# Beyond the Guidelines
# Perspectives on the Role of PARP Inhibition in the Management of Ovarian Cancer

**Monday, May 18, 2020**


**Moderator**

**Neil Love, MD**

**Faculty**

**Robert L Coleman, MD**
**Stephanie Lheureux, MD, PhD**
**Joyce F Liu, MD, MPH**
**Kathleen Moore, MD**

# Faculty

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Chief Scientific Officer
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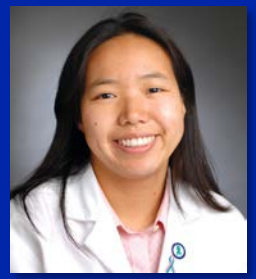
Gynecologic Oncology
McKesson
The Woodlands, Texas



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Division of Gynecologic Oncology
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# Dr Love — Disclosures

**Dr Love** is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME activities from the following commercial interests: AbbVie Inc, Acerta Pharma — A member of the AstraZeneca Group, Adaptive Biotechnologies, Agendia Inc, Agios Pharmaceuticals Inc, Amgen Inc, Array BioPharma Inc, Astellas, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Daiichi Sankyo Inc, Dendreon Pharmaceuticals Inc, Eisai Inc, EMD Serono Inc, Exelixis Inc, Foundation Medicine, Genentech, a member of the Roche Group, Genmab, Genomic Health Inc, Gilead Sciences Inc, GlaxoSmithKline, Guardant Health, Halozyme Inc, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Kite, A Gilead Company, Lexicon Pharmaceuticals Inc, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, Natera Inc, Novartis, Oncopeptides, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sandoz Inc, a Novartis Division, Sanofi Genzyme, Seattle Genetics, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Tesaro, A GSK Company, Teva Oncology, Tokai Pharmaceuticals Inc and Tolero Pharmaceuticals.

# Dr Coleman — Disclosures

| | |
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# Dr Lheureux — Disclosures

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# Dr Liu — Disclosures

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# Dr Moore — Disclosures

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|---|---|
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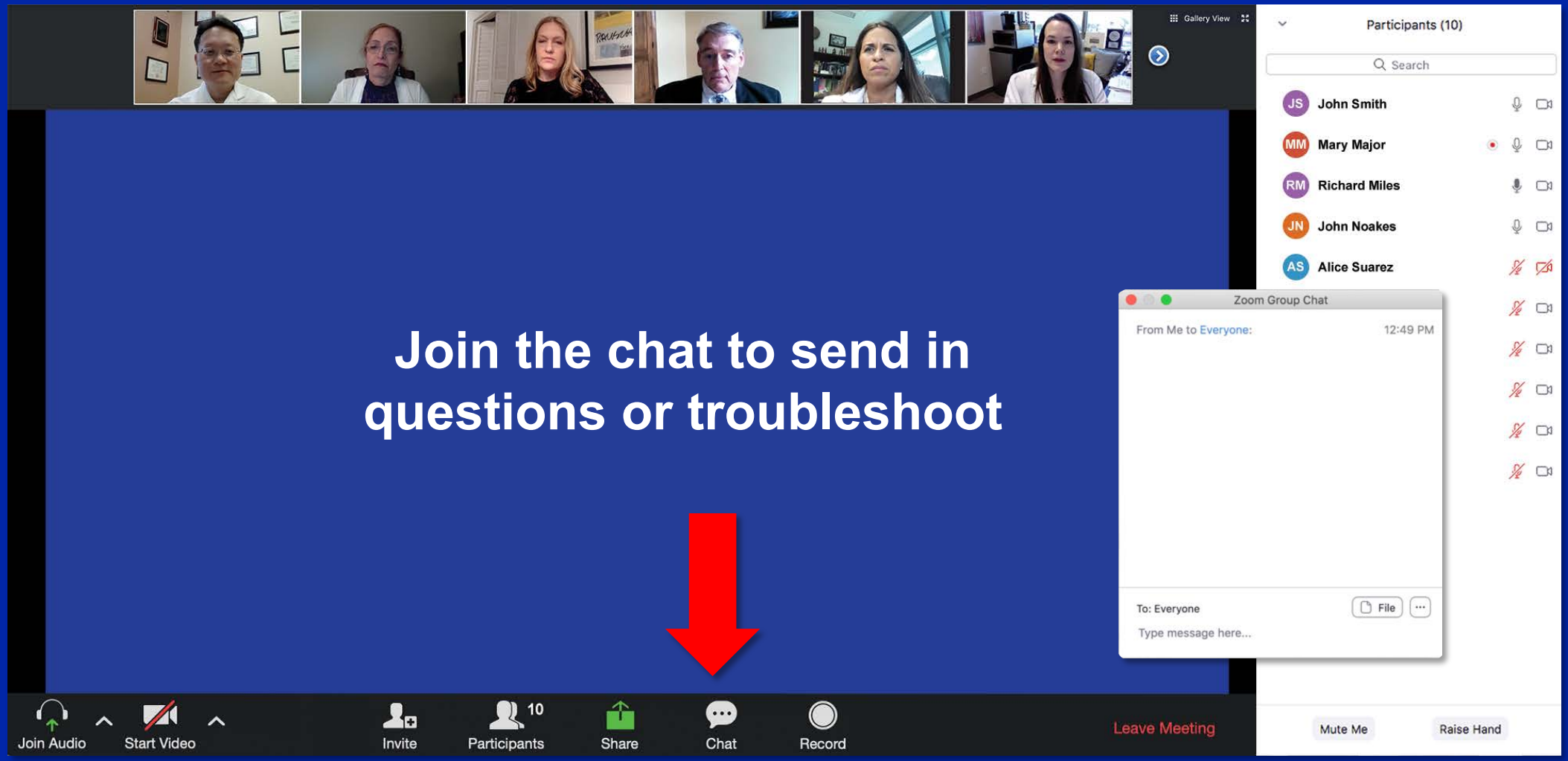
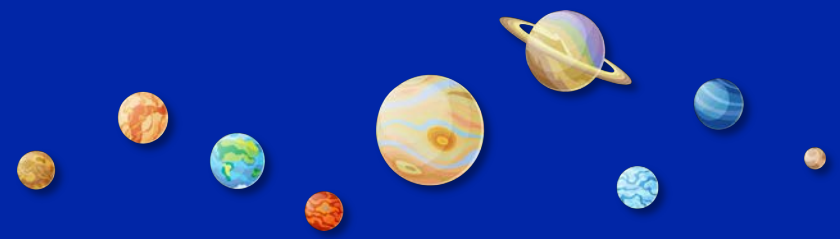
# Familiarizing yourself with the Zoom interface

## How to participate in the chat



# RTP SGO 2020 Virtual Satellite Series



- Faculty lecture series (8)
- Beyond the Guidelines program (2 – 1 hour each)
- Faculty roundtable webinar (2 – 90 minutes each)
- Breakout discussion webinar (4 – 1 hour each)

# Agenda

**Module 1 – Dr Liu:** *Genetic Testing in Ovarian Cancer (OC) and Biologic Basis for the Use of PARP Inhibitors*

**Module 2 – Dr Moore:** *Integration of PARP Inhibitor Maintenance into the Management of Newly Diagnosed OC*

**Module 3 – Dr Lheureux:** *Practical Considerations with the Use of PARP Inhibitors in Advanced OC*

**Module 4 – Dr Coleman:** *Potential Role of PARP Inhibitors with Chemotherapy; Other Investigational Combination Approaches in Clinical Development for Advanced OC*

**Module 5:** *SGO Review 2020*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Recording


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# Survey Respondents (N = 25)

1. Ronald D Alvarez, MD, MBA
2. Andrew Berchuck, MD
3. Michael J Birrer, MD, PhD
4. Susana M Campos, MD, MPH
5. Robert L Coleman, MD
6. Stephanie L Gaillard, MD, PhD
7. Rachel N Grisham, MD
8. Thomas Herzog, MD
9. Angela Jain, MD
10. Beth Karlan, MD
11. Professor Jonathan A Ledermann
12. Douglas A Levine, MD
13. Stephanie Lheureux, MD, PhD
14. Joyce F Liu, MD, MPH
15. Ursula Matulonis, MD
16. Mansoor Raza Mirza, MD
17. Bradley J Monk, MD
18. Kathleen Moore, MD
19. David M O'Malley, MD
20. Ana Oaknin, MD, PhD
21. Matthew A Powell, MD
22. Professor Isabelle Ray-Coquard, MD, PhD
23. Krishnansu S Tewari, MD
24. Professor Ignace Vergote
25. Robert M Wenham, MD

# Data + Perspectives

# The Current and Future Role of Immune Checkpoint Inhibitors and Other Novel Therapies in the Management of Gynecologic Cancers

**Wednesday, May 20, 2020**


**Moderator**

**Neil Love, MD**

**Faculty**

**Michael J Birrer, MD, PhD**
**Ursula Matulonis, MD**
**David M O'Malley, MD**
**Krishnansu S Tewari, MD**

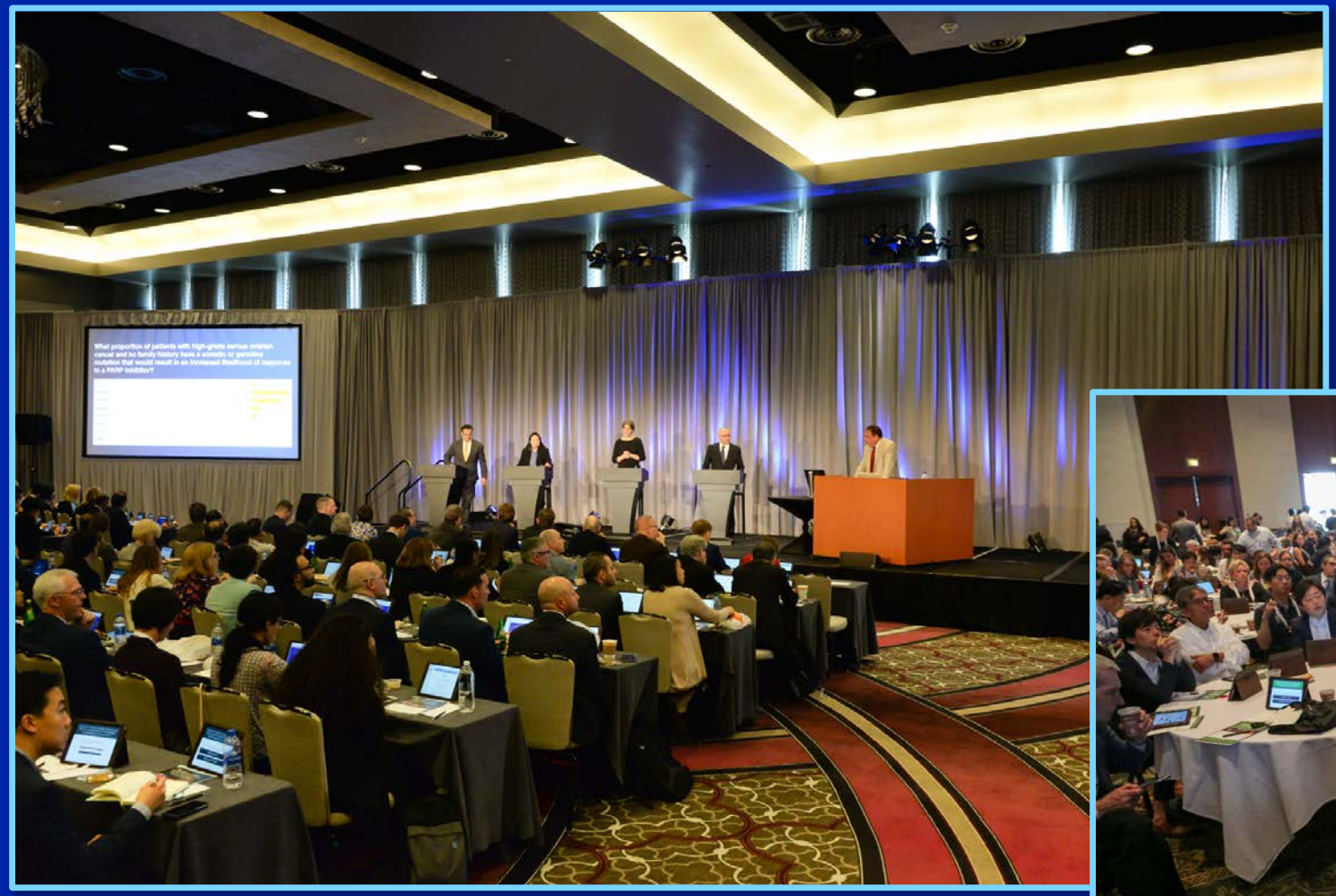
# Agenda

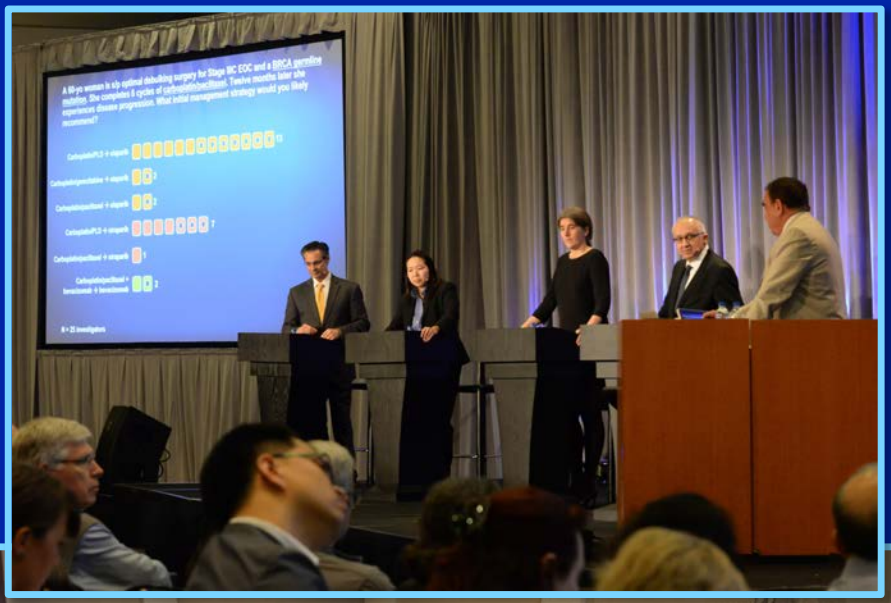
**Module 1 – Dr Birrer:** *Checkpoint Inhibitor Therapy for Microsatellite Instability (MSI)-High and Microsatellite-Stable (MSS) Endometrial Cancer*

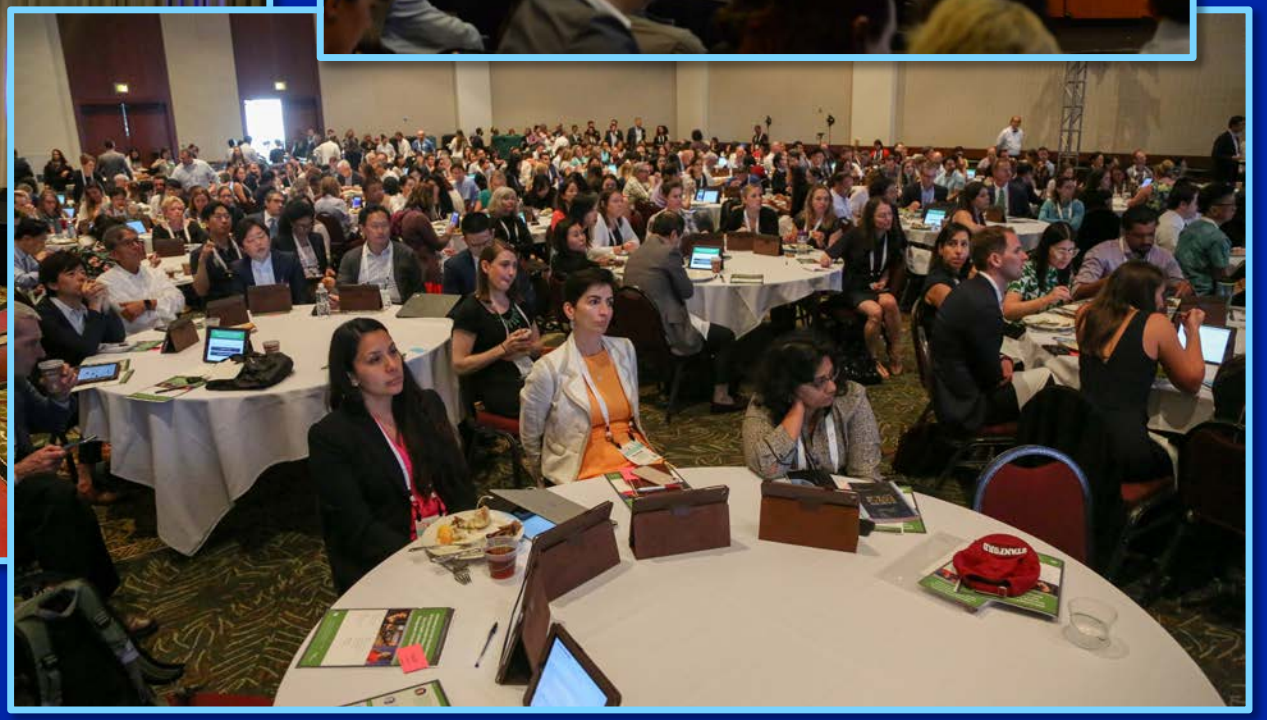
**Module 2 – Dr Tewari:** *Current Indications for and Future Role of Immune Checkpoint Inhibitors in Cervical Cancer*

