APTITUDE HEALTH®

EPICS

Global Perspectives in Gynecologic Malignancies

Day 1: Friday, March 26, 2021, 9.00 AM – 12.15 PM CST / 3.00 PM – 6.15 PM CET
Day 2: Tuesday, March 30, 2021, 8.00 AM – 11.15 AM CST / 3.00 PM – 6.15 PM CET

Chair: Robert Coleman, MD

Faculty
John Chan, MD (US)
Christina Fotopoulou, MD, PhD (UK)
Jonathan Ledermann, MD (UK)
Ursula Matulonis, MD (US)
Bradley Monk, MD (US)
Kathleen Moore, MD (US)
David O'Malley, MD (US)
Leslie M. Randall, MD (US)
Brian Slomovitz, MD (US)

AGENDA DAY 1

The timing in the agenda is indicated in CST.

Time (CST)	Topic	Speaker/Moderator
9.00 AM – 9.05 AM (5 min)	**Introduction**	Robert Coleman, MD
9.05 AM – 9.15 AM (10 min)	**Early Stage Ovarian Cancer** • Current and emerging therapies • Maintenance treatment	Christina Fotopoulou, MD, PhD
9.15 AM – 9.40 AM (25 min)	**Key Questions and Topics for Discussion** • What is your preferred treatment strategy for early stage ovarian cancer? • Did your treatment strategy change during the COVID-19 pandemic? • For which patients do you use adjuvant therapy? What is your preferred adjuvant option and why? • Do you use fertility-sparing measures? • Future directions in the early stage setting – How do you see therapy evolving over the next 5 years? • Unmet needs in this population	Moderator: Robert Coleman, MD
9.40 AM – 9.45 AM (5 min)	**Key Takeaways**	Christina Fotopoulou, MD, PhD Robert Coleman, MD

Advanced Ovarian Cancer		
9.45 AM – 9.55 AM (10 min)	**Role of Neoadjuvant Treatment** • Neoadjuvant chemotherapy (NACT) vs primary chemotherapy response score (CRS) • Interval debulking surgery (IDS)	Kathleen Moore, MD
9.55 AM – 10.05 AM (10 min)	**First-Line and Maintenance Therapy** • Platinum chemotherapy • Targeted therapies • IO • Emerging therapies	Jonathan Ledermann, MD
10.05 AM – 10.35 AM (30 min)	**Key Questions and Topics for Discussion** • Surgery in advanced-stage ovarian cancer: how much? How to decide? • NACT vs CRS • What genetic testing do you request for your patients? • Are you using molecular subtyping to guide your treatment selection? • What is your preferred treatment option for first-line advanced ovarian cancer? Did your treatment strategy change during the COVID-19 pandemic? • Is there any value in developing new cytotoxic agents? • Do you include biologics as part of your first-line treatment strategy? In combination with chemo or as maintenance? How do you make this determination? • Current maintenance strategies – Will every patient get frontline maintenance? How do you decide? – Will you stratify patients and, if so, how will this impact your treatment selection? – How do you select between available maintenance options? – At which point(s) do you consider using bevacizumab as part of your treatment regimen for your patients? If you use biologics (eg, bevacizumab) for first-line treatment, does this change your approach to maintenance therapy? – Do you see a role for immunotherapy in the maintenance setting? – Is combination maintenance therapy feasible? – What role does cost play in your treatment selection?	Moderator: Robert Coleman, MD
10.35 AM – 10.40 AM (5 min)	**Key Takeaways**	Kathleen Moore, MD Jonathan Ledermann, MD Robert Coleman, MD

