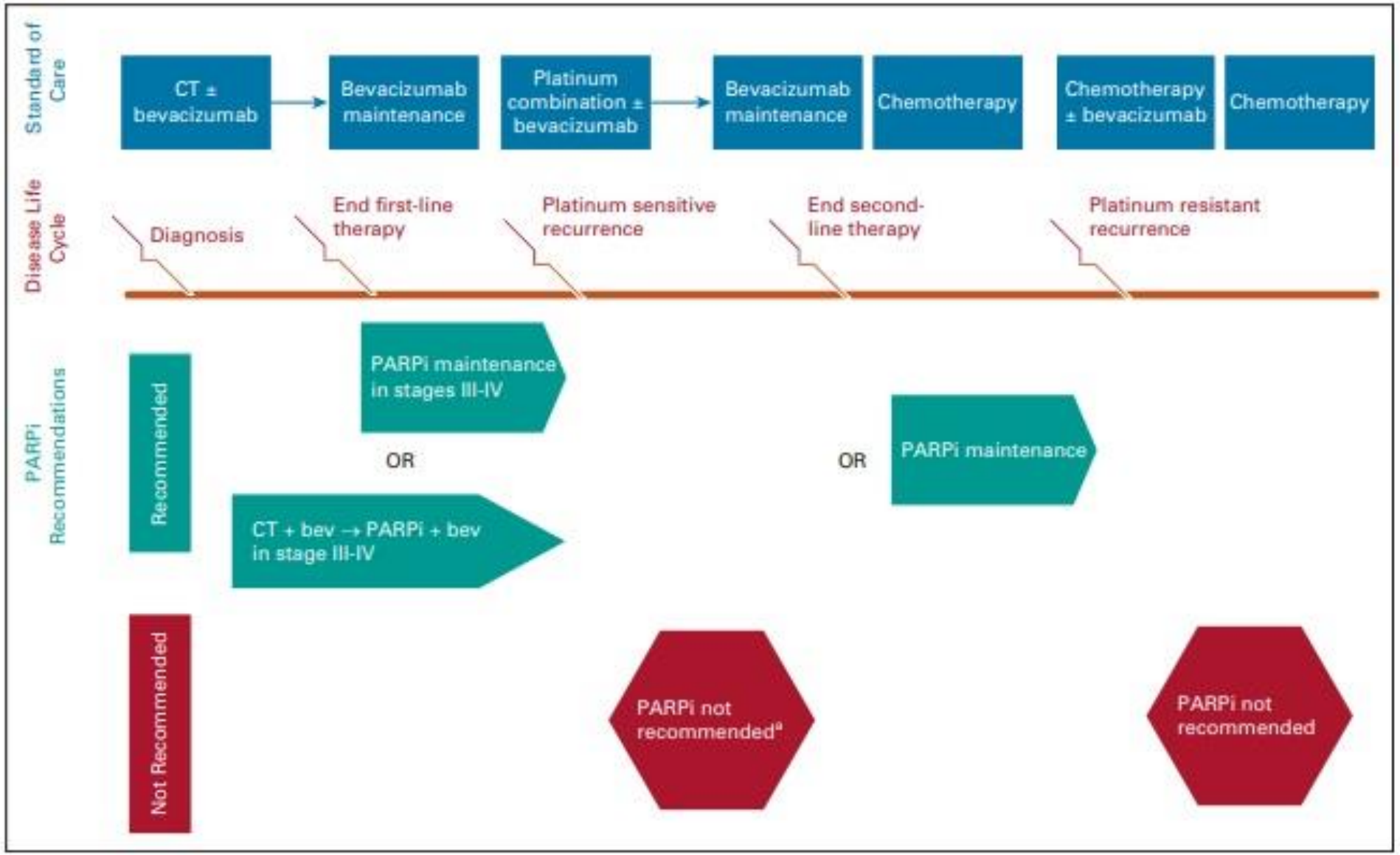

FIG A1. PARPi use opportunities in PARPi-naive women. This figure should not be interpreted as justification for PARPi use in more than one of these settings. [a]Evidence on PARPi use as treatment in platinum-sensitive recurrence is evolving and data are continuing to emerge. Any decision to proceed with PARPi treatment in select populations should be based on individualized patient and provider assessment of risks, benefits, and preferences. CT, carboplatin and paclitaxel; PARPi, poly(ADP-ribose) polymerase inhibitor.

* Progress Depends on Collaboration

“To go fast,
go alone.

To go far,
go together.”

--African Proverb