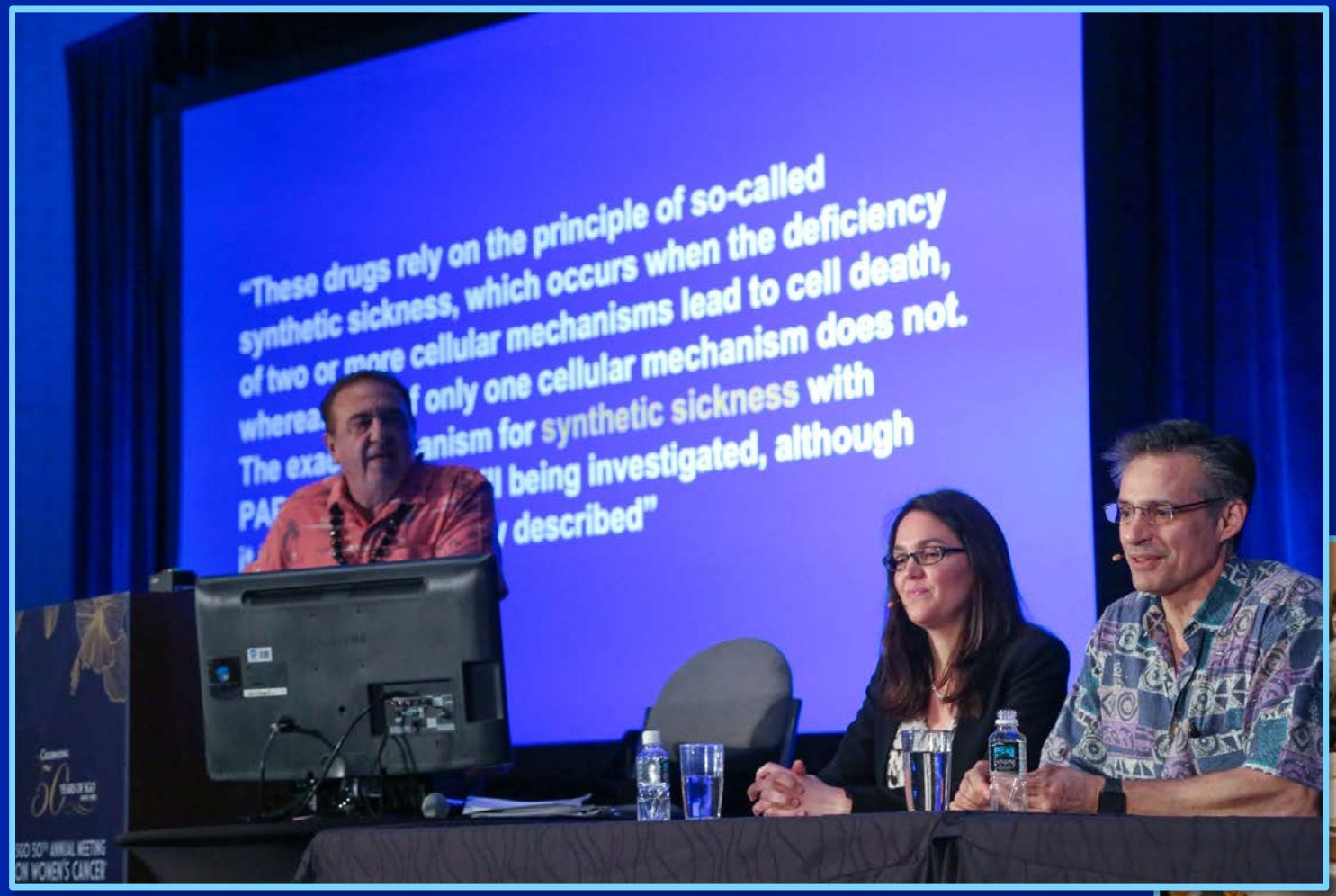
**Module 3 – Dr Matulonis:** *Current and Potential Role of Immune Checkpoint Inhibitor Therapy in Ovarian Cancer Management*

**Module 4 – Dr O'Malley:** *Novel Targeted Agents and Strategies Under Investigation for Gynecologic Cancers*


What proportion of patients with high-grade serous ovarian cancer and no family history have a somatic or germline mutation that would result in an increased likelihood of response to a PARP inhibitor?


A 56-yo woman is s/p optimal debulking surgery for Stage IIIC EOC and a BRCA germline mutation. She completes 6 cycles of carboplatin/paclitaxel. Twelve months later she experiences disease progression. What initial management strategy would you likely recommend?




"These drugs rely on the principle of so-called
synthetic sickness, which occurs when the deficiency
of two or more cellular mechanisms lead to cell death,
whereas only one cellular mechanism does not.
The exact mechanism for synthetic sickness with
PARP being investigated, although
described"


CURRENT TESTING ALGORITHMS AND
DECISION-MAKING FOR PATIENTS WITH NEWLY
DIAGNOSED OVARIAN CANCER AND AN
IDENTIFIED BRCA MUTATION
Kathleen Moore, MD

# MODULE 1: Genetic Testing in Ovarian Cancer (OC) and Biologic Basis for the Use of PARP Inhibitors

# Dr Liu: Case #1 - Frontline maintenance PARPi

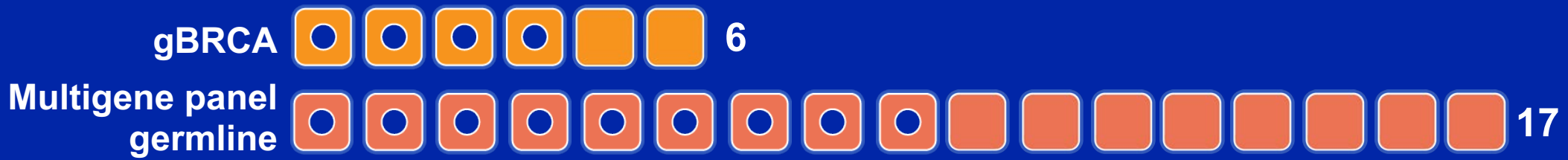
- 58yo woman, newly diagnosed ovarian cancer
- Optimal cytoreductive surgery with multiple bowel resections
- Tumor testing negative for *BRCA* mutation, but germline testing with pathogenic mutation (deletion of *BRCA1* exon 3)
- Completed 6 cycles of adjuvant carboplatin/paclitaxel chemotherapy
- Started on maintenance olaparib

# Dr Liu: Case #2 - Frontline maintenance PARPi

- 52yo woman, newly diagnosed ovarian cancer
- Received neoadjuvant chemotherapy with carboplatin/paclitaxel x 3 cycles
- Optimal interval cytoreductive surgery with complete pathologic response in the omentum; residual high-grade serous carcinoma involving bilateral tubes/ovaries
- Completed 3 additional cycles of adjuvant carboplatin/paclitaxel chemotherapy
- Germline testing negative for *BRCA* mutation. Myriad myChoice® CDx negative for *BRCA* mutation but with high genomic instability score
- Started on maintenance niraparib

# In general, which of the following mutation assays do you order for a patient with newly diagnosed ovarian cancer and no family history?

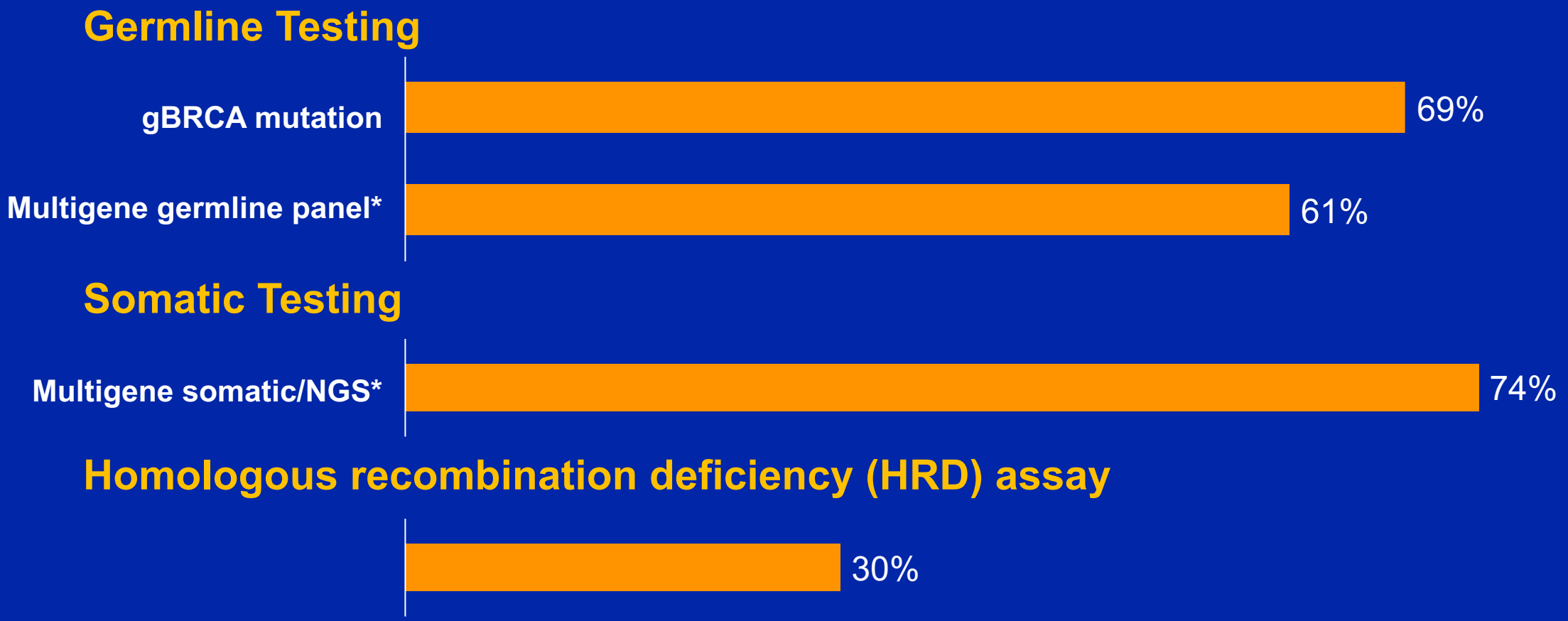
## Germline Testing




## Somatic Testing


## HRD Testing


# In general, which of the following mutation assays do you order for a patient with newly diagnosed ovarian cancer and no family history?




***Includes those who responded: multigene germline and somatic/NGS**
**NGS, next-generation sequencing**

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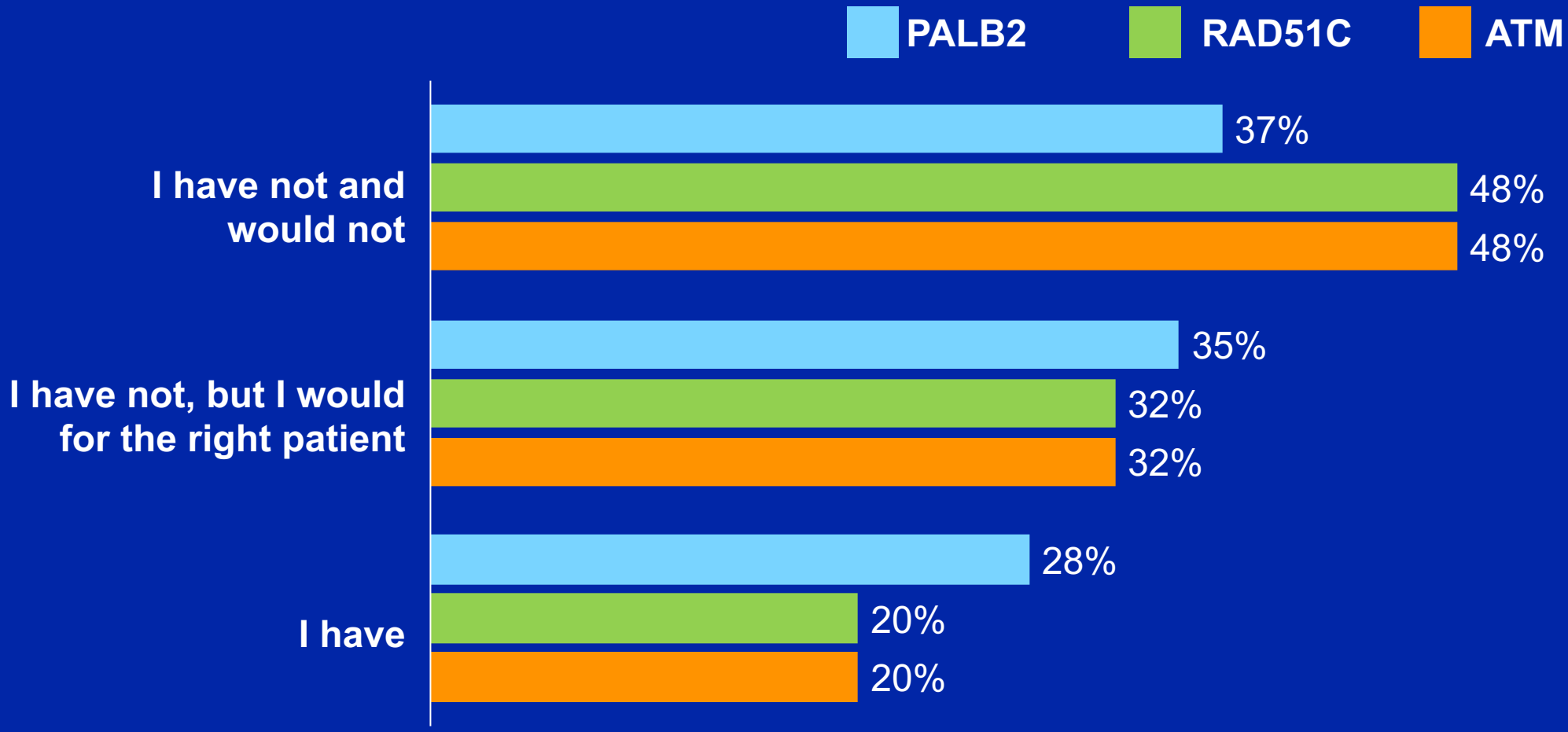
# Regulatory and reimbursement issues aside, have you offered or would you offer a PARP inhibitor to a patient with ovarian cancer and the following germline mutation as you would for a patient with a BRCA germline mutation?

| | PALB2 | | RAD51C | | ATM | |
|---|---|---|---|---|---|---|
| | Gyn Onc | Med Onc | Gyn Onc | Med Onc | Gyn Onc | Med Onc |
| I have not and would not | 1 | 2 | 0 | 1 | 3 | 4 |
| I have not, but I would for the right patient | 7 | 7 | 7 | 4 | 11 | 6 |
| I have | 6 | 2 | 7 | 6 | 0 | 1 |

# Regulatory and reimbursement issues aside, have you offered or would you offer a PARP inhibitor to a patient with ovarian cancer and the following germline mutations as you would for a patient with a BRCA germline mutation?

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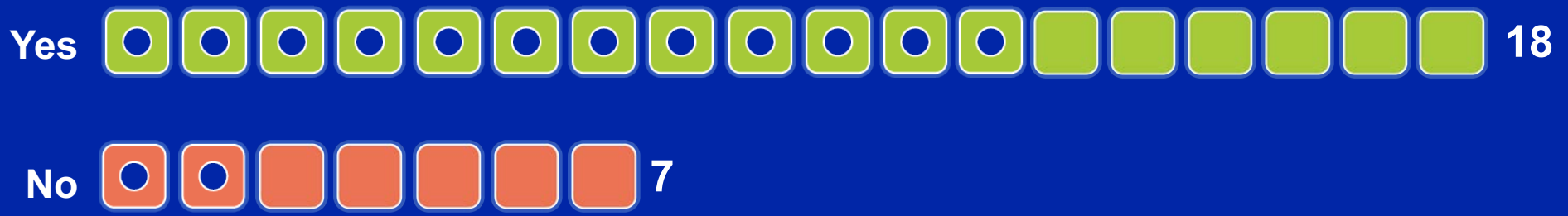
# Has the primary approach to genetic counseling for a patient with newly diagnosed ovarian cancer and a germline BRCA mutation changed at your institution in the current era of COVID-19?




