Updates from the 2014 Society for Gynecologic Oncology Annual Meeting

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As in years past, a wealth of clinical research into ovarian cancer was presented at the 2014 Society for Gynecologic Oncology (SGO) meeting. Some of the biggest news for the ovarian cancer community is summarized below, including SGO's recommendations regarding genetic testing of ovarian cancer patients and the results from a nubmer of clinical trials presented at the meeting.

SGO Statement on Genetic Testing

At the meeting, SGO released a statement recommending that all women diagnosed with epithelial ovarian, fallopian tube, and peritoneal cancers should receive genetic counseling and consider genetic testing for a variety of genes implicated in gynecological cancers. SGO emphasized that women should consider undergoing genetic testing, even if they don't have a family history of the disease: many women with no family history still carry genetic mutations that may guide the type of therapies they should consider.

Recent research suggests that between 11 and 18% of ovarian cancers arise because of genetic mutation in one of 13 genes, including the well-recognized BRCA1 and BRCA2, but also the Lynch Syndrome mutations and others. To reduce costs and physician effort, SGO recommends doctors ordering genetic testing panels, rather than single gene sequencing.

Updates to PARP Inhibitor Clinical Trials

A Phase I study of veliparib in combination with carboplatin and gemcitabine showed 48% of all patients showed a complete or partial response. Of the patients that had aBRCA mutation, 55% showed a response. 37% of patients with no known genetic mutation had a response. Furthermore, patients with BRCA mutations showed a dose-dependent response to veliparib.

Early data in a Phase II study of veliparib in both platinum sensitive and resistant patients with inherited BRCA mutations suggests favorable improvements in both Progression Free Survival (PFS) and Overall Survival (OS).

A Phase II study of olaparib for maintenance therapy in patients with platinum-sensitive recurrent ovarian cancer found that BRCA mutation carriers had better responses to the medication, though non-mutation carriers also benefitted from the drug. However, more research is needed to determine which class of patients without a BRCA mutation and why will respond to PARP inhibitors.

Updates on Anti-angiogenesis Clinical Trials

The final data from the OCEANS Phase III clinical trial of avastin were presented. In this study, platinum-sensitive patients were treated with gemcitabine, carboplatin, and avastin for front line therapy, followed by avastin for maintenance. Patients showed improvements in PFS and a median OS of 33 months (the longest median OS presented to date for platinum-sensitive patients).

The ICON-7 avastin Phase III clinical trial data were also presented. Overall, a statistically significant for OS was not observed. However, a high-risk group of patients showed a significant increase in OS (4.8 vs. 9.4 months).

Patients treated with cediranib in conjunction with platinum-based chemotherapy showed an increase in PFS of 3.1 months and OS of 2.7 months.

Patients with recurrent ovarian cancer in the TRINOVA-1 Phase III trial of trebananib, an angiopoetin1/2 inhibitor, and taxol showed an increase in PFS.