



Highlights: 2018 Annual Meeting on Women's Cancer Society of Gynecologic Oncology (SGO)

Submitted by Ovarian Cancer Survivors and Research Advocates:

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By now, you may have seen plenty of professional coverage of the SGO annual meeting which was held in New Orleans March 24-27. Here are our highlights and impressions from the survivor perspective.

CURRENT LANDSCAPE OF OVARIAN CANCER TREATMENT

These are very exciting times! With recent FDA approvals of ovarian cancer therapies, women diagnosed with ovarian cancer have access to more therapeutic options than ever before, including PARP inhibitors and anti-angiogenesis agents. Many women managing recurrent ovarian cancer are living longer, often through multiple lines of therapy and clinical trial participation. Several presenters emphasized the importance of individualizing treatment decisions based on hereditary mutation status, platinum sensitivity, known characteristics of the tumor, presence or absence of symptoms, and patient preference.

However, many questions about the new therapies remain, including:

- What is the best order or sequence for patients to use these new therapies?
- Are they just as safe and effective when used successively?
- Should newer therapies be combined with other new therapies or with standard therapy, and which ones?
- Should newer therapies be combined with immunotherapy?
- What is the best way to manage side effects?

Clinical trials are ongoing to address new therapies and surgical questions. Funding for research is crucial.

Everyone can join OCRFA's efforts to increase funding for ovarian cancer research! If you have not done so already, please follow this link to sign up for Action Alerts and encourage your friends and family members to do the same: <https://ocrfa.org/advocacy/how-you-can-help/>

For more information on the drugs currently approved for ovarian cancer:
<https://www.cancer.gov/about-cancer/treatment/drugs/ovarian>

For more information on finding a clinical trial:

<https://ocrfa.org/patients/clinical-trials/look-clinical-trial/>

BEING PREPARED FOR PRECISION MEDICINE

As precision medicine evolves and more targets for treatment are identified, having information from germline genetic testing and possibly tumor testing available may direct a woman's future care. Per SGO Clinical Practice Statement, October 2014, all women diagnosed with epithelial ovarian, tubal and peritoneal cancers should receive genetic counseling and be offered genetic testing, even in the absence of a family history of ovarian cancer. <https://www.sgo.org/clinical-practice/guidelines/genetic-testing-for-ovarian-cancer/>

PRELIMINARY CLINICAL TRIAL RESULTS

- **Topacio: niraparib and pembrolizumab (platinum-resistant patients)**

During a late breaking abstract session Dr. Panos Konstantinopoulos of Dana-Farber Cancer Institute presented “Topacio: Preliminary activity and safety in patients with platinum-resistant ovarian cancer in a phase 1/2 study of niraparib in combination with pembrolizumab.” The overall response rate (ORR) was 25% and the disease control rate (ORR plus stable disease) was 68%. Some patients are still on the combination and the progression free survival (PFS) results will be reported at an upcoming scientific meeting.

- **MEDIOLA: olaparib and durvalumab (platinum-sensitive BRCA+ patients)**

During a late breaking abstract session Dr. Yvette Drew from Newcastle University in Tyne and Wear, United Kingdom presented “An open-label Phase II basket study of olaparib and durvalumab (MEDIOLA): Results in germline BRCA-mutated, platinum-sensitive relapsed ovarian cancer.” The overall response rate was 72%. The combination was well-tolerated and tumor response may be higher than reported responses for PARP inhibitors as single agents.

- **VIGIL[®]: personalized engineered autologous tumor cells (EATC) in ovarian cancer (recurrent patients)**

In a featured poster Dr. Rodney Rocconi of University of South Alabama- Mitchell Cancer Institute, detailed preliminary results of a "Phase 1 trial of Vigil[®] personalized engineered autologous tumor cells (EATC) in ovarian cancer." This vaccine is genetically engineered from each patient's own tumor cells and ELISPOT testing for T-cell activation is being studied as a predictive biomarker of response. The recurrent patients in this trial had previously received multiple lines of therapy. Vigil[®] had limited side effects and 69% of the 29 patients achieved 3-year overall survival. A randomized phase 2 trial of Vigil[®] with atezolizumab is underway for women with ovarian, cervical, or uterine cancer.

SURVIVORSHIP/QUALITY OF LIFE

- **Post-Surgical Opioid Use**

With the current national opioid epidemic crisis a focus of much debate in the medical community, two important studies were presented. Dr. Erica Weston from Johns Hopkins shared data showing that one-third of hysterectomy patients do not use any of the opioids prescribed for home use. Dr. Jaron Mark of Roswell Park outlined a strategy for out-patient opioid prescriptions based on the patient's use while admitted. In this study patients reported adequate pain control and satisfaction.