Gynecologic oncologists

Medical oncologists

**How has the primary approach to genetic counseling for a patient with newly diagnosed ovarian cancer and a germline BRCA mutation changed at your institution in the current era of COVID-19?**

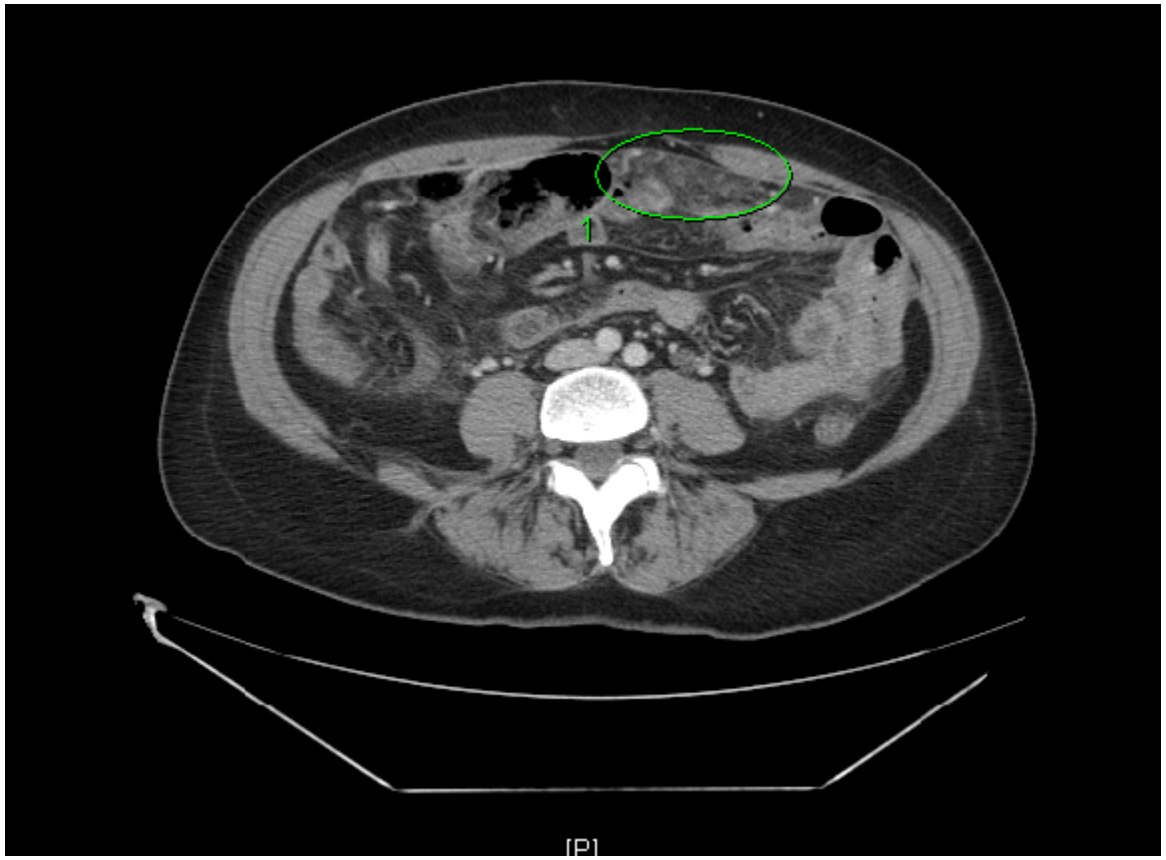
- More telehealth
- All remote (tele) visits with the genetic counselor
- All virtual visits
- Almost all use telemedicine
- The patients and family need to wait longer
- Universally, virtual-based or delayed visits
- Video visits

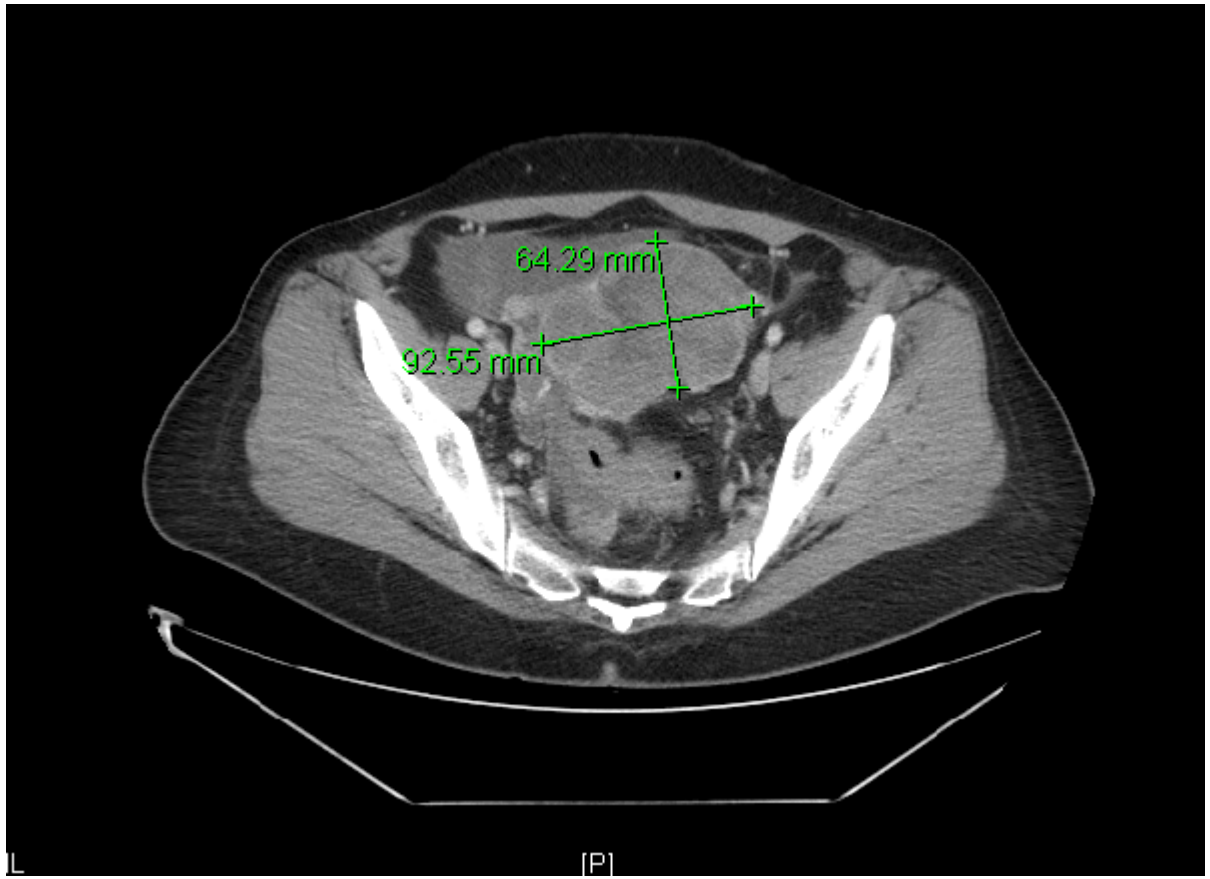
# MODULE 2: Integration of PARP Inhibitor Maintenance into the Management of Newly Diagnosed OC

# Dr Moore: Case 1

- 53 year old who presented with abdominal bloating , decreased urination and difficulty with defecation starting 10/2019. She was treated with laxatives which didn't help and presented to her Ob/Gyn where a mass was appreciated on exam.
- TVUS demonstrated a large complex adnexal mass, free fluid
- Ca-125 = 953.6
- She was referred to gynecologic oncology where a CT was ordered.

# Dr Moore: Case 1



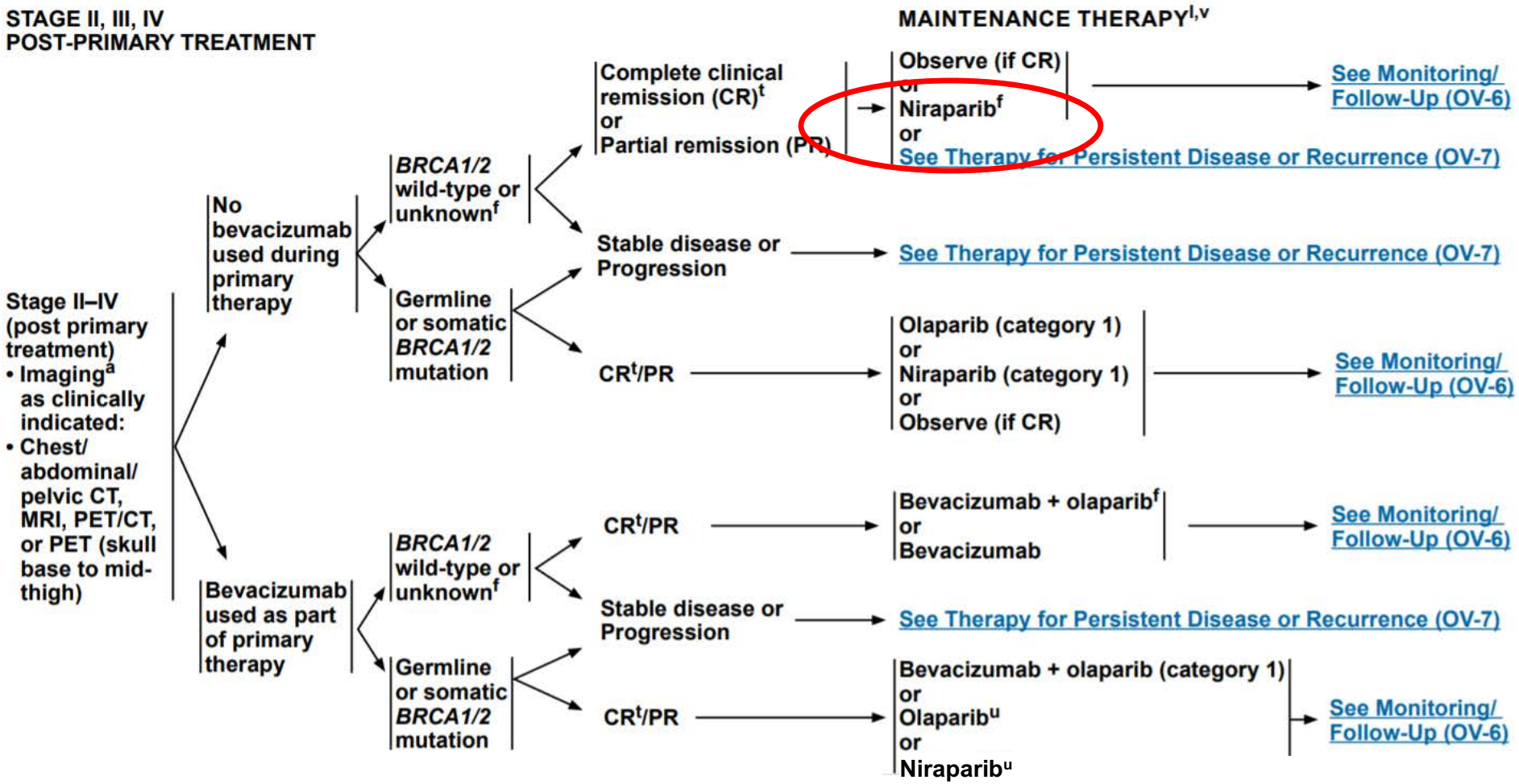
# Dr Moore: Case 1
# Pathology and Molecular Characterization

- Pathology
  - High grade serous ovarian cancer
- Comprehensive Genomic Profile:
  - Loss of heterozygosity score > 16%
  - Tumor mutational burden 4mut/Mb, MSS, BRAF D594G, NF1 loss, RB1 loss, TP53 H179R
- Genetics
  - *BRCA* wt

# Dr Moore: Case 1 – Treatment

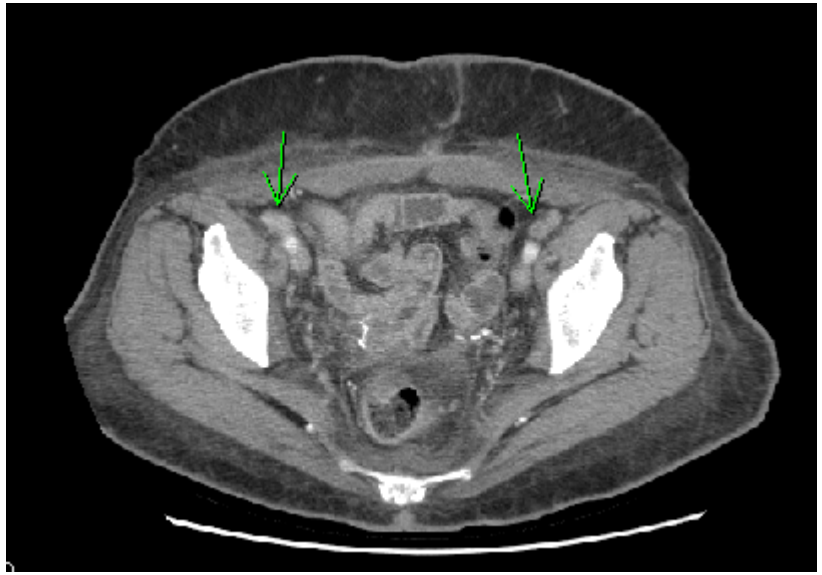
- Treated with carboplatin AUC 6 and paclitaxel 175mg/mg$^2$ IV every 21 days x 6 cycles
- Ca-125 was 31 post cytoreductive surgery, ended at 9
- Cycle 6 on 4/9/2020, nl Ca125 and neg CT scan = NED
- Now questions regarding maintenance?

# NCCN 2020 Guidelines



# Dr Moore: Case 2

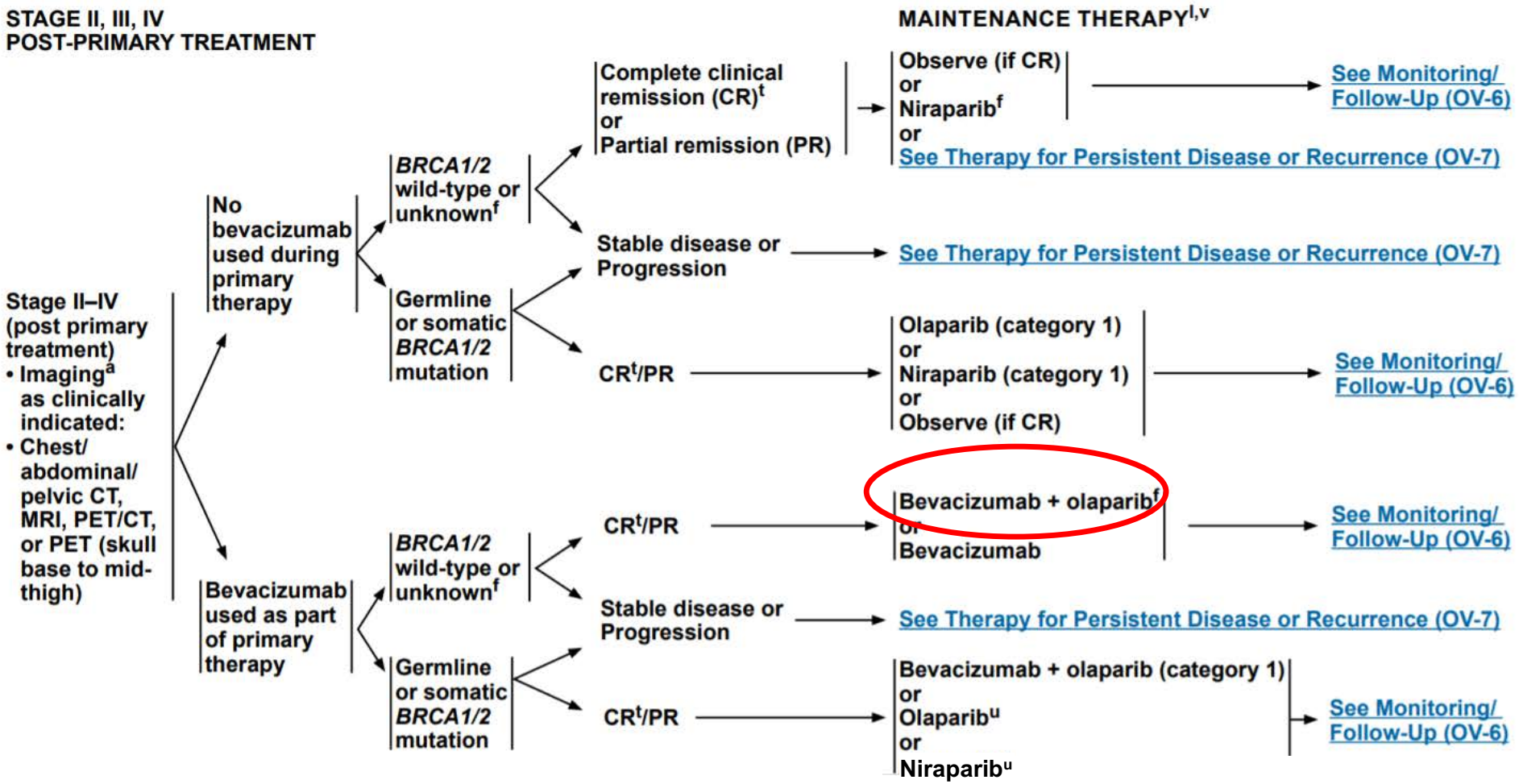
- 63 year old who had surgery at an outside facility and not by a cancer specialist but was found to have advanced stage, epithelial ovarian cancer
- Chest CT with pleural effusion, mediastinal LN that did not meet RECIST criteria but were concerning
- CT Abd pelvis with multiple enlarged LN
- Pathology: HG Endometrioid
- Comprehensive Genomic Profile
  - LOH < 16%, MSS, BRAF K483E, TP53, ARID1A
- *BRCA* wt



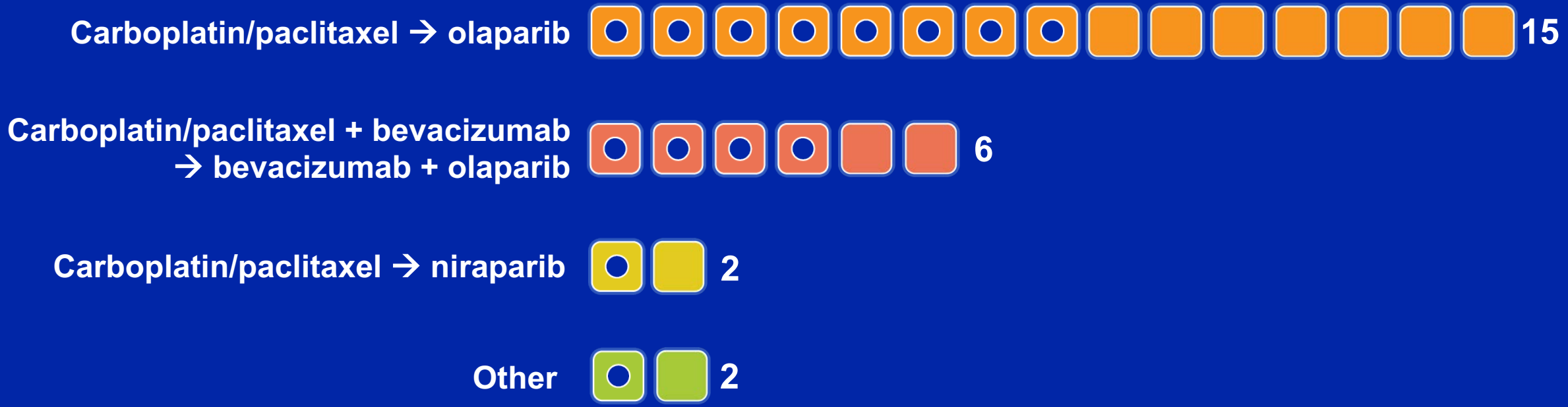
# Dr Moore: Case 2: Treatment

- Patient treated with carboplatin AUC 6 and paclitaxel 175mg/$m^2$ and bevacizumab 15mg/kg every 21 days x 6 completed 12/2019
- Ca-125 went from 729 to  464 after 6 cycles
- CT with partial response to therapy
- Bevacizumab discontinued after cycle 6 due to grade 3, uncontrolled HTN
- Since we had started bevacizumab – we planned to treat per PAOLA-1 but didn’t end up continuing the bev – so now just on olaparib
- Ca125 down to 187 after 4 cycles maintenance - ongoing

# NCCN 2020 Guidelines



# A 60-year-old woman with Stage IIIC ovarian cancer and a germline BRCA mutation is s/p optimal debulking surgery with a normal CA-125 level. Regulatory and reimbursement issues aside, what would you recommend as postoperative systemic therapy?



