

Report from the 2014 Gynecologic Cancer Session of The Chemotherapy Foundation Symposium

By Annie Ellis

The gynecological cancer session of the annual Chemotherapy Foundation Symposium is jointly presented by the Icahn School of Medicine at Mount Sinai and the Chemotherapy Foundation in collaboration with The Tisch Cancer Institute. The Symposium is a multi-specialty cancer conference bringing overviews of the latest advances in treatment to practicing oncologists in academia and community medicine.

Below is a snapshot of some of the great work presented this year.

Anti-Angiogenesis in Ovarian Cancer Treatment: Which Drugs And When?

Dr. William McGuire of the Massey Cancer Center at Virginia Commonwealth University gave an overview of anti-angiogenesis studies. He suggested that an OncotypeDX (<http://www.oncotypedx.com/>) type tool for ovarian cancer is needed to identify which women are most likely to benefit from anti-angiogenesis drugs.

The Latest on PARP Inhibitors and Strategies In BRCA Carriers

Dr. Tamar Safrá of Tel-Aviv Sourasky Medical Center, Sackler School of Medicine, Tel Aviv, Israel presented an overview of PARP inhibitors. Although single-agent PARP inhibitors have the preferable toxicity profile, more patients may benefit by combining PARP inhibitors with biologic agents, including anti-angiogenic agents and PI3-kinase inhibitors. Biomarkers to predict response to PARP inhibitors are needed.

Endpoints for Drug Approval in Ovarian Cancer

Dr. Jason Wright Columbia University presented a comprehensive overview of the challenges of drug approval for ovarian cancer. While there have been gains in prolonged survival for ovarian cancer patients, there have been no increases in the number of women cured. A recent *Journal of Clinical Oncology* [article](#) highlighted the assumption that progression free survival (PFS) should correlate with overall survival (OS). However, in 2014 the Society of Gynecologic Oncology published a [white paper](#) on ovarian cancer clinical trial endpoints explaining that the ability to detect OS is confounded in drugs that promote a longer PFS, as there is crossover between the study drug and the multiple treatments a woman might receive after a clinical trial. Perhaps it is time to explore novel endpoints such as rate of tumor shrinkage.

Targeting Her2 in Gynecologic Cancers

Dr. Alessandro Santin from Yale believes that HER2 as a target in gynecologic cancers should still be pursued despite disappointing results in previous ovarian and endometrial cancer studies.

Those prior studies involved heavily pretreated patients and immunohistochemistry was relied on without FISH Testing (Fluorescence In Situ Hybridization).

Identifying New Targets: Patient Derived Tumors in Ovarian And Uterine Cancers

Dr. Michael J. Birrer, of Massachusetts General described on-going research in targeted therapy for ovarian cancers, specifically sunitinib and temsirolimus for clear cell ovarian cancer and selumetinib for low grade serous ovarian cancer. Dr. Birrer also discussed the PIK3CA pathway and blocking folate receptors in high grade serous ovarian cancer.

Including Gyn Cancers in Basket Trials

Dr. David Hyman of Memorial Sloan Kettering explained that the dramatic decrease in cost and time of sequencing has led to the discovery of many mutations with low frequency in specific cancers. Instead of focusing on organ site, Basket Clinical Trials will facilitate drug development by including different cancer types that have the same genetic targets. Special considerations for gynecologic cancers include the need for sequencing to detect CNA (copy number alterations) in addition to variants and a mechanism to minimize financial barriers, such as a dedicated research study.

Special Presentation: Cancer Treatments Change, But Not Patients' Emotions: The Psychological Issues Remain the Same

Dr. Jimmie C. Holland of Memorial Sloan Kettering and author of [The Human Side of Cancer](#) is a pioneer in the field of oncology counseling and psychosocial interventions. Dr. Holland highlighted several changes over the past 30 years in cancer treatments and public perceptions which have allowed patients to live longer and identify themselves as survivors instead of victims. However, many psychological issues remain the same for patients, including FEAR of the course the disease will take without treatment, the need for HOPE to benefit from treatment and the need to TRUST one's doctor. Dr. Holland discussed using the word "distress" when speaking with patients to assess psychological needs and a tool that has been developed to measure distress when integrating psychosocial treatment. More can be found about Dr. Holland's work, [here](#).

If you'd like to catch up on all the research at home, videos of the 2014 gynecologic cancer presentations (and archives of prior years) can be viewed through the Chemotherapy Foundation Symposium's website:

http://www.chemotherapyfoundationsymposium.org/mobile/thu_agenda.php?conf_day=2014-11-06