

DISSECTING THE DECISION:
**Investigators Discuss Emerging Treatment
Strategies and Novel Approaches in
Gynecologic Cancers**

**March 12, 2017
6:30 AM – 7:30 AM**

Faculty

**Michael Birrer, MD, PhD
Bradley J Monk, MD**

Angeles Alvarez Secord, MD, MHSc








Moderator

Neil Love, MD








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To Practice®**

Module 1

In the past year, to how many patients did you administer neoadjuvant systemic therapy? Adjuvant chemotherapy after debulking surgery (of these, how many received IP treatment)?

	# OF PTS NEOADJUVANT	# OF PTS ADJUVANT CHEMO (IP ADJUVANT)
 MICHAEL BIRRER, MD, PHD	14	26 (1)
 ROBERT L COLEMAN, MD	15	23 (2)
 JONATHAN A LEDERMANN, MD	35-40	10 (0)
 URSULA A MATULONIS, MD	20	30 (2)
 BRADLEY J MONK, MD	25	60 (0)
 RICHARD T PENSON, MD, MRCP	5	10 (4)
 ANGELES ALVAREZ SECORD, MD, MHSC	5	10 (1)

A 50-year-old woman (PS = 0) with Stage IIIA epithelial ovarian cancer (EOC) is s/p primary debulking surgery with no gross residual disease (<1 cm). In general, would you recommend intraperitoneal (IP)/intravenous chemotherapy?

 MICHAEL BIRRER, MD, PHD	No
 ROBERT L COLEMAN, MD	Yes
 JONATHAN A LEDERMANN, MD	No
 URSULA A MATULONIS, MD	No
 BRADLEY J MONK, MD	No
 RICHARD T PENSON, MD, MRCP	Yes
 ANGELES ALVAREZ SECORD, MD, MHSC	No

A 65-year-old woman with Stage IIIA EOC undergoes optimal debulking surgery then receives 6 cycles of carboplatin/paclitaxel. One year later, elevated CA-125 leads to a CT scan, which reveals pelvic and retroperitoneal nodes that are biopsy-confirmed recurrence. The patient is BRCA germline mutation-negative. What treatment would you recommend?



MICHAEL BIRRER, MD, PHD

Carboplatin/PLD



ROBERT L. COLEMAN, MD

Carboplatin/paclitaxel q3wk + bevacizumab



JONATHAN A. LEDERMANN, MD

Carboplatin/PLD



URSULA A. MATULONIS, MD

Multiple chemotherapies +/- bevacizumab



BRADLEY J. MONK, MD

Carboplatin/paclitaxel q3wk + bevacizumab



RICHARD T. PENSON, MD, MRCP

Carboplatin/PLD



ANGELES ALVAREZ SECORD,
MD, MHSC

Carboplatin/paclitaxel q3wk + bevacizumab

PLD = pegylated liposomal doxorubicin

A 65-year-old woman has Stage IIIC EOC s/p optimal debulking surgery. She receives 6 cycles of carboplatin/paclitaxel, but 4 months after completion of adjuvant therapy there is disease progression. The patient is BRCA germline mutation-negative. What treatment would you recommend?



MICHAEL BIRNER, MD, PHD

Weekly paclitaxel/bevacizumab



ROBERT L COLEMAN, MD

Weekly paclitaxel/bevacizumab



JONATHAN A LEDERMANN, MD

Weekly paclitaxel/bevacizumab



URSULA A MATULONIS, MD

Weekly paclitaxel/bevacizumab



BRADLEY J MONK, MD

Weekly paclitaxel/bevacizumab



RICHARD T PENSON, MD, MRCP

Weekly paclitaxel/bevacizumab



**ANGELES ALVAREZ SECORD,
MD, MHSC**

Weekly paclitaxel/bevacizumab

Module 2

A 38-year-old woman diagnosed with Stage IIB squamous cell carcinoma of the cervix receives cisplatin, radiation therapy and brachytherapy. Two years later she presents with enlarged para-aortic and pelvic nodes and pulmonary nodules biopsy proven to be metastases. Which treatment would you most likely recommend?