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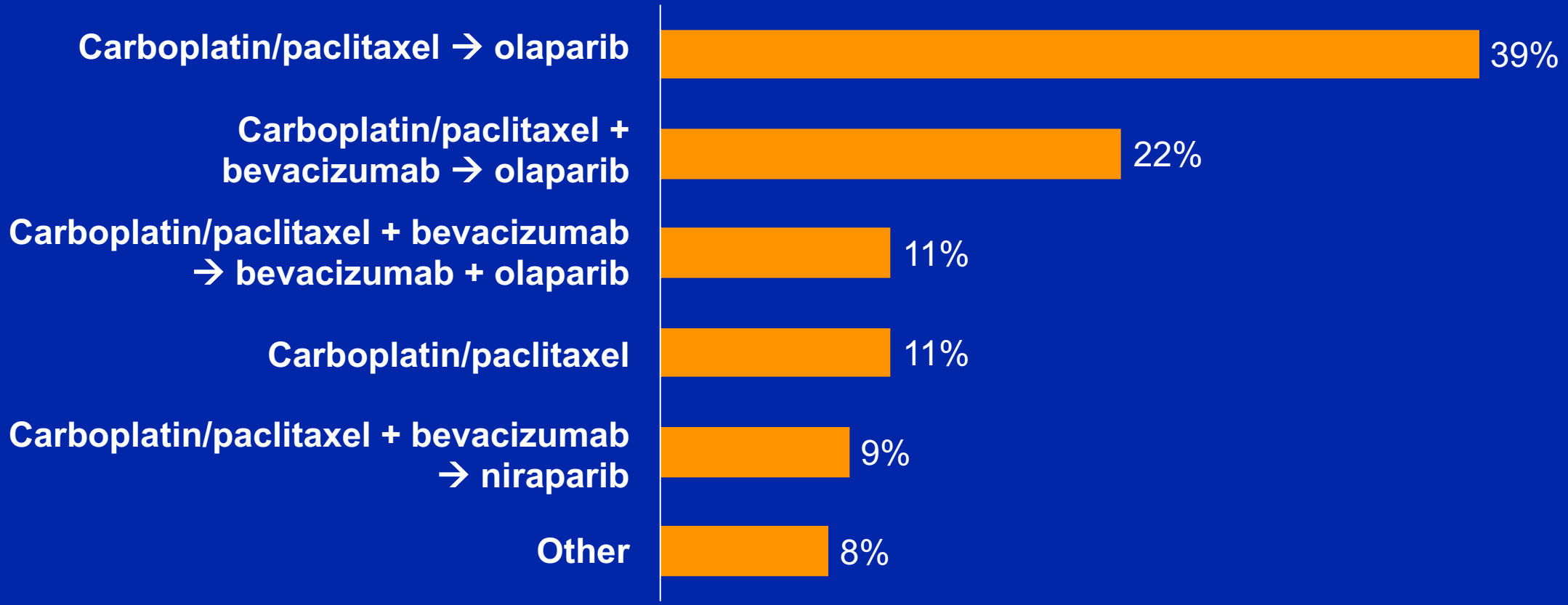


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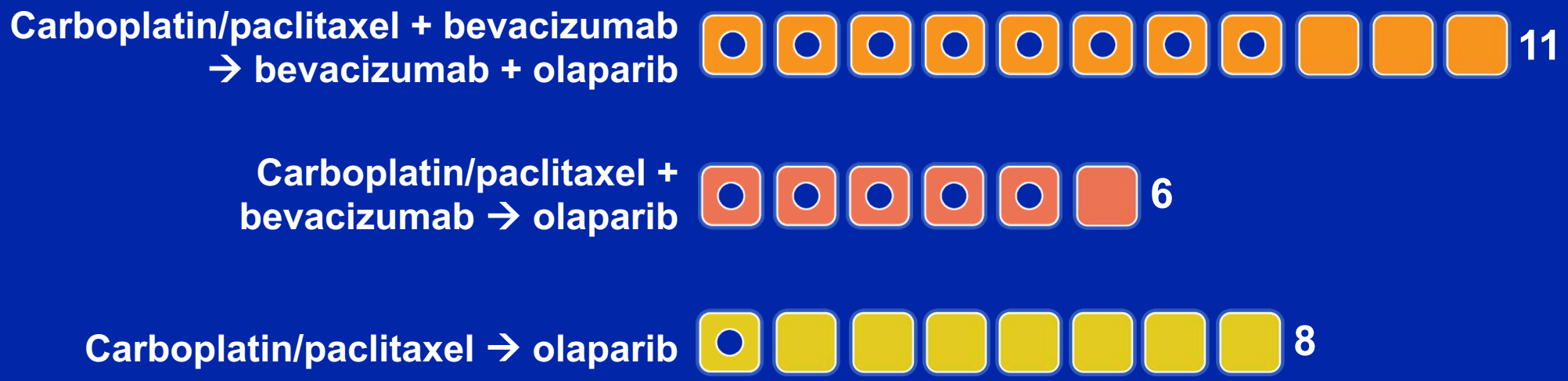
# A 60-year-old woman with Stage IIIC ovarian cancer and a germline BRCA mutation is status post (s/p) suboptimal debulking surgery with elevated CA-125. Regulatory and reimbursement issues aside, what would you recommend as postoperative systemic therapy?



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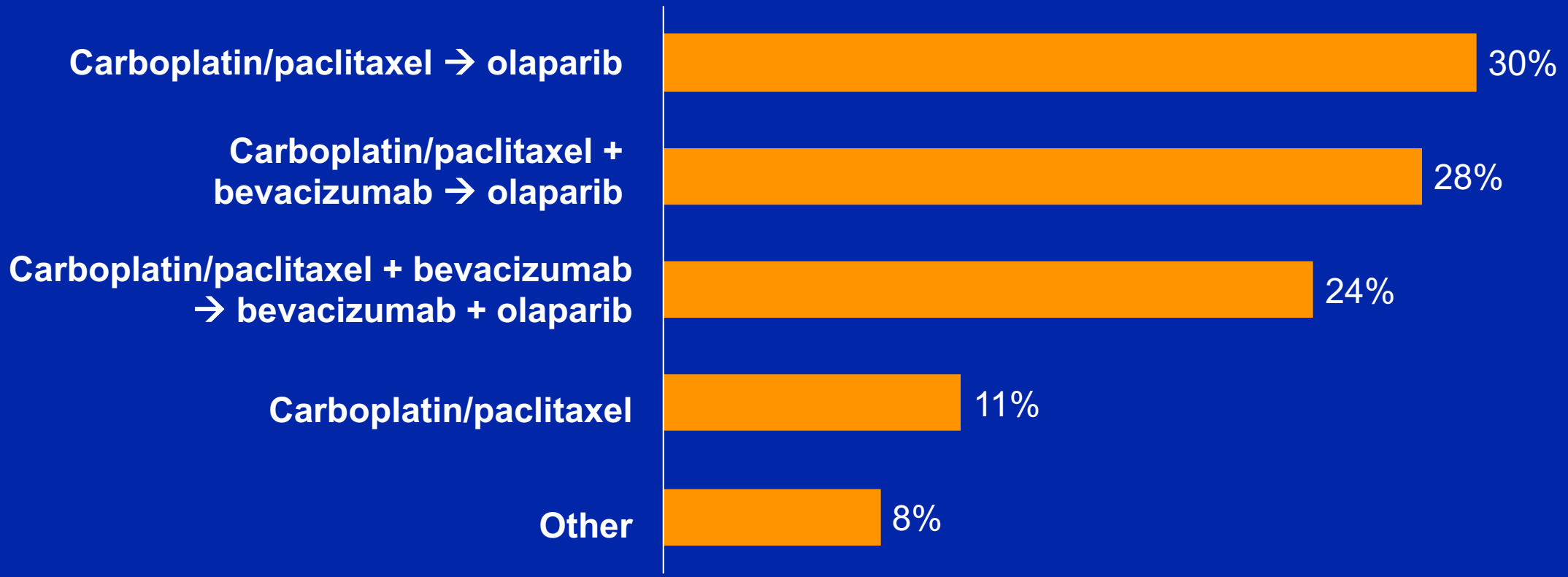


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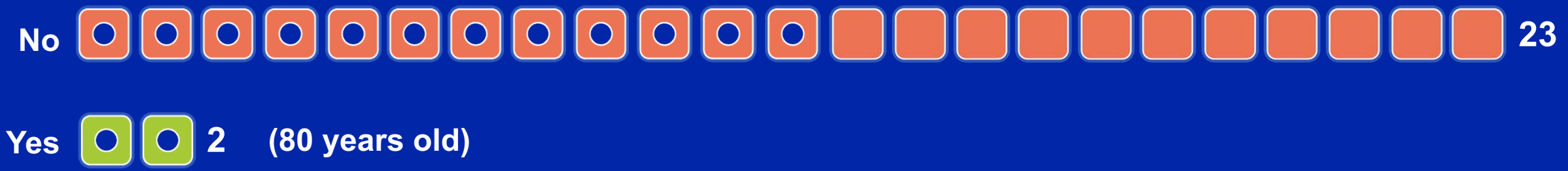
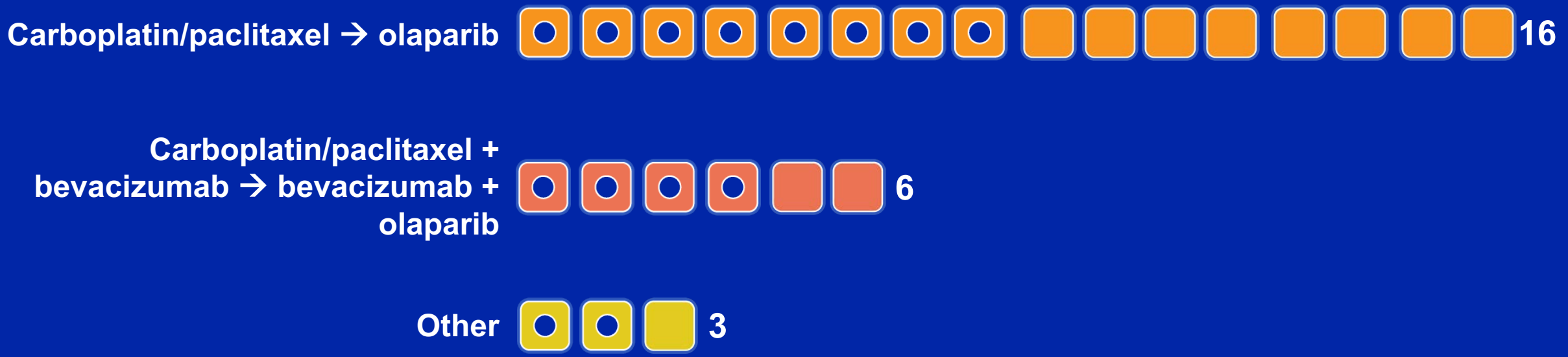
# Is there a patient age beyond which you would generally not administer bevacizumab for ovarian cancer?




Gynecologic oncologists

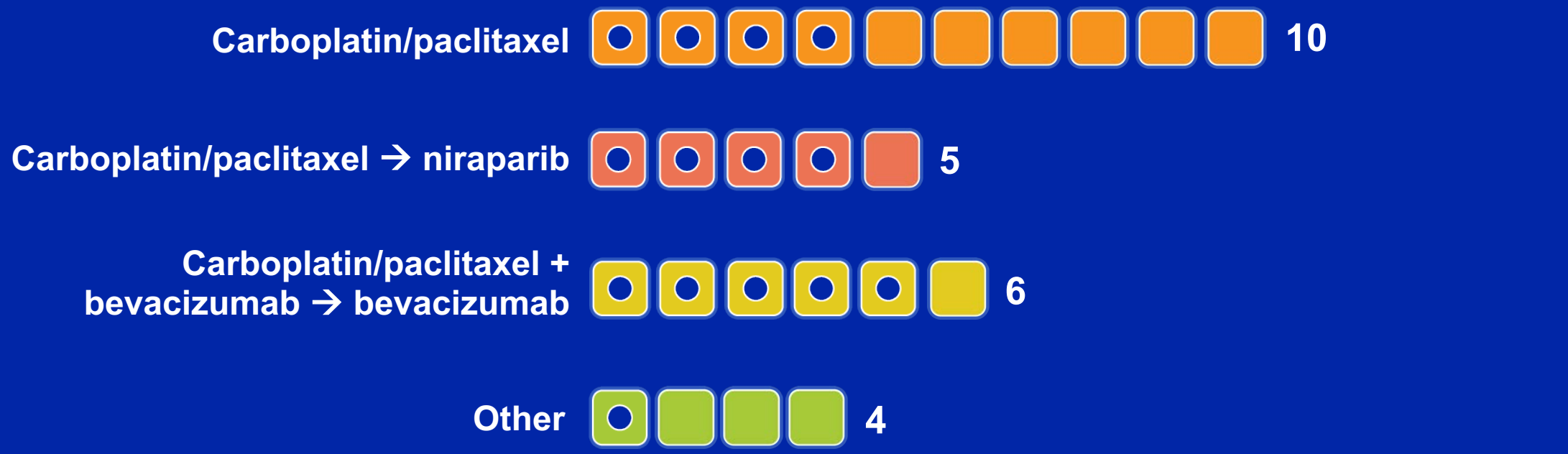
Medical oncologists

**A 60-year-old woman with Stage IIIC ovarian cancer and a somatic BRCA mutation is s/p optimal debulking surgery with a normal CA-125 level. Regulatory and reimbursement issues aside, what would you recommend as postoperative systemic therapy?**

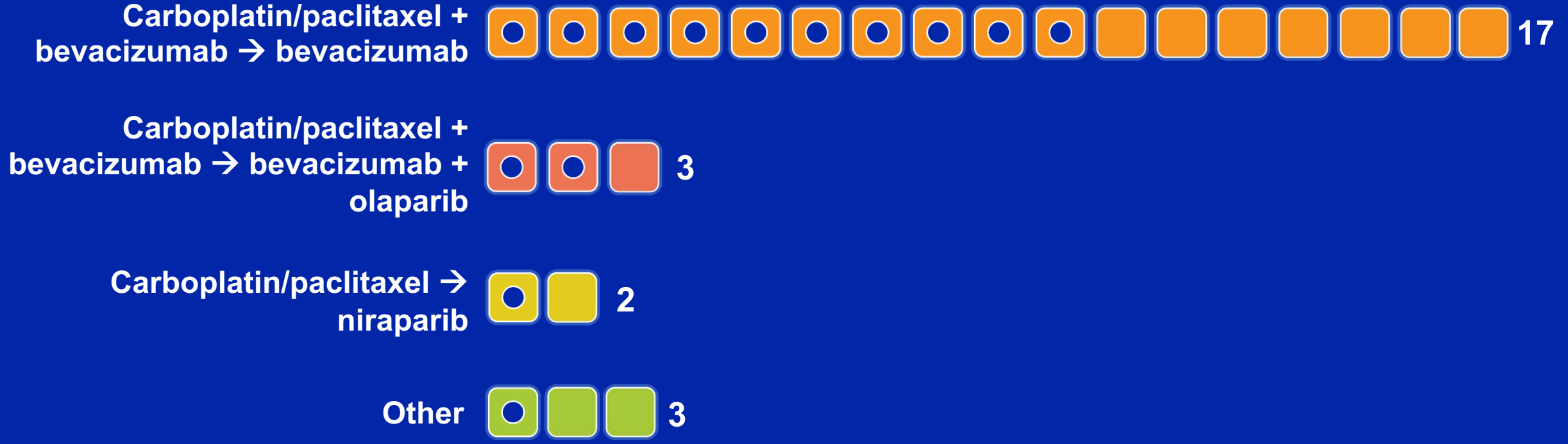


# A 60-year-old woman with Stage IIIC ovarian cancer and a somatic BRCA mutation is s/p suboptimal debulking surgery with an elevated CA-125 level. Regulatory and reimbursement issues aside, what would you recommend as postoperative systemic therapy?

# A 60-year-old woman with Stage IIIC ovarian cancer (BRCA wild type, HRD-negative) is s/p optimal debulking surgery with a normal CA-125 level. Regulatory and reimbursement issues aside, what would you recommend as postoperative systemic therapy?



# A 60-year-old woman with Stage IIIC ovarian cancer (BRCA wild type, HRD-negative) is s/p suboptimal debulking surgery with an elevated CA-125 level. Regulatory and reimbursement issues aside, what would you recommend as postoperative systemic therapy?