10.40 AM – 10.50 AM (10 min)	**Treatment Strategies for Relapsed Ovarian Cancer** • Current treatment strategies • Targeted therapy and chemotherapy-free treatment • Investigational agents – Immunotherapy, including cell therapy – Angiogenesis inhibitors – ADCs (eg FRα-ADC, NaPi2b-ADC)	Ursula Matulonis, MD
10.50 AM – 11.20 AM (30 min)	**Key Questions and Topics for Discussion** • How do you define “platinum sensitive,” “platinum resistant,” and “platinum refractory”? • How are you currently treating your recurrent, platinum-amenable patients? • Do all patients receive platinum chemotherapy? What impacts this decision? • Do all patients receive a targeted therapy? • Do you have a preference between bevacizumab and PARP inhibitors in this setting? • Does your selection of first-line therapy (and maintenance) impact your selection in the recurrent setting? • How do you select between available PARP inhibitors? What roles do toxicity and dosing play in this decision? • Would you consider using multiple PARP inhibitors in sequence? • Are you using PARP inhibitors in patients without *BRCA* mutations? What is your interpretation of clinical trials investigating chemotherapy-free treatment for platinum-amenable patients? • How does HRD testing impact your decision to use PARP inhibitors? • How are you currently treating your recurrent, platinum-refractory patients? How do you think we should evaluate these patients (molecular profiling, immunologic profiling)? Did your treatment strategy change during the COVID-19 pandemic? • What percentage of ovarian cancer patients are considered FRα high using PS2+ scoring? Would you consider using a FRα-targeting agent outside of the defined “high” population? How do you decide on treatment options for your patients who are not eligible for biomarker-driven targeted therapy? • In your opinion, what overall response rate would upifitamab rilsodotin (XMT-1536, ADC targeting NaPi2b) need to demonstrate in the UPLIFT trial in order for you to adopt this ADC?”	Moderator: Robert Coleman, MD

	• In which platinum-unamenable patients are you using bevacizumab? PARP inhibitors? Immunotherapy? • What are the most promising targets on the horizon for platinum-unamenable, recurrent ovarian cancer? • How do you define primary and acquired resistance to PARPi? How do you handle resistance? • Which of the cellular therapies do you prefer?	
11.20 AM – 11.25 AM (5 min)	**Key Takeaways**	Ursula Matulonis, MD Robert Coleman, MD
11.25 AM – 11.35 AM (10 min)	**Management of Early Stage Endometrial Cancer** • Treatment strategies • Current and emerging therapies – Surgical treatment – Hormonal therapies • Maintenance	Brian Slomovitz, MD
11.35 AM – 12.05 PM (30 min)	**Key Questions and Topics for Discussion** • What is your preferred treatment strategy for early stage endometrial cancer? • What is your approach with radiotherapy and chemotherapy – how do you use/sequence them? • Did your treatment strategy change during the COVID-19 pandemic? • For which patients do you decide on a conservative treatment? • Do you request any genetic tests for your patients at this stage? • How and how often do you monitor your patients?	Moderator: Robert Coleman, MD
12.05 PM – 12.10 PM (5 min)	**Key Takeaways**	Brian Slomovitz, MD Robert Coleman, MD
12.10 PM – 12.15 PM (5 min)	**Conclusions and Wrap-up**	Robert Coleman, MD

AGENDA DAY 2

The timing in the agenda is indicated in CST.

Time (CST)	Topic	Speaker/Moderator
8.00 AM – 8.05 AM (5 min)	**Introduction**	Robert Coleman, MD
8.05 AM – 8.15 AM (10 min)	**Current Treatment and Future Directions for Advanced Endometrial Cancer** • Hormonal therapy • Targeted therapy • Investigational agents	David O'Malley, MD
8.15 AM – 8.45 AM (30 min)	**Key Questions and Topics for Discussion** • How might the pembrolizumab-lenvatinib data change your practice? What is your impression of the efficacy and tolerability from data presented at SGO? • Do you use molecular subtyping to guide your treatment selection in endometrial cancer? • What is your preferred treatment option (among current choices) for advanced endometrial cancer? • What are your first-line and second-line preferences? • What is the role of hormonal therapy in advanced endometrial cancer? Do you use it early, or reserve for later lines of therapy? • Did your treatment strategy change during the COVID-19 pandemic? • Interpretation and clinical implications of available data with novel agents or regimens – Angiogenesis inhibitors – Immunotherapy – ADCs – PARP inhibitors – CDK4/6 inhibitors – HER2 inhibitors • Are you currently using any of these novel agents in the treatment of endometrial cancer? When and in which patients? • Do you test for biomarkers like PD-L1 or MSI? • As novel agents emerge, do you think these will best be used in combination with chemotherapy or as single agents in sequence? • What novel targets should we focus on for future therapy development?	Moderator: Robert Coleman, MD
8.45 AM – 8.50 AM (5 min)	**Key Takeaways**	David O'Malley, MD Robert Coleman, MD
8.50 AM – 9.00 AM	**Primary Cervical Cancer**	John Chan, MD

