



EPICS

GLOBAL PERSPECTIVES IN GYNECOLOGIC MALIGNANCIES

March 26, 2021

- > On March 26 and March 30, 2021, during the Society of Gynecologic Oncology annual meeting, Aptitude Health convened a group of experts in gynecologic malignancies to a small closed-session panel
- > The goal of the panel was to discuss the latest therapeutic developments and translational research in gynecologic malignancies and explore how emerging data will affect ongoing research, development of new compounds, and future treatment paradigms

FACULTY EXPERTS



Chair
Robert Coleman, MD



John Chan, MD



Christina Fotopoulou,
MD, PhD



Jonathan A. Ledermann,
MD, FRCP, FMedSci



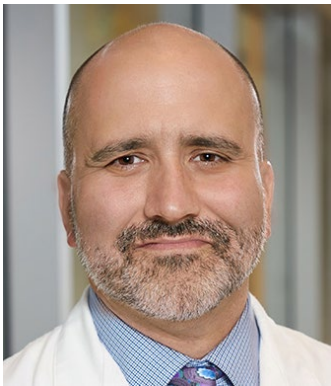
Ursula A. Matulonis, MD



Bradley J. Monk,
MD, FACS, FACOG



Kathleen Moore, MD



David O'Malley, MD



Leslie M. Randall,
MD, MAS, FACS



Brian Slomovitz, MD

AGENDA: DAY 1

Time (CST)	Topic	Speaker/Moderator
9.00 AM – 9.05 AM	Introduction	Robert Coleman, MD
9.05 AM – 9.15 AM	Early Stage Ovarian Cancer	Christina Fotopoulou, MD, PhD
9.15 AM – 9.40 AM	Key Questions and Topics for Discussion	Moderator: Robert Coleman, MD
9.40 AM – 9.45 AM	Key Takeaways	Christina Fotopoulou, MD, PhD Robert Coleman, MD
Advanced Ovarian Cancer		
9.45 AM – 9.55 AM	Role of Neoadjuvant Treatment	Kathleen Moore, MD
9.55 AM – 10.05 AM	First-Line and Maintenance Therapy	Jonathan Ledermann, MD
10.05 AM – 10.35 AM	Key Questions and Topics for Discussion	Moderator: Robert Coleman, MD
10.35 AM – 10.40 AM	Key Takeaways	Kathleen Moore, MD Jonathan Ledermann, MD Robert Coleman, MD
10.40 AM – 10.50 AM	Treatment Strategies for Relapsed Ovarian Cancer	Ursula Matulonis, MD
10.50 AM – 11.20 AM	Key Questions and Topics for Discussion	Moderator: Robert Coleman, MD
11.20 AM – 11.25 AM	Key Takeaways	Ursula Matulonis, MD Robert Coleman, MD
11.25 AM – 11.35 AM	Management of Early Stage Endometrial Cancer	Brian Slomovitz, MD
11.35 AM – 12.05 PM	Key Questions and Topics for Discussion	Moderator: Robert Coleman, MD
12.05 PM – 12.10 PM	Key Takeaways	Brian Slomovitz, MD Robert Coleman, MD
12.10 PM – 12.15 PM	Conclusions and Wrap-up	Robert Coleman, MD

AGENDA: DAY 2

Time (CST)	Topic	Speaker/Moderator
8.00 AM – 8.05 AM	Introduction	Robert Coleman, MD
8.05 AM – 8.15 AM	Current Treatment and Future Directions for Advanced Endometrial Cancer	David O'Malley, MD
8.15 AM – 8.45 AM	Key Questions and Topics for Discussion	Moderator: Robert Coleman, MD
8.45 AM – 8.50 AM	Key Takeaways	David O'Malley, MD Robert Coleman, MD
8.50 AM – 9.00 AM	Primary Cervical Cancer	John Chan, MD
9.00 AM – 9.30 AM	Key Questions and Topics for Discussion	Moderator: Robert Coleman, MD
9.30 AM – 9.35 AM	Key Takeaways	John Chan, MD
9.35 AM – 9.45 AM	Advanced Cervical Cancer: Current and Future Treatment in First Line	Bradley Monk, MD
9.45 AM – 10.15 AM	Key Questions and Topics for Discussion	Moderator: Robert Coleman, MD
10.15 AM – 10.20 AM	Key Takeaways	Bradley Monk, MD Robert Coleman, MD
10.20 AM – 10.35 AM	Recurrent Cervical Cancer: Current and Future Treatments	Leslie M. Randall, MD
10.35 AM – 11.05 AM	Key Questions and Topics for Discussion	Moderator: Robert Coleman, MD
11.05 AM – 11.10 AM	Key Takeaways	Leslie M. Randall, MD Robert Coleman, MD
11.10 AM – 11.15 AM	Conclusions and Wrap-up	Robert Coleman, MD