MICHAEL BIRRER, MD, PHD

Cisplatin/paclitaxel/bevacizumab



ROBERT L COLEMAN, MD

Cisplatin/paclitaxel/bevacizumab



JONATHAN A LEDERMANN, MD

Carboplatin/paclitaxel/bevacizumab



URSULA A MATULONIS, MD

Cisplatin/paclitaxel/bevacizumab



BRADLEY J MONK, MD

Carboplatin/paclitaxel/bevacizumab



RICHARD T PENSON, MD, MRCP

Cisplatin/paclitaxel/bevacizumab



ANGELES ALVAREZ SECORD,
MD, MHSC

Carboplatin/paclitaxel/bevacizumab

A 76-year-old woman diagnosed with Stage IIB squamous cell carcinoma of the cervix receives cisplatin, radiation therapy and brachytherapy. Two years later she presents with enlarged para-aortic and pelvic nodes and pulmonary nodules biopsy proven to be metastases. Which treatment would you most likely recommend?



MICHAEL BIRRER, MD, PHD

Cisplatin/paclitaxel/bevacizumab



ROBERT L COLEMAN, MD

Cisplatin/paclitaxel/bevacizumab



JONATHAN A LEDERMANN, MD

Carboplatin/paclitaxel/bevacizumab



URSULA A MATULONIS, MD

Platinum/paclitaxel/bevacizumab



BRADLEY J MONK, MD

Cisplatin/paclitaxel/bevacizumab



RICHARD T PENSON, MD, MRCP








Cisplatin/paclitaxel/bevacizumab






**ANGELES ALVAREZ SECORD,
MD, MHSC**

Carboplatin/paclitaxel/bevacizumab

A patient is s/p surgery followed by whole pelvic EBRT for Stage II Grade 2 endometrioid adenocarcinoma. Two years later, she develops abdominal pain, and imaging reveals metastatic adenopathy in multiple pelvic and periaortic lymph nodes. What would be your most likely treatment approach? Do you use bevacizumab in the management of metastatic endometrial cancer?








	LIKELY TX	BEVACIZUMAB?
 MICHAEL BIRRER, MD, PHD	Carboplatin/paclitaxel	Yes, frequently
 ROBERT L COLEMAN, MD	Carboplatin/paclitaxel	Yes, occasionally
 JONATHAN A LEDERMANN, MD	Carboplatin/paclitaxel	No
 URSULA A MATULONIS, MD	Carboplatin/paclitaxel	Yes, occasionally
 BRADLEY J MONK, MD	Carboplatin/paclitaxel	Yes, occasionally
 RICHARD T PENSON, MD, MRCP	Carboplatin/paclitaxel	Yes, occasionally
 ANGELES ALVAREZ SECORD, MD, MHSC	Carboplatin/paclitaxel	Yes, occasionally

Do you use in a nonprotocol setting an anti-PD-1/PD-L1 antibody for a patient with metastatic endometrial cancer that is MSI-high? MSI-normal?

	MSI-HIGH	MSI-NORMAL
 MICHAEL BIRRER, MD, PHD	Yes, second line	No
 ROBERT L COLEMAN, MD	Yes, second line	No
 JONATHAN A LEDERMANN, MD	No	No
 URSULA A MATULONIS, MD	No	No
 BRADLEY J MONK, MD	Yes, second line	No
 RICHARD T PENSON, MD, MRCP	Yes, second line	No
 ANGELES ALVAREZ SECORD, MD, MHSC	Yes	No

Module 3

Cost and reimbursement issues aside, for a patient with metastatic ovarian cancer who has exhausted all approved treatment options and still has PS = 0, would you treat with an anti-PD-1/PD-L1 antibody? To approximately how many patients with ovarian cancer have you administered a checkpoint inhibitor on or off protocol?

	ANTI-PD-1/PD-L1 ANTIBODY?	# OF PATIENTS
 MICHAEL BIRRER, MD, PHD	Yes, for select patients	5
 ROBERT L COLEMAN, MD	Yes, for select patients	0
 JONATHAN A LEDERMANN, MD	No	>20
 URSULA A MATULONIS, MD	No	15
 BRADLEY J MONK, MD	Yes, for select patients	12
 RICHARD T PENSON, MD, MRCP	No	15
 ANGELES ALVAREZ SECORD, MD, MHSC	No	0