(10 min)	• Treatment strategies • Emerging therapies • Maintenance	
9.00 AM – 9.35 AM (35 min)	**Key Questions and Topics for Discussion** • What is your preferred treatment strategy for early stage cervical cancer? – Is there a preferred standard of care (SOC) for locally advanced cervical cancer (LACC) in your practice? • What is your approach with radiotherapy and chemotherapy – how do you use/sequence them? • What is your opinion on future immunotherapy (IO) use with concurrent or sequential chemoradiotherapy (CRT)? • What is the average time to complete CRT (eg, within 8 weeks, or variable)? • How might the OUTBACK trial impact your practice? • How might CALLA or KEYNOTE-A18 impact LACC practice? • What do you view as a meaningful mPFS improvement for LACC? • If an IO were to be approved on the basis of PFS benefit (eg, from CALLA or KEYNOTE-A18), how would the presence or absence of mOS data affect your use? • Did your treatment strategy change during the COVID-19 pandemic? • For which patients do you decide on a conservative treatment? • Do you request any genetic tests for your patients at this stage? • How and how often do you monitor your patients?	Moderator: Robert Coleman, MD
9.35 AM – 9.40 AM (5 min)	**Key Takeaways**	John Chan, MD
9.40 AM – 9.50 AM (10 min)	**Advanced Cervical Cancer: Current and Future Treatment in First Line** • Current treatment • Frontline use of immunotherapy • Investigational agents • Impact of HPV status on treatment decision and role of the HPV vaccine • Future targets for drug development	Bradley Monk, MD
9.50 AM – 10.20 AM (30 min)	**Key Questions and Topics for Discussion** • What is your opinion of currently available treatments for cervical cancer? How can we improve on these? • PD-L1 testing: do you do the testing for all patients or selected patients? When do you test?	Moderator: Robert Coleman, MD

	• How does tumor histology impact treatment consideration (eg, squamous cell carcinoma, adenocarcinomas, small cell carcinoma)? • Do you use pembrolizumab for all second-line (2L) patients who are PD-L1 positive, or just selected patients? • What do you think of tisotumab vedotin's potential in 2L, and earlier line? What about combinations? • How would the frontline approval of pembrolizumab impact later-line use? • What will be the role of IO in cervical cancer overall? • What are the most promising potential targets in cervical cancer right now? • Are there any biomarkers that can guide treatment choice in this setting? – MSI for immunotherapy? – HPV6 status? • Does your current treatment approach differ for HPV-positive vs HPV-negative patients? • Did your treatment strategy change during the COVID-19 pandemic? • Strategies for future clinical development	

10.20 AM – 10.25 AM (5 min)	**Key Takeaways**	Bradley Monk, MD Robert Coleman, MD
10.25 AM – 10.35 AM (10 min)	**Recurrent Cervical Cancer: Current and Future Treatments** • Current treatment approach • Immunotherapy • Investigational agents	Leslie M. Randall, MD
10.35 AM – 11.05 AM (30 min)	**Key Questions and Topics for Discussion** • How do prior treatments (eg, IO in 1L) impact therapy choice in later lines/disease recurrence with regard to clinical outcomes, such as disease progression, toxicity, treatment-free interval? • What is your opinion on current and future treatments for recurrent cervical cancer? • How can we improve on these? • Interpretation and clinical implications of available data with novel agents or regimens – Immune checkpoint inhibitors – HPV-targeted immunotherapy – ADCs – TILs • In your opinion, what are the most important clinical parameters in terms of stable disease, disease control rate, etc? • How is the treatment landscape going to change in the future?	Moderator: Robert Coleman, MD
11.05 AM – 11.10 AM (5 min)	**Key Takeaways**	Leslie M. Randall, MD Robert Coleman, MD
10.10 AM – 11.15 AM (5 min)	**Conclusions and Wrap-up**	Robert Coleman, MD