EPICS

Global Perspectives in Gynecologic Malignancies at SGO 2022
Saturday, March 26, 2022
8.00 AM – 12.10 PM (CT)/2.00 PM – 6.10 PM (CET)

Chair: Robert Coleman, MD (US)
Co-chair: Brian Slomovitz, MD (USA)

Faculty:
Bradley Monk, MD (USA)
Jalid Sehouli, MD (GE)
Thomas Herzog, MD, (USA)
Ana Oaknin, MD, PhD (SP)
Matthew Powell, MD (USA)
Christina Fotopoulou, MD, PhD (UK)
David O'Malley, MD (USA)

AGENDA

Time (CT)	Topic	Speaker/Moderator
8.00 AM – 8.05 AM (5 min)	**Introduction**	Robert Coleman, MD
8.05 AM – 8.15 AM (10 min)	**Early-Stage Ovarian Cancer** • Current and emerging treatment strategies	Bradley Monk, MD
8.15 AM – 8.30 AM (15 min)	**Key Questions and Topics for Discussion** • What are the most impactful data recently presented for early-stage ovarian cancer, and are any of these data considered practice-changing? • What is your current treatment strategy for early-stage ovarian cancer? • Do all patients receive adjuvant therapy? How do you decide? What is your preferred adjuvant option and why? • What are the unmet needs in this population? • Should BRCA pts with early stage Ovarian CR receive maintenance therapy or not? • Can chemotherapy be replaced in BRCA ovarian pts? • How do you see the field evolving over the next 5 years? – In your opinion, what are the most promising emerging agents and strategies?	Moderated by: Robert Coleman, MD
8.30 AM – 8.35 AM (5 min)	**Key Takeaways**	Bradley Monk, MD

8.35 AM – 9.00 AM (25 min)	**Advanced Ovarian Cancer: First-Line and Maintenance Therapy** • Current therapies (platinum chemotherapy, targeted therapies, IO) and emerging treatment strategies	Jalid Sehouli, MD

9.00 AM – 9.30 AM (30 min)	**Key Questions and Topics for Discussion**
	• What are the most impactful data recently presented for frontline/maintenance advanced ovarian cancer, and are any of these data considered practice-changing?
	• What genetic testing do you request for your patients?
	• What is your preferred treatment option for first-line advanced ovarian cancer? How does molecular subtyping guide your treatment selection?
	• What is your strategy for HRD-proficient patients?
	   – Is HRD status more important for first-line or later-line decisions?
	• Current maintenance strategies
	   – Will every patient receive frontline maintenance? Which patients get "watch and wait"? Why?
	   – How do you select between available maintenance options?
	   – Do you see a role for immunotherapy in the maintenance setting?
	   – Is combination maintenance therapy feasible?
	   – What can be done to improve on the progress so far?
	• How do you see the field evolving over the next 5 years?
	• In your opinion, what are the most promising emerging agents and strategies?
		Moderated by:
		Robert Coleman, MD

9.30 AM – 9.35 AM (5 min)	**Key Takeaways**	Jalid Sehouli, MD
9.35 AM – 9.55 AM (20 min)	**Advanced Ovarian Cancer: Treatment Strategies in the Relapsed Setting** • Current treatment strategies including targeted therapies and chemotherapy-free strategies • Investigational agents (IO, angiogenesis inhibitors, ADCs)	Thomas Herzog, MD
9.55 AM – 10.25 AM (30 min)	**Key Questions and Topics for Discussion** • What are the most impactful data recently presented for relapsed/refractory advanced ovarian cancer, and are any of these data considered practice-changing? • How do you currently treat your recurrent, platinum-amenable patients? • Do all patients receive platinum chemotherapy? What impacts this decision? What is your preferred chemotherapy? • Do all patients receive a targeted therapy? • Do you have a preference between bevacizumab and PARP inhibitors (PARPi) in this setting?	Moderated by: Robert Coleman, MD

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	– What percentage of patients receive bevacizumab or PARPi, or both, in first line, second line, third line, and beyond?
	     – In later lines, do you repeat bevacizumab and/or PARPi?
	• Does your selection of first-line therapy (and maintenance) impact your selection in the recurrent setting?
	• How do you select between available PARPi? What roles do toxicity and dosing play in this decision?
	• Would you consider using multiple PARPi in sequence?
	• How do you define primary and acquired resistance to PARPi? How do you handle resistance?
	• Do you use PARPi in patients without *BRCA* mutations? What is your interpretation of clinical trials investigating chemotherapy-free treatment for platinum-amenable patients?
	• When does HRD testing occur and how does HRD testing impact your decision to use PARPi?
	• How do you currently treat your recurrent, platinum-refractory patients? How is this strategy different from platinum-sensitive patients?
	     – How does your use of bevacizumab differ in the platinum-refractory vs platinum-sensitive settings?
	• How do you think we should evaluate platinum-refractory patients (molecular profiling, immunologic profiling)?
	     – Do you test for FRα? NaPi2b? Other new biomarkers that are becoming more relevant?
	• How do you decide on treatment options for your patients who are not eligible for biomarker-driven targeted therapy?
	• In which platinum-unamenable patients do you use bevacizumab? PARPi? Immunotherapy (IO)?
	• What are the most promising targets on the horizon for platinum-unamenable, recurrent ovarian cancer?
	     – FRα ADCs? NaPi2b ADCs? Other strategies?	