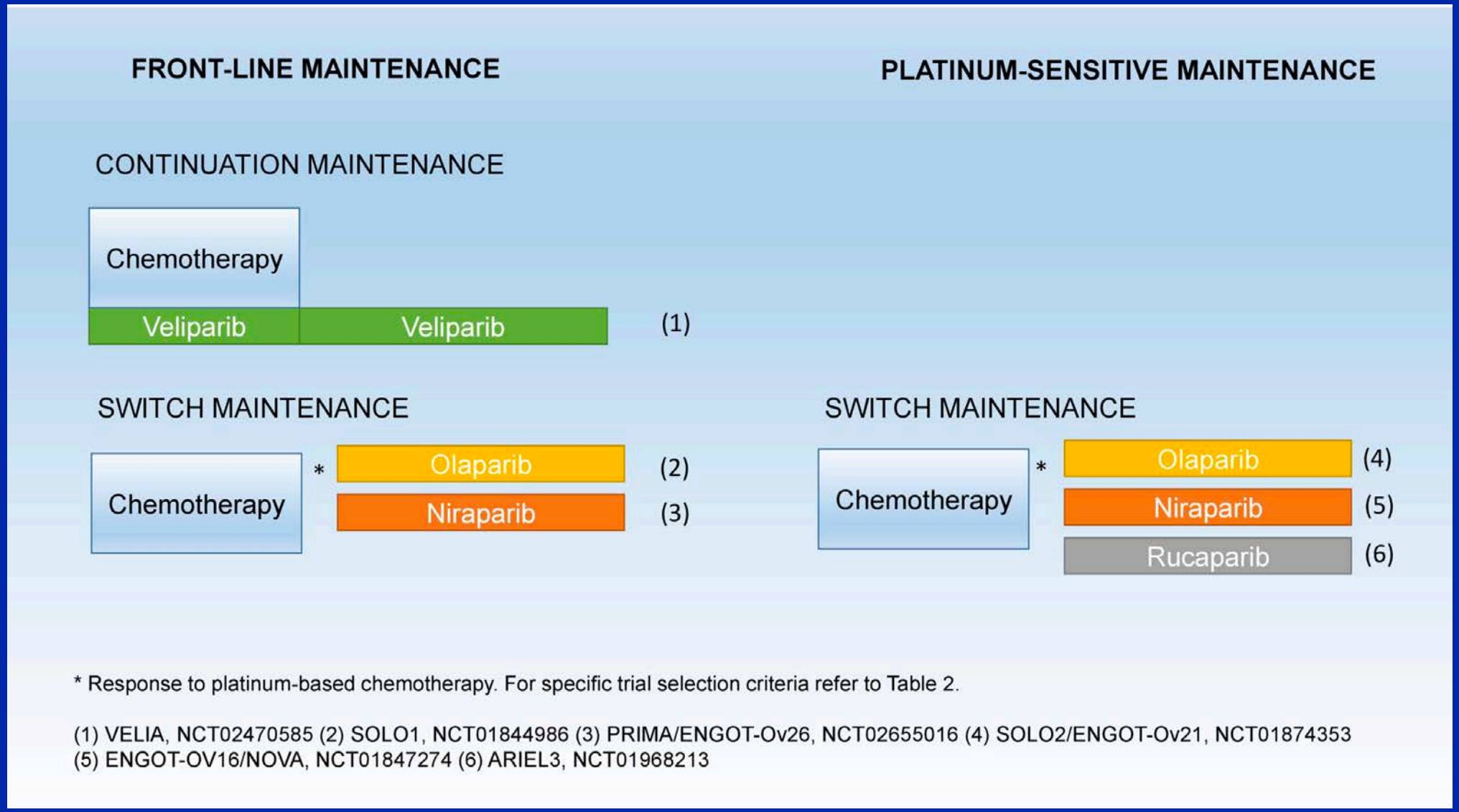
# A 60-year-old woman with Stage IIIC ovarian cancer (BRCA wild type, HRD-positive) is s/p optimal debulking surgery with a normal CA-125 level. Regulatory and reimbursement issues aside, what would you recommend as postoperative systemic therapy?

# A 60-year-old woman with Stage IIIC ovarian cancer (BRCA wild type, HRD-positive) is s/p suboptimal debulking surgery with an elevated CA-125 level. Regulatory and reimbursement issues aside, what would you recommend as postoperative systemic therapy?

**Regulatory and reimbursement issues aside, which starting dose of niraparib would you use for a 125-lb patient with advanced ovarian cancer and a platelet count of 200,000 after a response to front-line platinum-based chemotherapy?**

# MODULE 3: Practical Considerations with the Use of PARP Inhibitors in Advanced OC

# Maintenance Strategies in Phase III Clinical Trials Assessing PARP Inhibitor Treatment in Ovarian Cancer




Madariaga A et al. *Int J Gynecol Cancer* 2020;[Online ahead of print].

# Dr Liu - PARPi toxicity: Case

- 74yo woman with recurrent platinum-sensitive ovarian cancer
- Germline testing with *RAD51C* mutation
- Received carboplatin/PLD with complete response
- Started on maintenance olaparib at 300mg BID
  - ~4 weeks after initiation, noted to have increasing fatigue, diarrhea. Platelet count decreased to 99K (from 183K at treatment initiation)
- Drug held, re-initiated with dose reduction to olaparib 250mg BID 2 weeks later after platelet recovery to 165K
  - ~4 weeks at this dose, with increasing intolerable fatigue
- Drug held, re-initiated with dose reduction to olaparib 200mg BID 2 weeks later
- Continues on maintenance olaparib at 200mg BID

Review

INTERNATIONAL JOURNAL OF
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# Manage wisely: poly (ADP-ribose) polymerase inhibitor (PARPi) treatment and adverse events

Ainhoa Madariaga ,[1] Valerie Bowering,[1] Soha Ahrari,[2] Amit M Oza,[1] Stephanie Lheureux[1]

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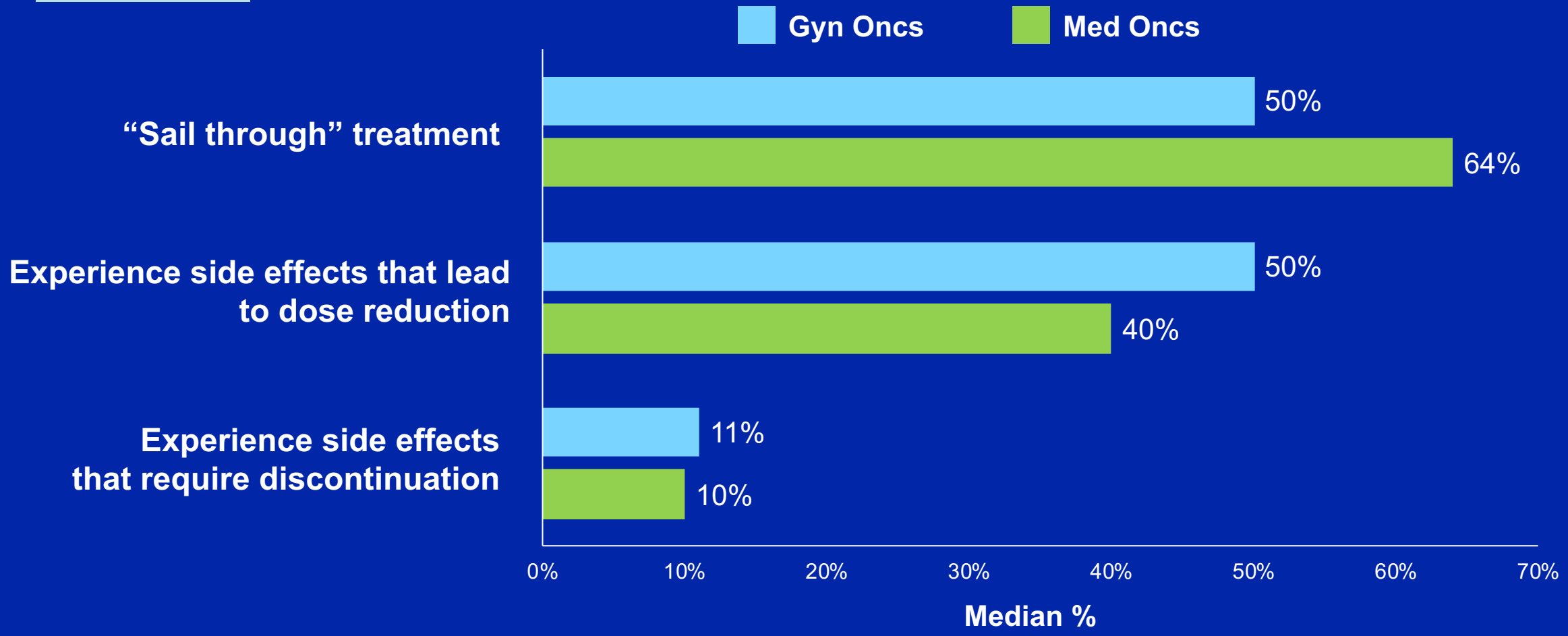
# How would you respond to a patient with Stage III ovarian cancer who is about to begin a PARP inhibitor as maintenance therapy after suboptimal debulking surgery and chemotherapy and asks you to estimate the chance that during the first year of treatment she will…



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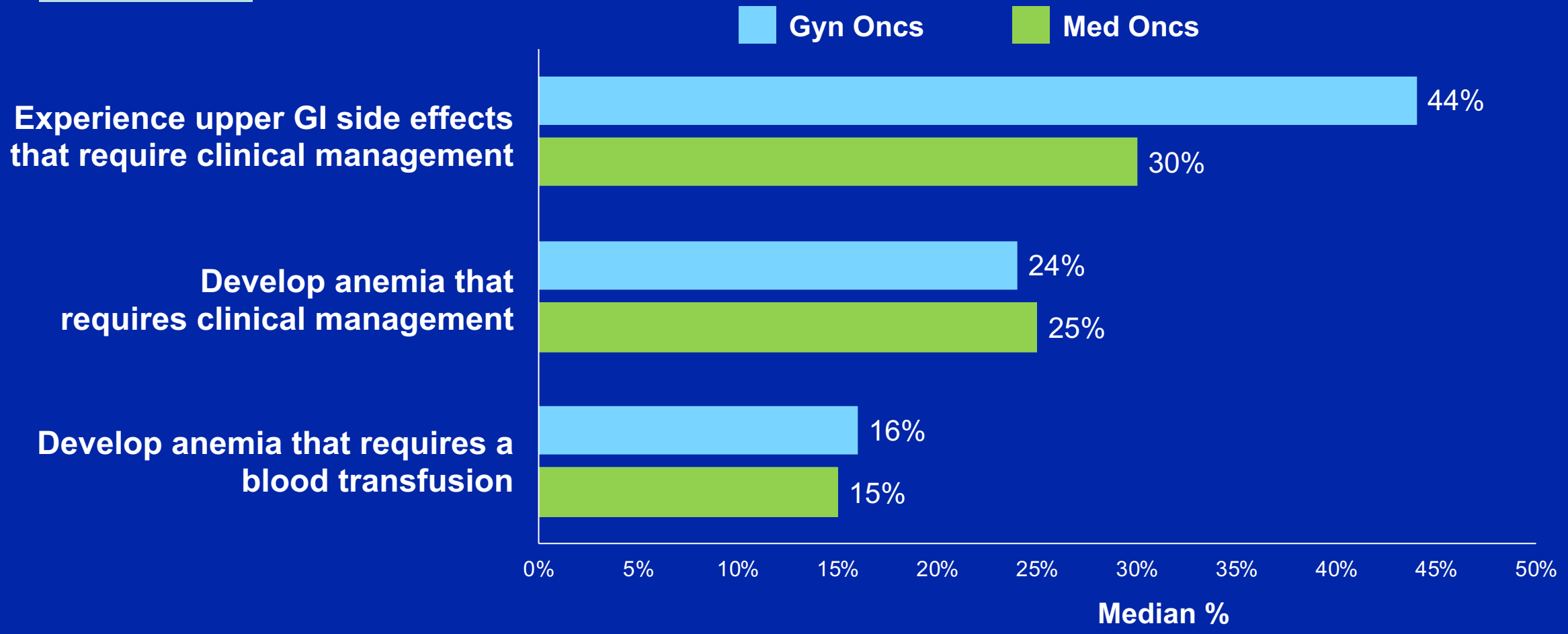
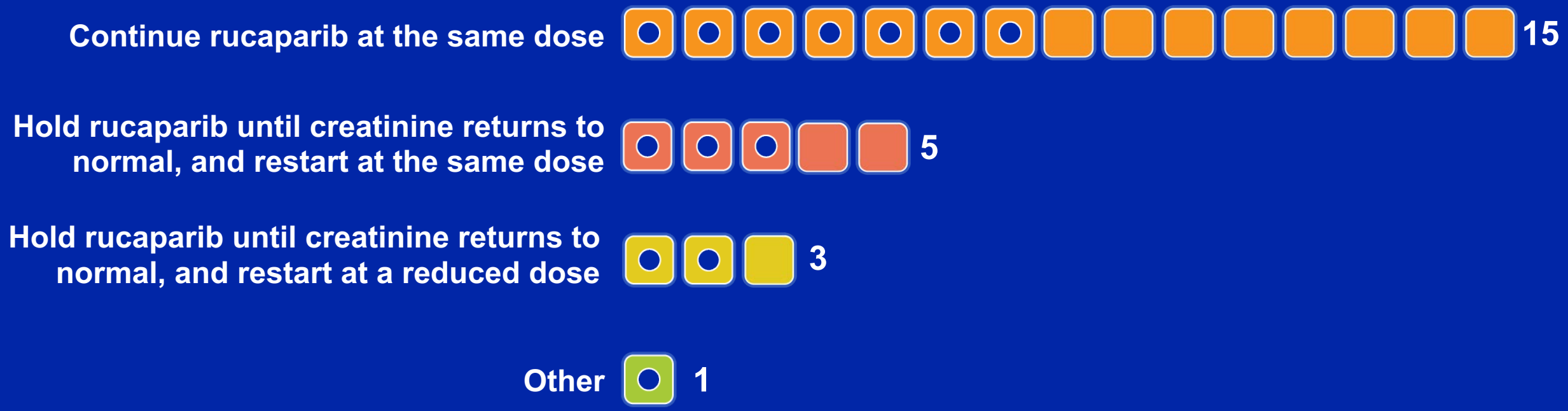


**A woman in her mid-60s with recurrent high-grade serous ovarian cancer begins rucaparib monotherapy (600 mg BID). Within a few weeks, her serum creatinine increases from 0.86 mg/dL to 1.6 mg/dL. What would be the optimal management approach?**



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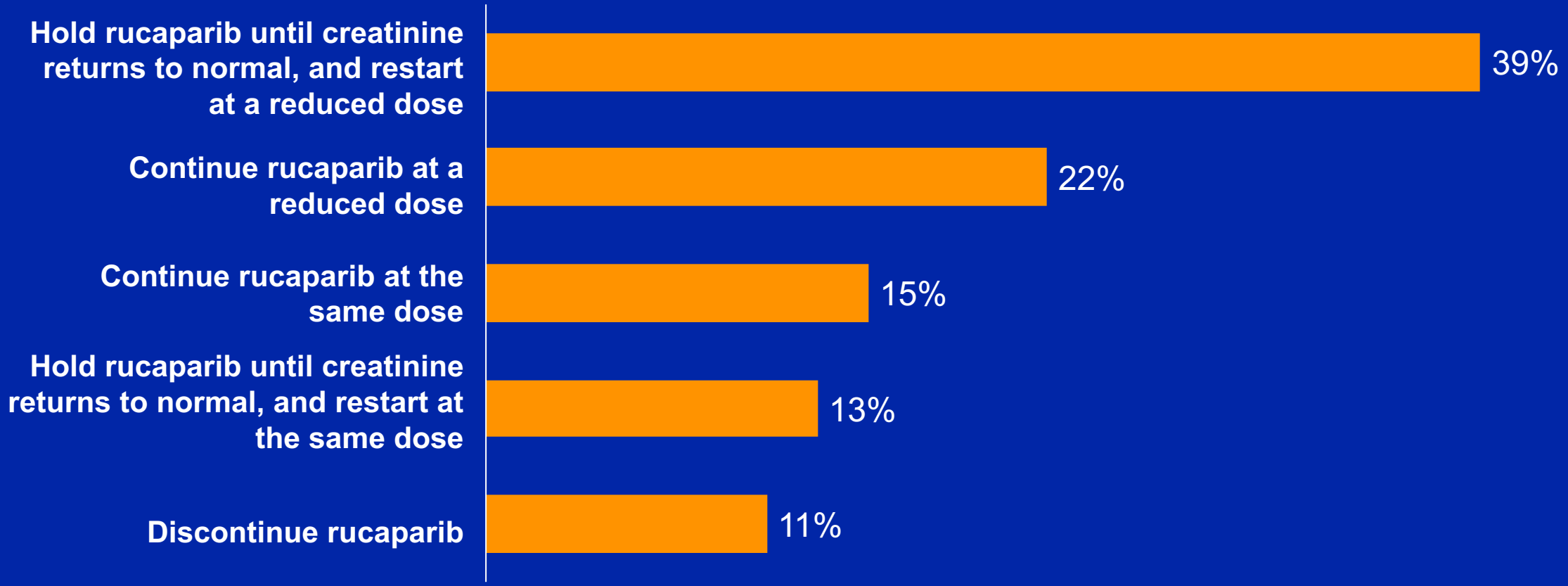


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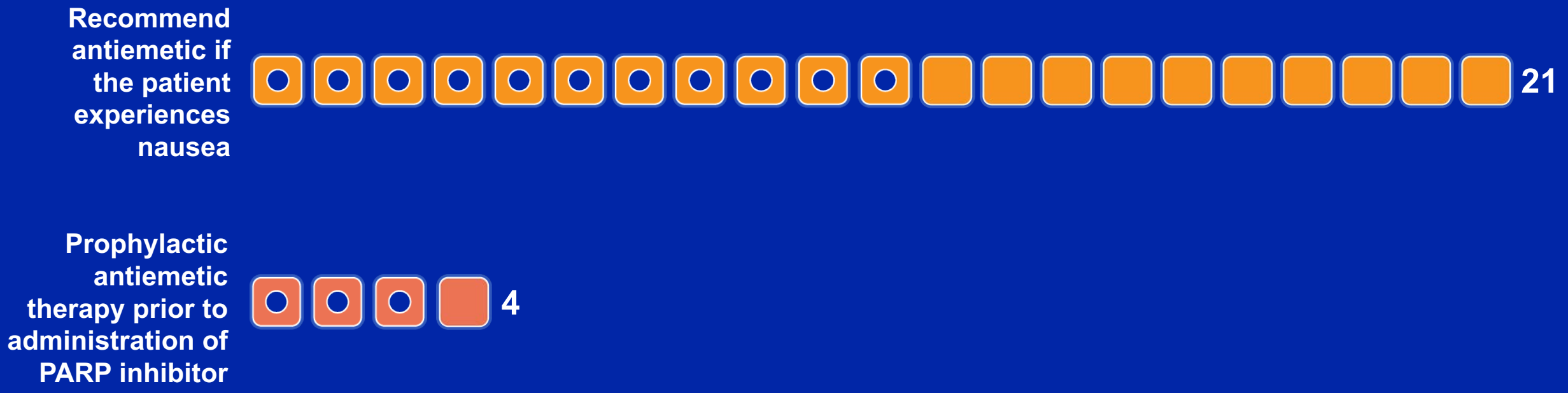
# In general, what is your approach to antiemetic therapy for a patient with ovarian cancer who is starting treatment on a PARP inhibitor?