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Early Stage Ovarian Cancer

- > There is no clear consensus on which patients (pts) should be defined as having early stage ovarian cancer (OC)

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- > The combination therapy of poly(ADP-ribose) polymerase inhibitor (PARPi) and bevacizumab (bev) is not

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- > To have more clarity on the possible benefits of using PARPi + bev in frontline early stage OC, it was

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Advanced Ovarian Cancer

- > There was no consensus among the experts on the benefits of using neoadjuvant chemotherapy (NACT)

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- > As about 70% of women with advanced OC relapse within 3 years. The experts expressed an urgent need for new

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- > Antibody-drug conjugate (ADC) therapy is seen as a possible alternative treatment for advanced OC pts

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Relapsed Ovarian Cancer

- > In clinical practice, relapsed OC pts are classified as “platinum sensitive” or “platinum resistant” not only on the basis

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- > With new therapies being investigated, additional biomarkers have been identified as possible targets in

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- > Although ongoing trials are investigating the efficacy of PARPi combinations and combinations of PARPi with

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- > Bispecific antibodies such as REGN4018, REGN5668, and navicixizumab are considered interesting by the experts

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Early Stage Endometrial Cancer

- > The majority of early stage endometrial cancer (EC) pts (~80%) do not require adjuvant therapy and may be

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- > Adjuvant therapy for early stage EC consists of chemo ± radiotherapy (RT: brachytherapy or full pelvic

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Advanced Endometrial Cancer

- > EC is defined as advanced on the basis of its stage. However, the biology of EC tumors is very heterogeneous, and

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- > Although the addition of bev to paclitaxel + carboplatin demonstrated response improvement (GOG-86P and

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- > Information on pts' molecular profile is important to guide the choice of specific targeted therapies used in

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Primary Cervical Cancer

PRIMARY CERVICAL CANCER (1/4)

- > The incidence of cervical cancer (CC) is decreasing, mainly because the human papillomavirus (HPV) vaccine

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PRIMARY CERVICAL CANCER (2/4)

- > Chemo and RT represent another treatment option for pts with primary CC

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- > The benefits of using sequential chemo-RT vs concurrent chemo-RT or RT alone in adjuvant treatment after

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- > Young pts classified as stage IB2A have 70%–80% probability of being cured; the experts speculated that in

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**Locally Advanced Cervical
Cancer (LACC)**

- > Concomitant chemo and RT (including brachytherapy) is the standard of care to treat pts with LACC. However, not

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- > The experts agreed that if the CALLA and KEYNOTE-A18 studies provide positive results, the treatment

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Advanced Cervical Cancer

- > The current standard of care for advanced CC consists of chemo + bev (GOG 240 regimen)

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- > The experts expect that the use of IO in advanced CC settings will highly improve pt outcomes

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- > If IO agents are used in frontline CC, it will be important to have a non-IO agent to treat pts who experience

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Key Highlights and Strategic Takeaways

- > The antiangiogenic bev is mainly used for the treatment of advanced OC

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KEY HIGHLIGHTS AND STRATEGIC TAKEAWAYS FOR MERCK/MSD (1/2)

- > The majority of experts would not use PARPi in early stage OC, unless pts are *BRCA* mutated and have stage 3 disease; it

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KEY HIGHLIGHTS AND STRATEGIC TAKEAWAYS FOR MERCK/MSD (2/2)

- > Pembrolizumab in combination with other treatments is currently being investigated in different clinical trials focusing on

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KEY HIGHLIGHTS AND STRATEGIC TAKEAWAYS FOR SEATTLE GENETICS/GENMAB

- > Pts with advanced CC have a poor prognosis. The addition of IO to the standard of care has allowed a certain

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KEY HIGHLIGHTS AND STRATEGIC TAKEAWAYS FOR GENENTECH/ROCHE (1/3)

- > The antiangiogenic bevacizumab is mainly used for the treatment of advanced OC

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KEY HIGHLIGHTS AND STRATEGIC TAKEAWAYS FOR GENENTECH/ROCHE (2/3)

- > In advanced OC, the addition of atezolizumab to chemo and bev did not result in higher OS or PFS in the

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KEY HIGHLIGHTS AND STRATEGIC TAKEAWAYS FOR GENENTECH/ROCHE (3/3)

- > Determining the molecular profile of pts with gynecological malignancies is considered very

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