10.25 AM – 10.30 AM (5 min)	**Key Takeaways**	Thomas Herzog, MD
10.30 AM – 10.40 AM (10 min)	***Break***	All
10.40 AM – 10.55 AM (15 min)	**Advanced Endometrial Cancer: Current Treatment and Future Directions** • Current therapies (chemotherapy, hormonal therapy, targeted therapy) and investigational agents and regimens	Brian Slomovitz, MD
10.55 AM – 11.20 AM (25 min)	**Key Questions and Topics for Discussion**	

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	- What are the most impactful data recently presented for advanced endometrial cancer, and are any of these data considered practice-changing? - What is your preferred treatment option (among current choices) for advanced endometrial cancer, and why? – Do you use molecular subtyping to guide your treatment selection? - What are your first-line and second-line preferences, and why? - What is the role of hormonal therapy in advanced endometrial cancer? Do you use it early, or reserve for later lines of therapy? - Interpretation and clinical implications of available data with novel agents or regimens - What is the role of maintenance therapy in endometrial cancer? How to incorporate SIENDO data into endometrial cancer care? - Interpretation and clinical implications of available data with novel agents or regimens – Angiogenesis inhibitors – IO – ADCs – PARP inhibitors – CDK4/6 inhibitors – HER2 inhibitors - Do you currently use any of these new agents in the treatment of endometrial cancer? When and in which patients? - What is your opinion on the use of IO + chemotherapy vs IO + TKI? Would you use any of these treatments in your practice? How would you sequence these treatments and for which patients would you prefer to use them? - Do you test for biomarkers like PD-L1 or MSI? - In your opinion, is there an appreciable distinction between MSI and MMR in endometrial cancer, and how does this affect your treatment decisions? - How do you see the field evolving over the next 5 years? – 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?	Moderated by: Robert Coleman, MD
11.20 AM – 11.25 AM (5 min)	**Key Takeaways**	Brian Slomovitz, MD
11.25 AM – 11.40 AM (15 min)	**Advanced Cervical Cancer: Current Treatment and Future Directions** Current and emerging treatment strategies	Ana Oaknin, MD, PhD

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11.40 AM – 12.00 AM (20 min)	**Key Questions and Topics for Discussion**
	• What are the most impactful data recently presented for advanced cervical cancer, and are any of these data considered practice-changing?
	• What is your opinion on current treatments for frontline advanced cervical cancer?
	  – How has the recent FDA approval of pembrolizumab for PD-L1–positive patients impacted the treatment algorithm in the US?
	  – Given EMA approval of pembrolizumab, how do you think this will impact the treatment algorithm in Europe? Do you think pembrolizumab will be approved for all-comers or only for PD-L1–positive patients?
	• Are there any biomarkers that can guide treatment choice in the first-line setting?
	  – PD-L1 status?
	    ▪ How has/will the adoption of PD-L1 testing change on the basis of the approval of pembrolizumab? Do you anticipate wide adoption in Europe should pembrolizumab only be approved for PD-L1–positive patients?
	  – MSI for immunotherapy?
	  – HPV6 status?
	• What is your opinion on current and future treatments for recurrent cervical cancer?
	  – How do prior lines of treatment impact subsequent therapy choice?
	    ▪ How does prior use of IO impact subsequent treatment for PD-L1–positive vs PD-L1–negative patients?
	  – What do you think of tisotumab vedotin in second line?
	    ▪ In the US, do you use tisotumab vedotin? When and in what patients?
	    ▪ What combinations would be of interest?
	  – In your opinion, will cemiplimab be approved by the EMA? For all-comers or PD-L1–positive patients only?
	  – What role does chemotherapy have in the treatment algorithm?
	• What are your expectations of the CALLA trial and the potential role of IO in this setting?
	  – Assuming the trial will read out positively, how will this impact the treatment algorithm, particularly the frontline use of IO?
	• How important is a unique MOA in cervical cancer?
	• Interpretation and clinical implications of available data with novel agents or regimens
	  – Immune checkpoint inhibitors
		Moderated by: Robert Coleman, MD

	– HPV-targeted immunotherapy – ADCs – TIGIT – TILs - How do you see the field evolving over the next 5 years? – Where are unmet needs? – Do you anticipate differences between future treatment algorithms in the US vs Europe?	
12.00 AM – 12.05 AM (5 min)	**Key Takeaways**	Ana Oaknin, MD, PhD
12.05 AM – 12.10 PM (5 min)	**Conclusions and Wrap-up**	Robert Coleman, MD