- **Lymphedema**

Gynecologic cancer survivors are at increased risk for lymphedema of the lower extremities and very little research has been conducted in this area. Dr. Jeanne Carter of Memorial Sloan Kettering Cancer Center presented results of a national cooperative study, GOG 244, the Lymphedema and Gynecologic Cancer (LEG) Study which provides a new definition of leg lymphedema and a simple 1-page validated form (the Gynecologic Cancer Lymphedema Questionnaire or GCLQ) of patient self-reported lymphedema symptoms. While this study was done in patients with endometrial and other gynecologic cancers, these results are very important to ovarian cancer survivors as well.

- **Survivorship**

Dr. Vivian Von Gruenigen of Northwestern Ohio Universities College of Medicine reported that only 1% of survivors are meeting the 2006 American Cancer Society (ACS) guidelines for cancer survivors of (a) 150 minutes per week of moderate physical activity, (b) 5 servings of fruit/vegetables per day and (c) no smoking. New evidence suggests that weight management and physical activity improve overall health and well-being of cancer survivors.

Dr. Ritu Salani of Ohio State University presented information on Survivorship Care Plans after front line treatment is completed. Survivorship Care Plans can help survivors become aware of possible and expected late side effects and provide an opportunity to educate patients on cancer screening guidelines and discuss risk and reductions strategies of possible secondary treatment-related cancers.

OVERCOMING SURVIVAL DISPARITIES

Dr. Khilen Patel of the Medical College of Georgia at Augusta University presented "Participation in clinical trials may overcome health disparities in the treatment of advanced or recurrent epithelial ovarian cancer." Significant disparities in outcome are known to exist and the study team explored the relation of race and distance from treatment facility with survival. Data presented indicated that minorities had similar survival as Caucasians when enrolled in clinical trials, overcoming disparities. The potential survival benefit due to clinical trial participation should be explored further and discussed with patients.

RARE BUT NOT FORGOTTEN

Several scientific posters focused on some of the more rare subtypes of ovarian cancer including granulosa cell tumors, germ cell tumors, and non-granulosa sex cord-stromal tumors. Though preliminary and ongoing, this is a list of abstracts of work being done in this area of focus:

- Dr. R.T. Hillman, et al, MD Anderson, "KMT2D/MLL2 loss of function is a novel driver of disease recurrence in adult-type granulosa cell tumors of the ovary."
- Dr. M. Stasenکو, et al, Memorial Sloan Kettering Cancer Center, "Molecular profiling of ovarian germ cell tumors."
- Dr. Ashley Ford Haggerty and Dr. Emily Ko, University of Pennsylvania, "Increased risk of breast and uterine cancer among women with ovarian granulosa cell tumors." Granulosa cell tumors of the ovary secrete estrogen and in this retrospective study of GCT patients there was an increased incidence of breast and uterine malignancies.

ADVOCATES AND SURVIVORS TAKE CENTER STAGE

During the Opening Ceremony, Kathleen Gavin of the Minnesota Ovarian Cancer Alliance (one of OCRFA's [Community Partners](#)), received the SGO's Humanitarian and Volunteerism Award for exemplary local, national or international volunteer and outreach efforts in women's cancer care, research or training.

Cure Magazine held their inaugural Ovarian Cancer Heroes Award event honoring committed individuals in the field of ovarian cancer. Included among the four honorees was Susan Leighton, National Program Director of OCRFA's [Survivors Teaching Students](#)[®]. For full coverage of this exciting event: <https://www.curetoday.com/conferences/sgo-2018/four-individuals-named-ovarian-cancer-heroes-at-inaugural-event->

Ovarian cancer survivors spoke at plenaries and shared their personal experiences with the disease and the need for patient engagement in research. Presidential Invited Speaker Meg Gaines shared how she became "...a whirling dervish of an advocate for myself," and Founder and Director of Center for Patient Partnerships (<https://www.patientpartnerships.org/>). Patient advocate and ovarian cancer survivor Liane Troy inspired SGO members during the ALL IN campaign session.

During her Presidential Address, SGO President Dr. Laurel Rice recognized survivor advocates Debbie Miller, Mary Scroggins and Dee Sparacio for their important work developing the SGO/FWC clinical trial resources and videos (<https://www.sgo.org/patients-caregivers-survivors/clinical-trials/>).

FOR MORE INFORMATION

Onclive.com: <http://www.onclive.com/conference-coverage/sgo-2018>

Medpage: <https://www.medpagetoday.com/meetingcoverage/sgo>

Targeted Oncology: <http://ht.ly/EobF30jbKFs>