Highlights from the March 2016 Society of Gynecologic Oncology (SGO) Annual Meeting on Women's Cancer

by

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Women's cancer specialists from all over the world convened in San Diego in March to hear about the latest developments in women's cancer research. This was the fifth SGO annual meeting I've attended over the past eight years, and the first that I left with more confusion than clarity. Medical professionals will continue to discuss the complicated data presented at this meeting, and to explore the best methods of determining the gold standard for timing of surgery, chemotherapy, delivery of chemotherapy and maintenance for first-line treatment. Below I highlight the presentations and research reports I found inspirational and exciting.

Genetic Risk Assessment

- Dr. C. H. Watson from the University of Tennessee Health Science Center reported that although universal genetic testing of patients diagnosed with ovarian cancer is recommended by American Society of Clinical Oncology, National Comprehensive Cancer Network and SGO, testing is only happening 14-28% of the time. Incorporating a short genetic counseling video can help increase testing rates as well as alleviate time burdens facing genetic counselors.
- Dr. Melissa Frey from NYU reported higher rates of clinically actionable multigene panel results in Ashkenazi Jewish patients, suggesting that panel testing should be offered to Ashkenazi Jewish patients who test negative for BRCA1/2.
- Dr. Andrew Berchuck from Duke reported that common SNPs (single nucleotide polymorphisms) associated with ovarian cancer risk contribute to the racial disparity in incidence, an area in need of further study.
- Dr. Emily Prendegast of Cedars-Sinai presented data that bone density scans are underutilized in women who have received prophylactic BSO (bilateral salpingo-ooporectomy) and guidelines are needed.

Dr. Christine Walsh's distillation: Genetic risk assessment is rapidly evolving and testing paradigms are changing. Practice guidelines often do not exist (YET).

Population Screening

Dr. Ian Jacobs of the University of New South Wales, Australia reported that while the results of the UK Collaborative Trial of Ovarian Cancer Screening are encouraging, 2-3 years more follow-up is needed.

Biomarkers

Dr. Barbara Norquist from University of Washington, Seattle presented a retrospective study of GOG 218 and found that mutations in homologous recombination genes was associated with higher response to treatment and improved progression free survival and overall survival.

Survivorship

I am thrilled that survivorship issues have a stronger presence at SGO each time I have attended. Quality of Life (QOL, side effects reported by doctors) and Patient Reported Outcomes (PRO, side effects reported directly by patients) data are accompanying more and more trials, including GOG 252 (see below). It is vitally important for patients to have access to QOL and PRO data to make informed decisions when it is not clear which treatment option is superior.

Enhanced Recovery Programs

An entire plenary session was devoted to exploring Enhanced Recovery Guidelines in gynecologic oncology before, during and after surgery to improve and accelerate gastrointestinal recovery, pain control and surgical outcomes. Important work for improvement in quality of life and survival!

Palliative Care (or Best Supportive Care)

Dr. Carolyn Leftkowits from the University of Colorado, Denver encouraged early integration of palliative care in gynecologic oncology as many studies show and increase in QOL, and even overall survival, for patients offered best supportive care with therapy. Dr. Kerri Bevis from the University of Alabama at Birmingham stated that advance care planning is an ongoing process and an essential part to patient-centered care. Dr. Christopher Lutman of Premier Gynecologic Oncology in Dublin, OH presented information regarding the effect of medical cannabis on the central nervous system to control pain and urged more research in this area as guidelines are needed for patients.

Survivor Perspective

Ovarian cancer survivor Jocelyn Alfandre provided the patient perspective during the Overcoming Barriers to Clinical Research education forum. Jocelyn's powerful story included importance of family history and patient considerations to clinical trial participation.

During the "Living longer: living better?" Focused Plenary, Dr. Melissa Frey of NYU presented Abstract 53: Survivors' acceptance of treatment side effects evolves as goals of care change over the cancer continuum. This data was collected from a survivor survey conducted in August 2015 which was presented at the Ovarian Cancer Endpoints Workshop at the FDA. Physicians

should be aware that acceptance of treatment side effects declines as goals change from cure to remission to stable disease and balance treatment toxicities and quality of life measures during treatment selection.

Ovarian Cancer Clinical Trials

Ovarian cancer is complicated and frustrating, and sometimes research results are just as complex and ambiguous. Although disappointing, I am encouraged that negative trials are being reported, bringing transparency and the opportunity to learn. I applaud the leadership of SGO and the Program Committee for presenting these results and opening the discussion among medical professionals.

- **Analysis of the neoadjuavant arm of CHORUS: A response after three cycles of first-line platinum chemotherapy in advanced ovarian cancer.** Conclusions: After 3 cycles of platinum-based chemotherapy, preoperative treatment achieved complete response in 4% based on imaging/surgical finding and 10% based on serum CA-125 levels. The overall CA-125 response rate is estimated to be at least 34%.

  Disease extent at secondary cytoreductive surgery (SCS) is predictive of progression-free and overall survival an NRG Oncology/Gynecologic Oncology Group study (GOG 152) Conclusions: Although, as previously reported, SCS did not change PFS or OS, operative and pathologic findings in those who underwent the procedure were predicative of PFS and OS. Surgical/pathological residual disease is a biomarker or response to chemotherapy and predicative of PFS and OS. ***Note*:** This shows how we can learn from a negative trial. This retrospective analysis indicates that residual disease is a potential predicative biomarker. It would be much more useful to find a biomarker indicating which patients might benefit most from SCS prior to surgery.

- **NRG Oncology/Gynecologic Oncology 186K:** The final results of a randomized phase II study of NCI-supplied cabozantinib vs. weekly paclitaxel in the treatment of persistent or recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer. Conclusions: The analysis of efficacy indicated that the dose and schedule of cabozantinib examined in this study was not interesting or worthy of further investigation.

- **GOG 252: a study on a phase III trial of bevacizumab with IV vs. IP chemotherapy for ovarian, fallopian tube, and peritoneal carcinoma.** Conclusions: The progression free survival was not improved with IP chemotherapy. IV and IP carbo arms using weekly dose-dense paclitaxel were better tolerated than the IP cisplatin arm. Neurotoxicity is a major problem on all arms. The reduced dose IP cisplatin regimen does not appear to be as effective as previously reported high dose cisplatin regimens. Survival data is not yet mature. Click here for more information on these results.

- **Patient-reported outcomes in GOG 252: An NRG Oncology Study of IV vs. IP chemotherapy for ovarian, fallopian, or peritoneal carcinoma**. Conclusions: Analysis is under way and should be available in March 2016 to understand the patients'

perspective on the tolerability of the 3 treatment arms. Reasons for discontinuation of assigned treatment will be assessed.

Phase III studies of cediranib and olaparib have just been opened: NRG-GY004 (https://clinicaltrials.gov/ct2/show/NCT02446600) and NRG-GY005 (https://clinicaltrials.gov/ct2/show/NCT02502266).

SUMMARY

As clinical trial design continues to evolve to accommodate new technology and emerging classes of therapeutic agents, survivor advocates are needed now more than ever to be involved on committees with researchers to ensure that trials are relevant to those living with disease and to protect our most precious resource—clinical trial participants. Likewise, survivor advocates need to be included in discussions regarding development of guidelines.

For more information about research presented at SGO:

http://www.onclive.com/conference-coverage/SGO-2016

http://www.medpagetoday.com/clinical-context/GynecologicCancers/56872