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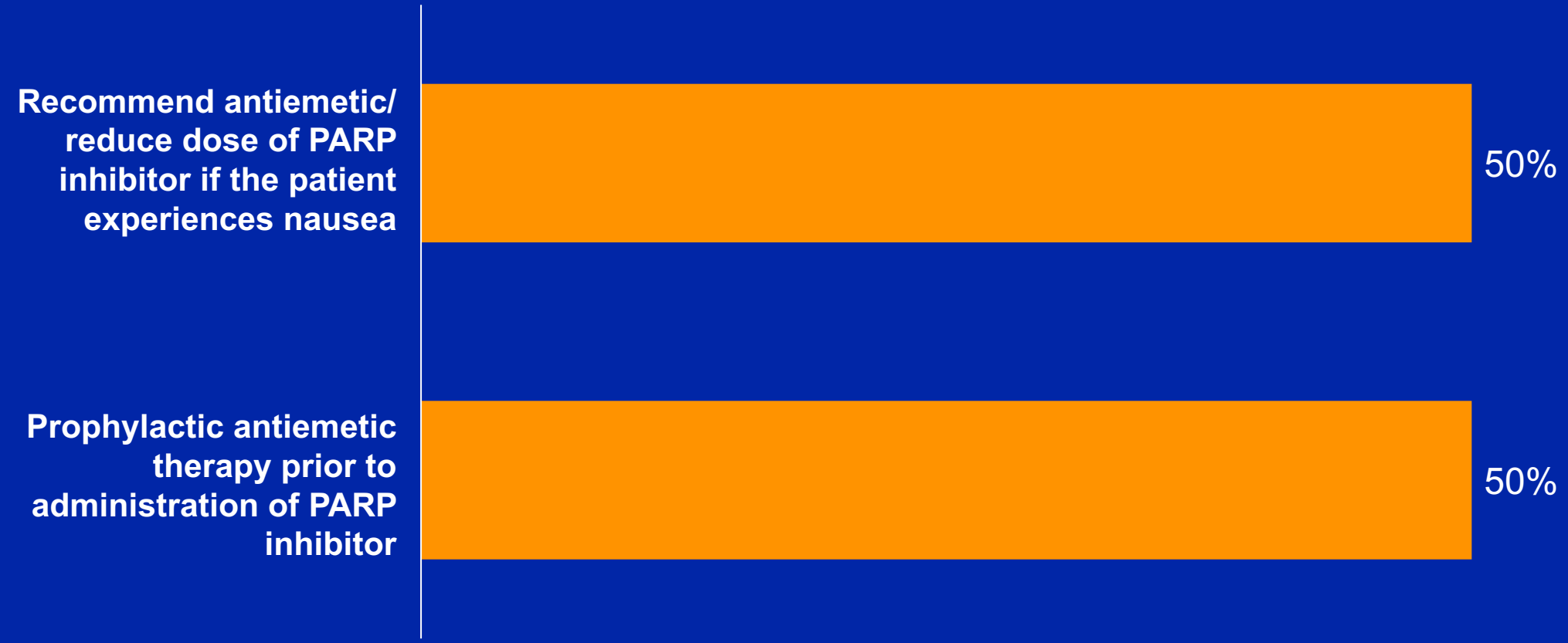


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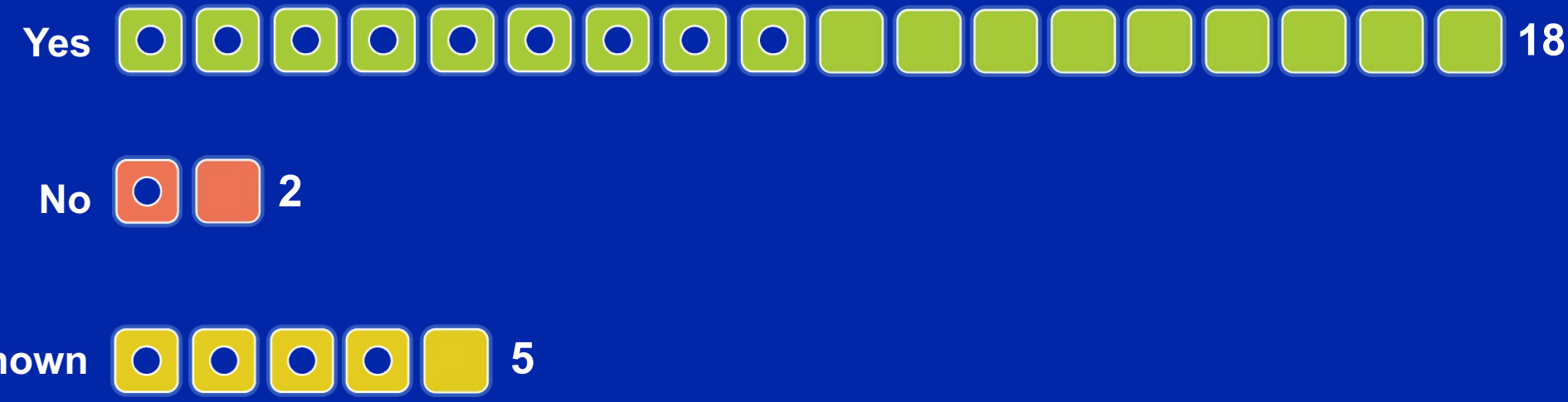
# For a patient with Stage IIIC ovarian cancer and a germline BRCA mutation who has undergone optimal debulking surgery followed by chemotherapy and 2 years of PARP inhibitor maintenance therapy, do you believe the risk of developing MDS or AML is increased by the PARP inhibitor?




**Median Risk Estimate:**

Gyn Onc: 1%

Med Onc: 1%

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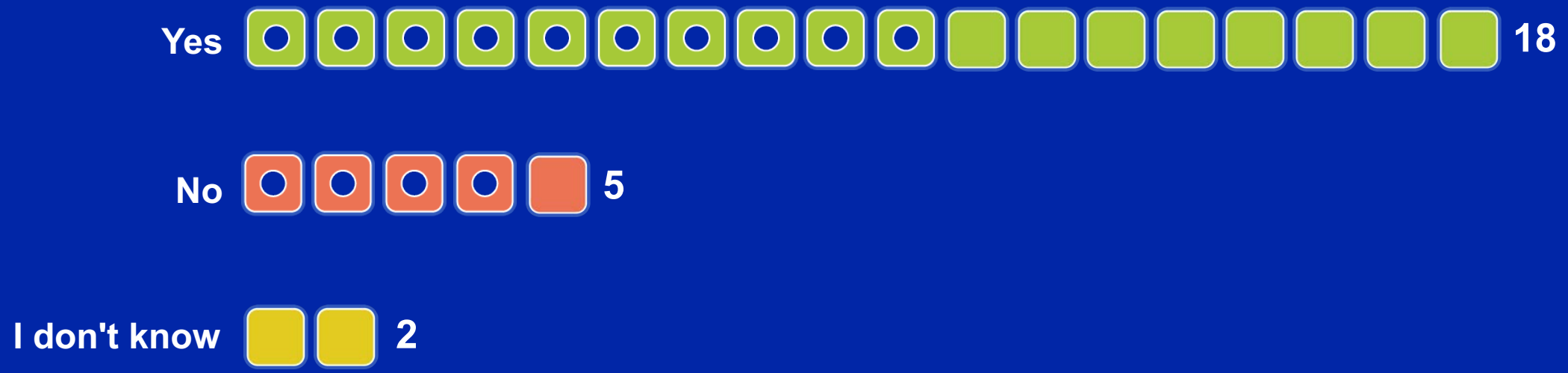
Medical oncologists

# According to your clinical experience, do PARP inhibitors cause insomnia?



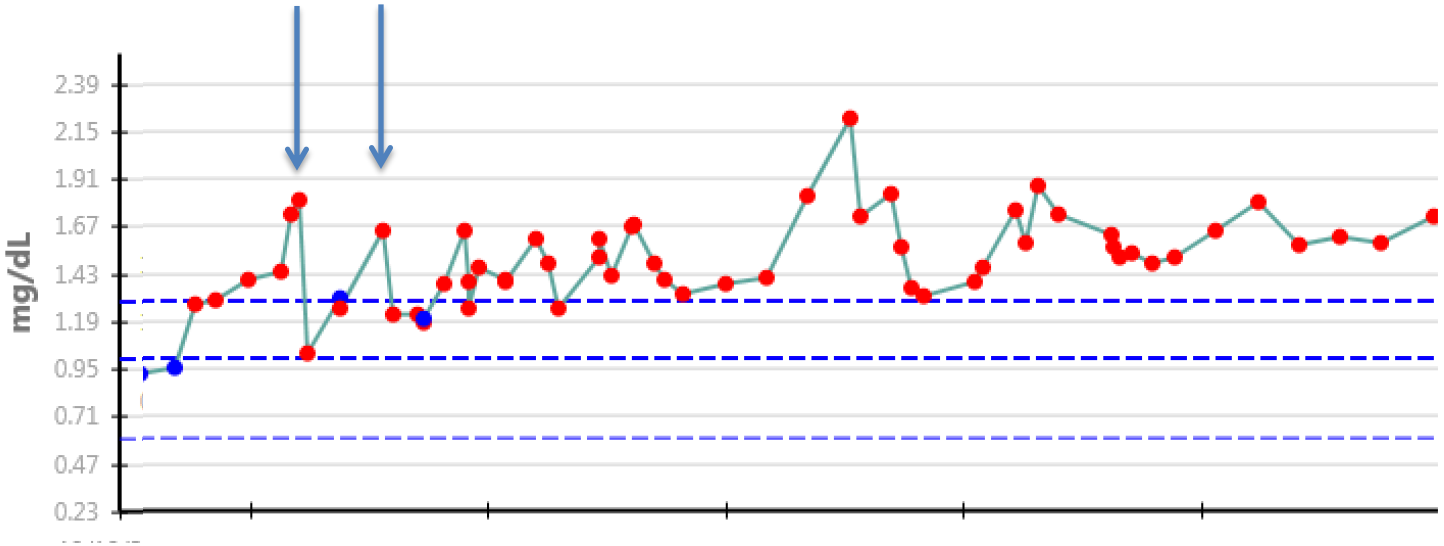
# MODULE 4: Potential Role of PARP Inhibitors with Chemotherapy; Other Investigational Combination Approaches in Clinical Development for Advanced OC

# Dr Coleman: Case

- Hx: 60 y/o woman with recurrent high grade serous ovarian cancer (BRCA-wt)
  - Initial diagnosis 2/2012: Stage IIIC (gross intraperitoneal disease, ascites); CA125: 2151 U/mL
    - Cytoreduction to < 1cm
    - IV: Paclitaxel/Carboplatin q 3 week x 6 cycles [clinical CR]
  - First recurrence: 3/2015: multifocal pelvic and abdominal disease, CA125: 367 U/mL
    - IV: Paclitaxel/carboplatin x 8; [PR], consolidated with IV: Carboplatin AUC5 x 6 months [SD] but developed HSR
    - CA125: 69 U/mL
  - Persistent small volume measurable disease: Eligible for  Phase II trial (ARIEL2: Rucaparib)

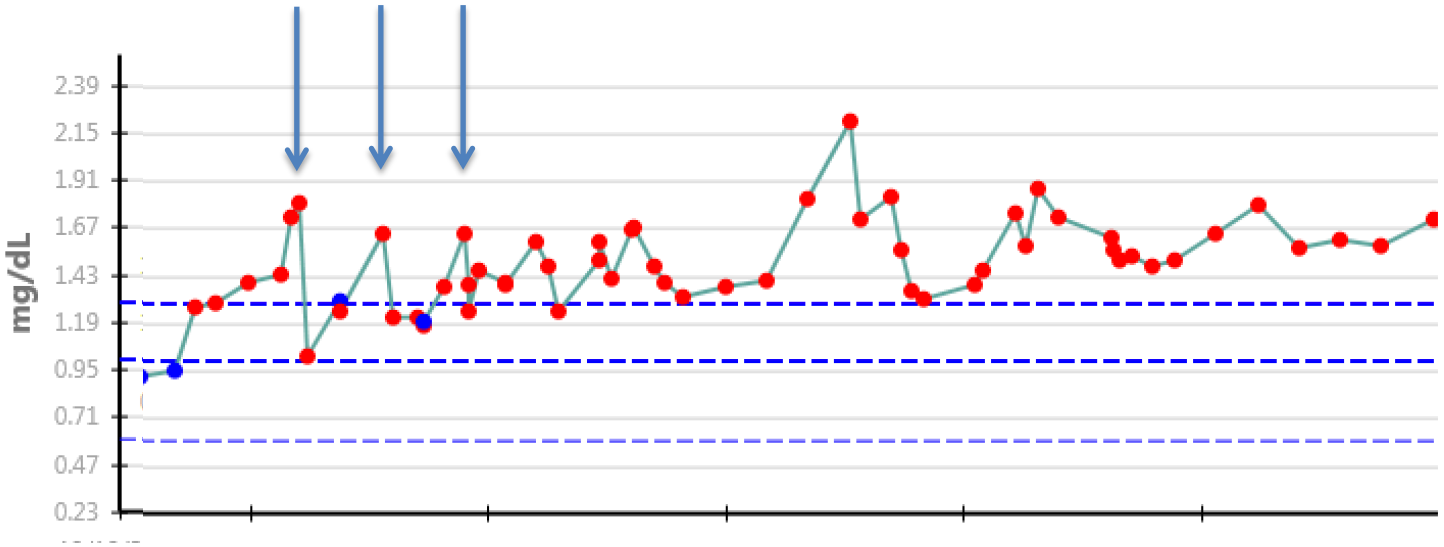
# Dr Coleman: Case (Cont'd)

- Hx: 60 y/o woman with recurrent high grade serous ovarian cancer
  - Started rucaparib 600 mg BID, sCr: 0.8, CA125: 69 U/mL
  - Gr 1 GI controlled with anti-emetics
  - Cycle 2 – sCR: 1.83 (Gr2) – dose held 1 week sCr: 0.97
  - Cycle 3 – imaging [SD], sCr: 1.65 (Gr2), CA125: 44 U/mL, dose reduction, held – sCr: 1.19



# Dr Coleman: Case (Cont'd)

- Hx: 60 y/o woman with recurrent high grade serous ovarian cancer
  - Cycle 4 – imaging [PR], sCr: 1.67 (Gr2), CA125: 32 U/mL, dose held – renal function studies



**sCr: 1.51**
**Est CrCl: 44 mL/min**

# Dr Coleman: Case (Cont'd)

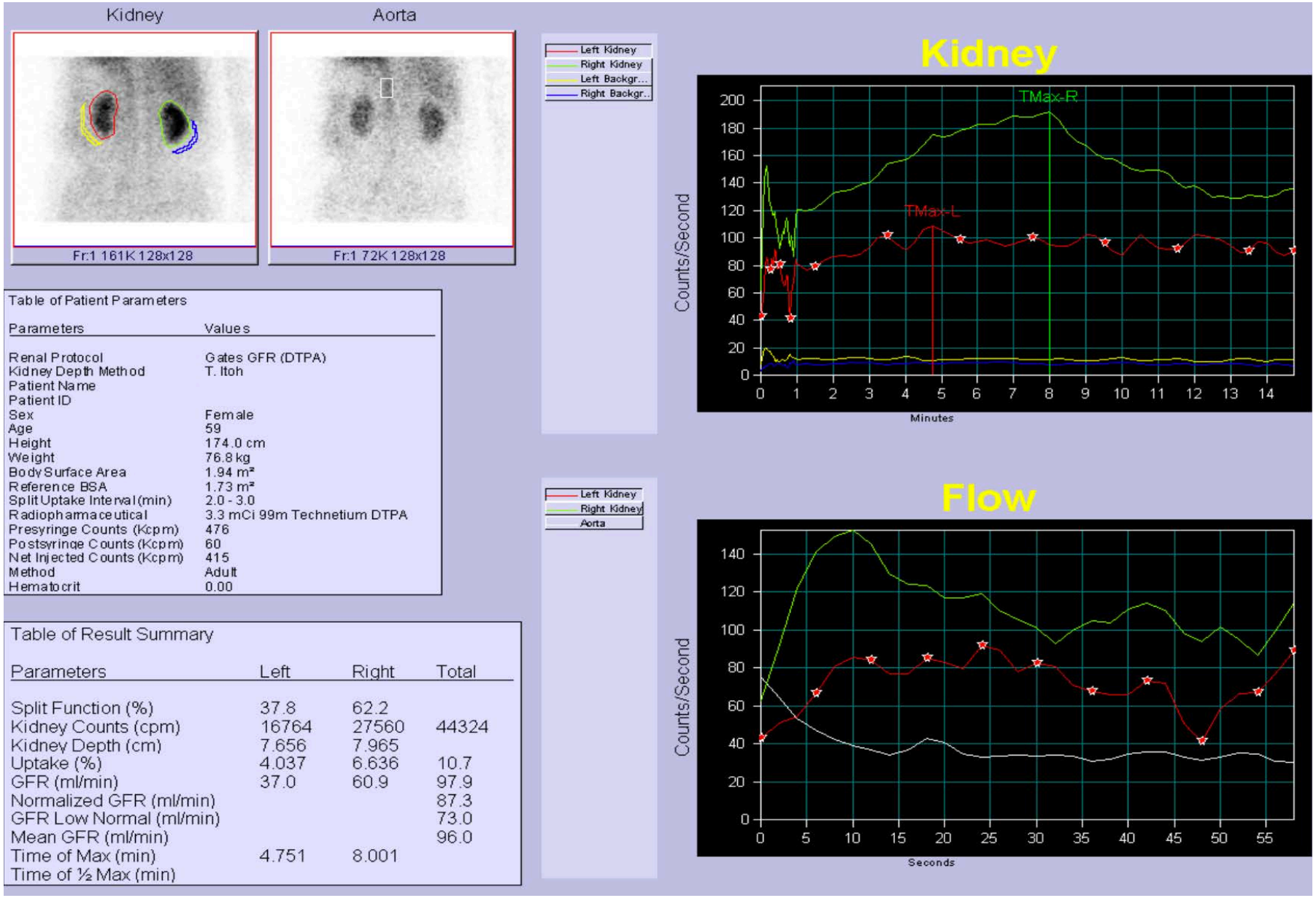



Table of Patient Parameters

| Parameters | Values |
|---|---|
| Renal Protocol | Gates GFR (DTPA) |
| Kidney Depth Method | T. Itoh |
| Patient Name | |
| Patient ID | |
| Sex | Female |
| Age | 59 |
| Height | 174.0 cm |
| Weight | 76.8 kg |
| Body Surface Area | 1.94 m² |
| Reference BSA | 1.73 m² |
| Split Uptake Interval (min) | 2.0 - 3.0 |
| Radiopharmaceutical | 3.3 mCi 99m Technetium DTPA |
| Presyringe Counts (Kcpm) | 476 |
| Postsyringe Counts (Kcpm) | 60 |
| Net Injected Counts (Kcpm) | 415 |
| Method | Adult |
| Hematocrit | 0.00 |

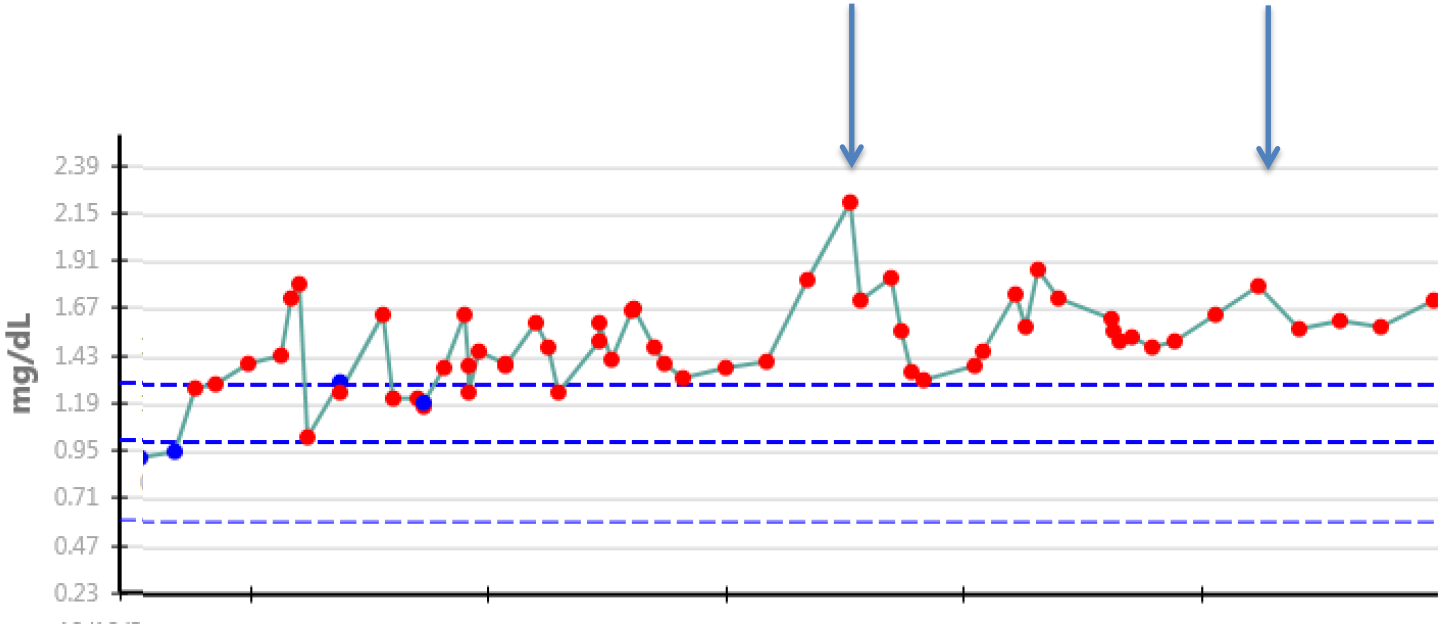
Table of Result Summary

| Parameters | Left | Right | Total |
|---|---|---|---|
| Split Function (%) | 37.8 | 62.2 | |
| Kidney Counts (cpm) | 16764 | 27560 | 44324 |
| Kidney Depth (cm) | 7.656 | 7.965 | |
| Uptake (%) | 4.037 | 6.636 | 10.7 |
| GFR (ml/min) | 37.0 | 60.9 | 97.9 |
| Normalized GFR (ml/min) | | | 87.3 |
| GFR Low Normal (ml/min) | | | 73.0 |
| Mean GFR (ml/min) | | | 96.0 |
| Time of Max (min) | 4.751 | 8.001 | |
| Time of ½ Max (min) | | | |

**GFR: 97.9**

# Dr Coleman: Case (Cont'd)

- Hx: 60 y/o woman with recurrent high grade serous ovarian cancer
  - Patient went on to receive 22 total cycles of therapy
  - One further dose delay and dose reduction
  - Close of trial estimated CrCl: 45 ml/min coincided with renal scan (42 ml/min)



# Dr Coleman: Case
# Patient Receiving Concomitant Therapy

- 56 y.o. with high grade serous ovarian cancer
  - g*BRCA*-wt
  - Heavy disease burden with involvement of omentum, diaphragm, and peritoneal lining
  - Grossly enlarged pelvic nodes
  - Ovarian masses bilaterally
- CA-125: 6713 U/mL
- Enrolled onto VELIA/GOG-3005

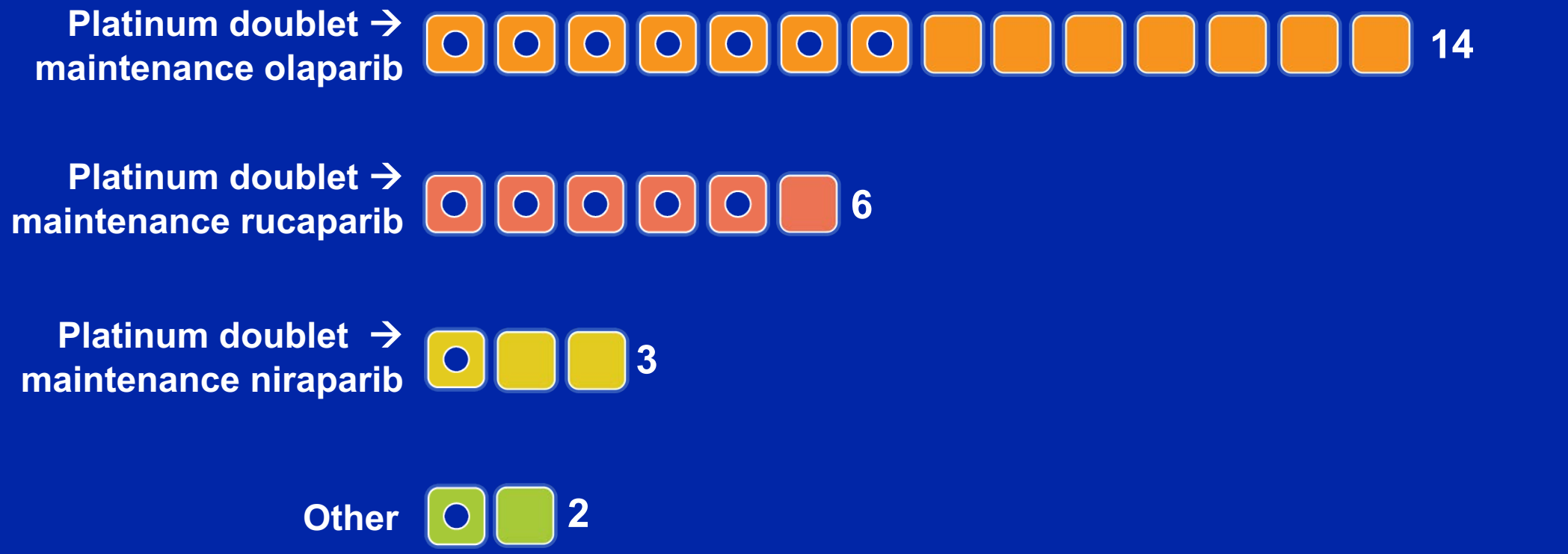
# Dr Coleman: Case
# Patient Receiving Concomitant Therapy

- 56 y.o. with high grade serous ovarian cancer
  - NACT: Paclitaxel 80 mg/$m^2$ + carboplatin AUC6 + placebo/veliparib
  - 3 cycles of therapy (CA-125: 72 U/mL)
- Imaging prior to surgery
  - Near complete resolution of omental/diaphragm disease, post-treatment peritoneal thickening
  - Nodal disease near normal (largest short axis dimension: 1.2 cm)
  - Ovaries irregular but markedly smaller
- Interval resection accomplished with near complete gross resection
  - Small volume miliary mesenteric disease

# Dr Coleman: Case
# Patient Receiving Concomitant Therapy

- 56 y.o. with high grade serous ovarian cancer
  - Completed 6 cycles of chemotherapy plus placebo/veliparib
  - CA-125: 15 U/mL
  - Initiated and completed maintenance phase
  - NED
- Sequencing from interval cytoreduction: *Rad51D* mutation

# A 70-year-old woman with advanced ovarian cancer and a germline BRCA mutation undergoes debulking surgery followed by chemotherapy with carboplatin/paclitaxel and experiences disease relapse 1 year later. Which treatment would you likely recommend?



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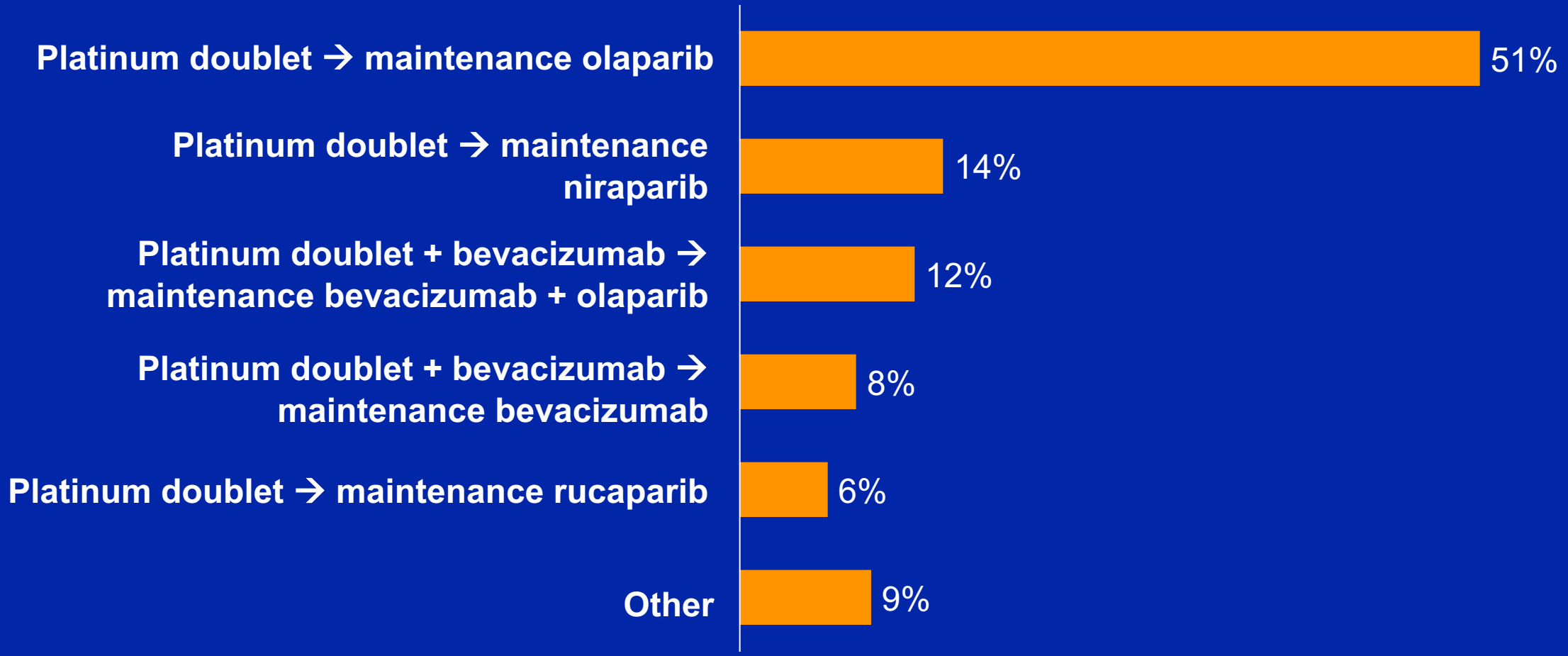


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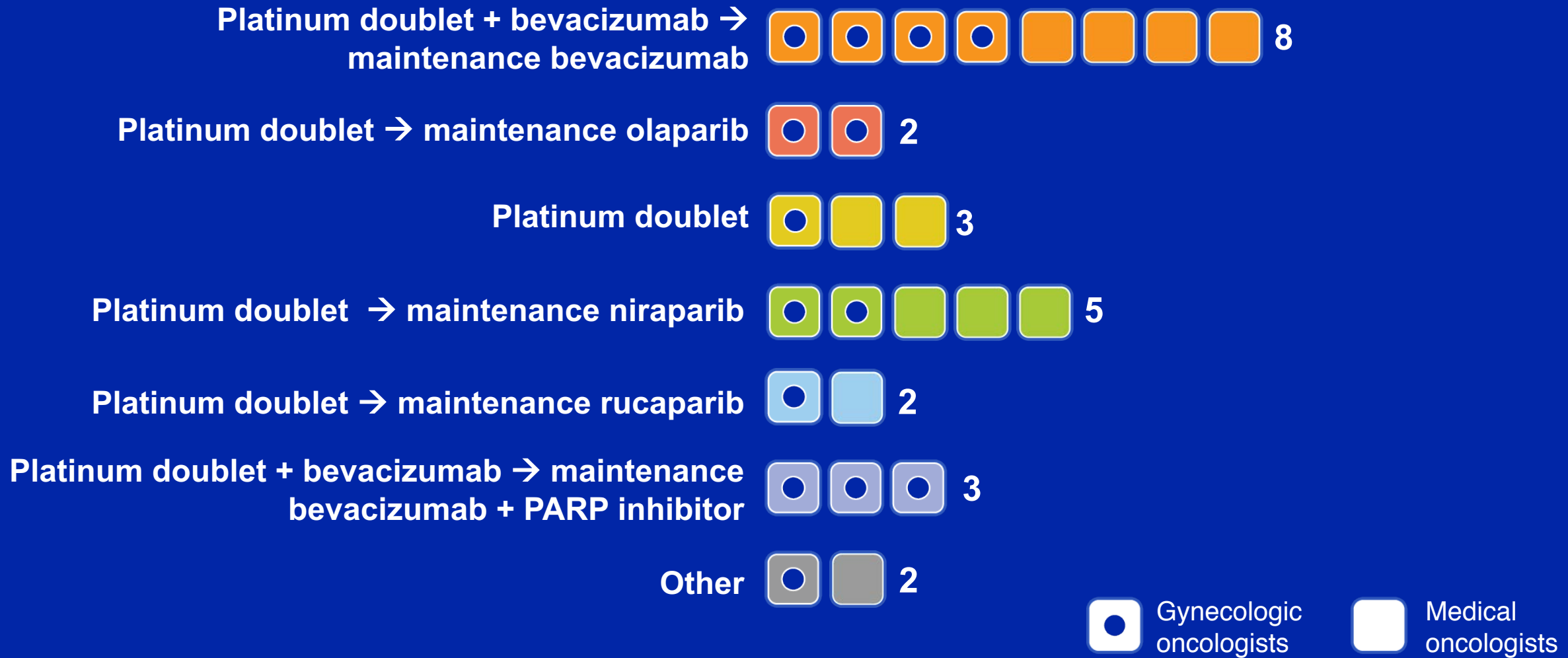
# A 70-year-old woman with advanced ovarian cancer (BRCA wild type, HRD-negative) undergoes debulking surgery followed by chemotherapy with carboplatin/paclitaxel and experiences disease relapse 1 year later. Which treatment would you likely recommend?



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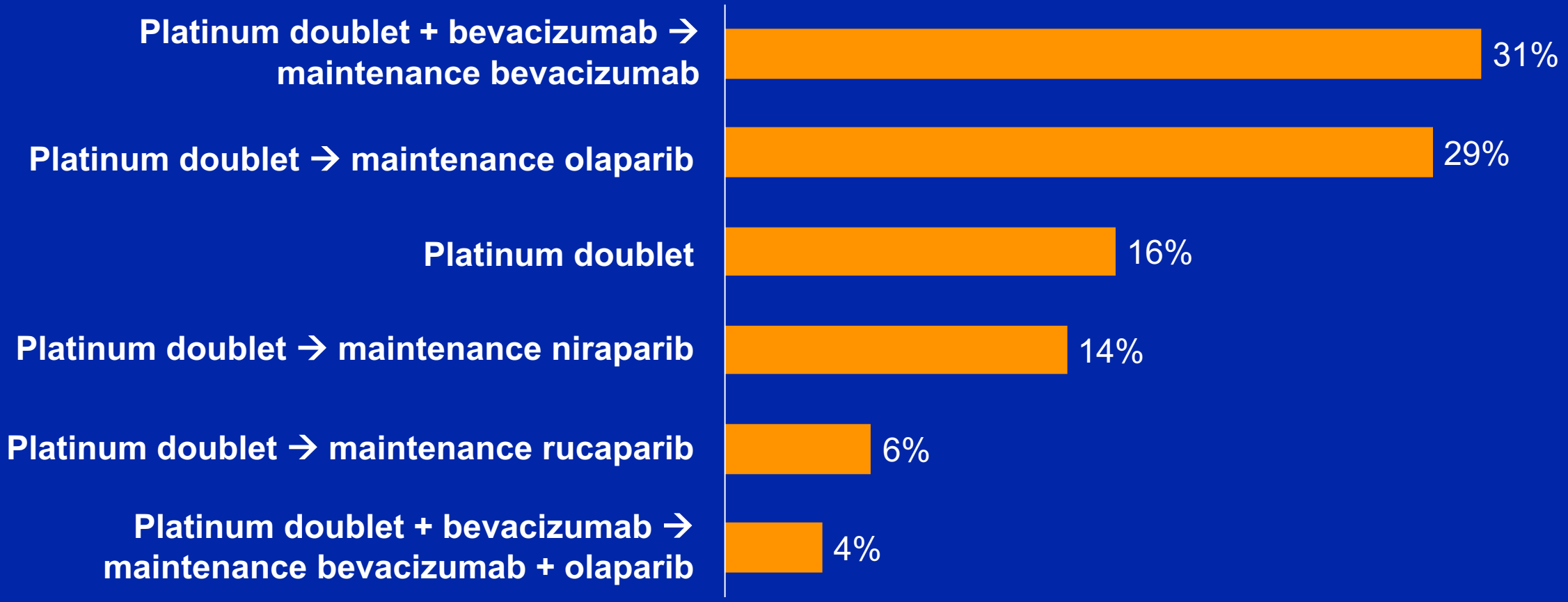


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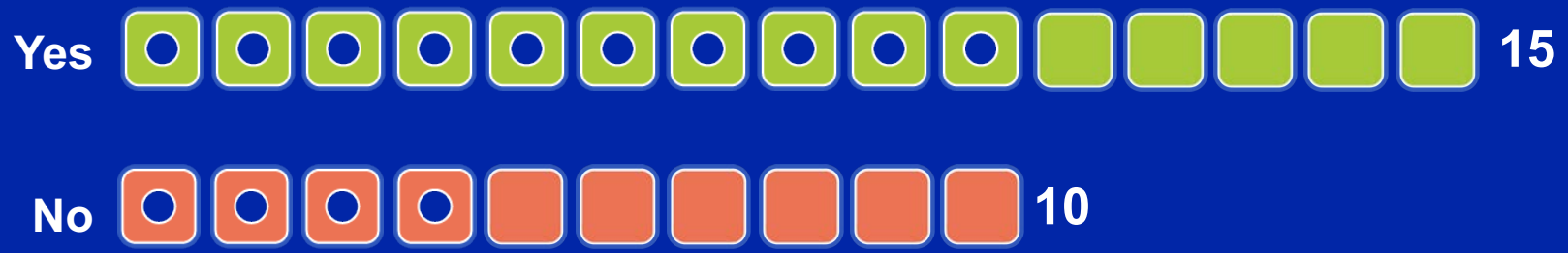
# Based on available data, do you believe that chemotherapy/ veliparib → veliparib should be an FDA-endorsed initial treatment option for patients with Stage IIIC ovarian cancer?

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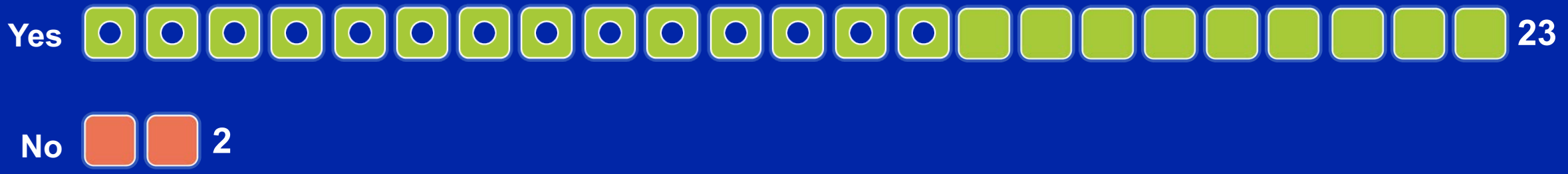
Medical oncologists

# A patient with advanced ovarian cancer and a germline BRCA mutation who is receiving PARP-inhibitor maintenance therapy is scheduled to undergo hip replacement surgery. Would you discontinue the PARP inhibitor in advance of the surgery?




**Median Number of Days PARP Inhibitor Discontinued Prior to Surgery:**
Gyn Onc: 12 days
Med Onc: 7 days

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Medical oncologists

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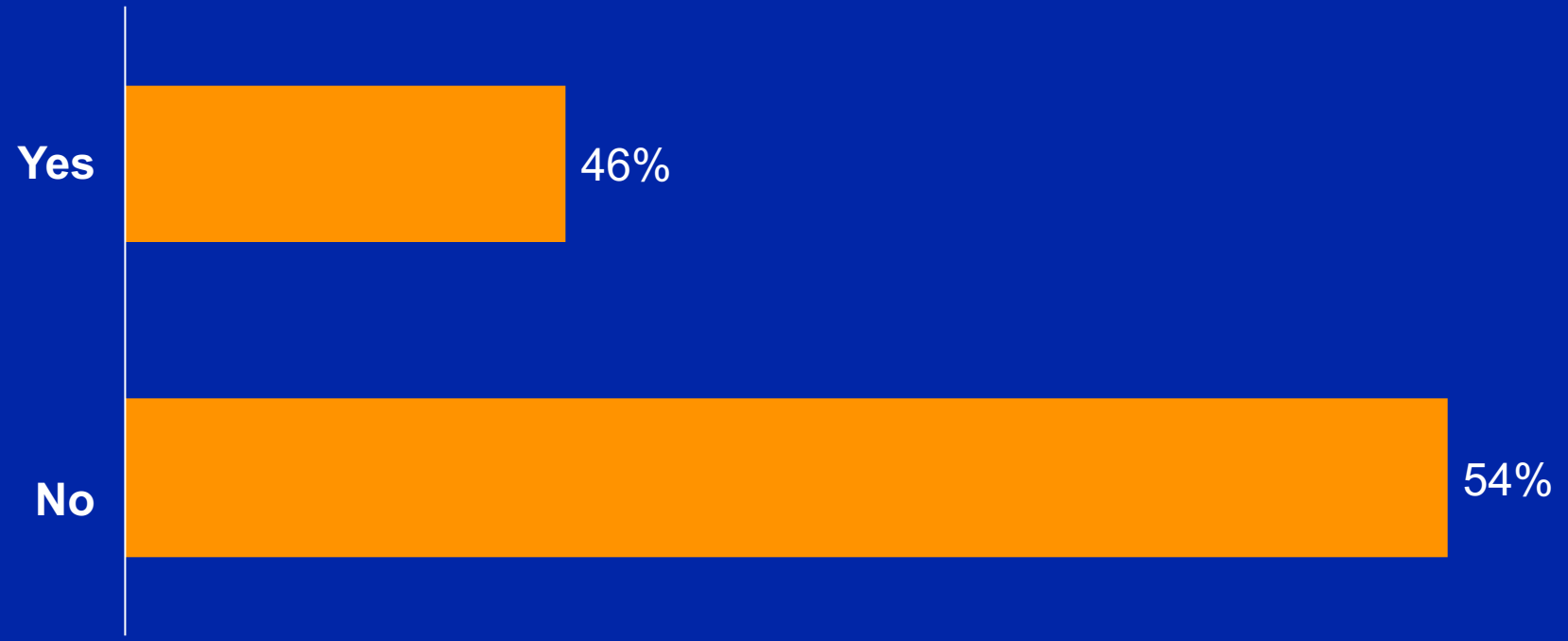


Median number of days to discontinue PARP inhibitor prior to surgery: 7 days

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# MODULE 5: SGO Review 2020

# *Genetic Testing in Ovarian Cancer (OC) and Biologic Basis for the Use of PARP Inhibitors – Dr Liu*

- D'Indinosante M et al. **BRCA tumor-testing in a tertiary referral center: Are we missing something or not?** SGO 2020; Abstract 59.
- Li L et al. **Clinical indication of *BRCA1* variation: Time for reassessment.** SGO 2020; Abstract 60.
- Wallbillich JJ et al. **Comparing mutation frequencies for homologous recombination genes in uterine serous and high-grade serous ovarian carcinomas: A case for homologous recombination deficiency testing in uterine serous carcinoma.** SGO 2020; Abstract 61.
- Weiss AS et al. **Inherited mutations in fallopian tube, ovarian, and primary peritoneal carcinoma: Changes in diagnoses and mutational frequency over 20 years.** SGO 2020; Abstract 62.

# *Integration of PARP Inhibitor Maintenance into the Management of Newly Diagnosed OC – Dr Moore*

- Poveda A et al. **Final overall survival (OS) results from SOLO2/ENGOT-ov21: A phase III trial assessing maintenance olaparib in patients (pts) with platinum-sensitive, relapsed ovarian cancer and a BRCA mutation.** ASCO 2020; Abstract 6002.

- Vergote IB et al. **Population adjusted indirect comparison of the SOLO1 and PAOLA-1/ENGOTov25 studies of olaparib with or without bevacizumab, bev alone and placebo in the maintenance treatment of women with newly diagnosed stage III/IV ovarian cancer with BRCA mutation.** SGO 2020; Abstract 35.

- Ray-Coquard I. **Phase III PAOLA-1/ENGOT-ov25: Maintenance olaparib with bevacizumab in patients with newly diagnosed, advanced ovarian cancer treated with platinum-based chemotherapy and bevacizumab as standard of care.** SGO 2020; Abstract 33.

# *Integration of PARP Inhibitor Maintenance into the Management of Newly Diagnosed OC (continued) – Dr Moore*

- Grimm C et al. **Maintenance olaparib plus bevacizumab (bev) after platinum-based chemotherapy plus bev in patients (pts) with newly diagnosed advanced high-grade ovarian cancer (HGOC): Efficacy by timing of surgery and residual tumor status in the Phase III PAOLA-1 trial.** SGO 2020; Abstract 34.

- Loverix L et al. **Randomized phase II CLIO study on olaparib monotherapy versus chemotherapy in platinum-sensitive recurrent ovarian cancer.** SGO 2020; Abstract 30.

# *Practical Considerations with the Use of PARP Inhibitors in Advanced OC – Dr Lheureux*


- Hardesty MM et al. **Phase II OVARIO study of niraparib + bevacizumab therapy in advanced ovarian cancer following front-line platinum-based chemotherapy with bevacizumab.** SGO 2020; Abstract 4.

- Monk BJ and Gonzalez Martin A. **Efficacy of niraparib therapy in patients with newly diagnosed advanced ovarian cancer by BRCA and homologous recombination status: PRIMA/ENGOT-OV26/GOG-3012 study.** SGO 2020; Abstract 31.

- Han SN et al. **Time to first subsequent therapy (TFST) and progression-free survival 2 (PFS2) from the phase 3 randomized, double-blind PRIMA/ENGOT-OV26/GOG-3012 study in patients with newly diagnosed ovarian cancer.** SGO 2020; Abstract 32.

- Pothuri B et al. **Patient-reported outcomes (PRO) in patients receiving niraparib in the PRIMA/ENGOT-OV26/GOG-3012 trial.** SGO 2020; Abstract 83.

# *Potential Role of PARP Inhibitors with Chemotherapy; Other Investigational Combination Approaches in Clinical Development for Advanced OC – Dr Coleman*

- Coleman RL. **Integration of veliparib (V) with front-line chemotherapy and maintenance in women with high-grade serous carcinoma of ovarian, fallopian tube, or primary peritoneal origin (HGSC).** SGO 2020; Abstract 36.

- Swisher EM et al. **Exploring the relationship between homologous recombination score and progression-free survival in *BRCA* wildtype ovarian carcinoma: Analysis of veliparib plus carboplatin/paclitaxel in the VELIA study.** SGO 2020; Abstract LBA6.

- O'Malley DM et al. **Anti-tumor activity of veliparib during combination phase with chemotherapy in VELIA study.** SGO 2020; Abstract LBA9.

- Swisher EM et al. **Safety of veliparib in combination with chemotherapy and as maintenance in front-line ovarian cancer: Results in BRCAm, hrd, and whole populations from the VELIA trial.** SGO 2020; Abstract 37.

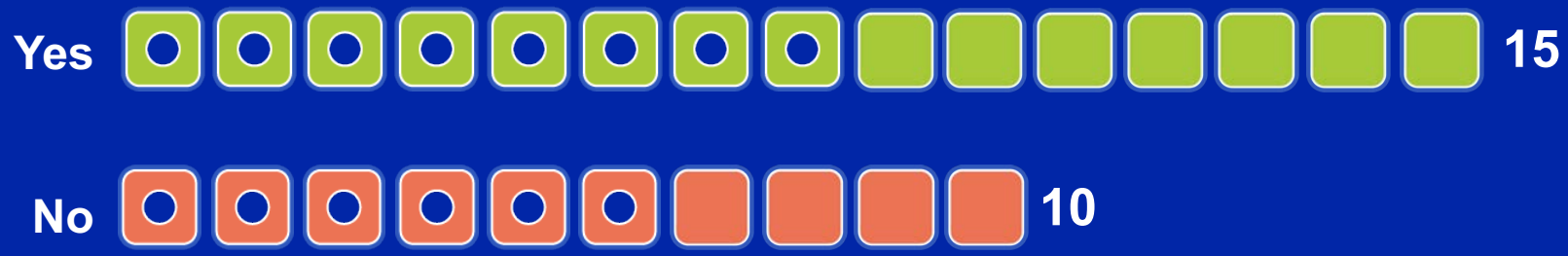
# *Potential Role of PARP Inhibitors with Chemotherapy; Other Investigational Combination Approaches in Clinical Development for Advanced OC (continued) – Dr Coleman*

- Gillen J et al. **Tolerability and adverse events experienced by women with ovarian cancer treated with intravenous or intraperitoneal chemotherapy plus veliparib and bevacizumab based on BRCA status.** SGO 2020; Abstract 26.

- Washington CR et al. **Outcomes based on treatment regimen in newly diagnosed ovarian, primary peritoneal and fallopian tube cancer receiving intravenous or intraperitoneal platinum-based chemotherapy in combination with veliparib and bevacizumab.** SGO 2020; Abstract 27.

- O'Malley DM et al. **Postprogression outcomes in patients with ovarian carcinoma associated with a mutation in a non-BRCA homologous recombination repair gene receiving rucaparib maintenance treatment: Results from the phase III study ARIEL3.** SGO 2020; Abstract 80.

# Has the approach to primary debulking surgery for patients with Stage III ovarian cancer changed at your institution during the COVID-19 pandemic?

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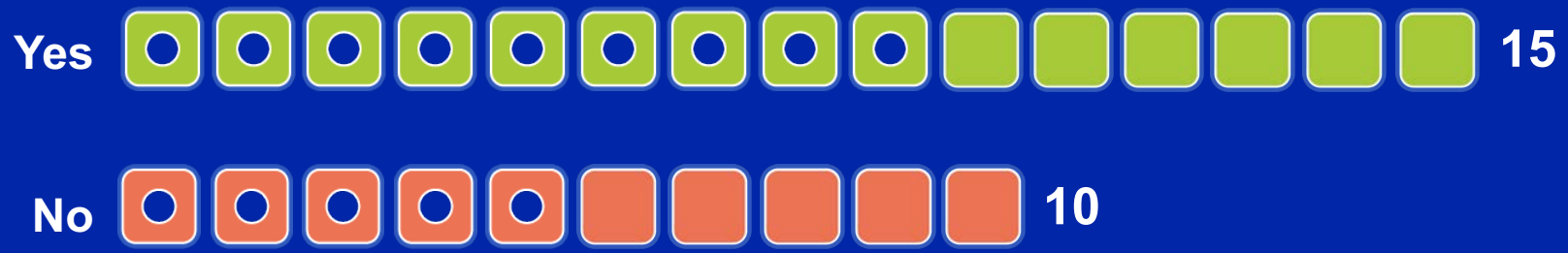
# Are you currently administering more neoadjuvant treatment for patients with Stage III ovarian cancer at your institution than you were before the COVID-19 pandemic?

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**Thank you for joining us!**

**CME credit information will be emailed to each participant tomorrow morning.**