OVARIAN CANCER

Navigating Your Treatment Options When Cancer Recurs

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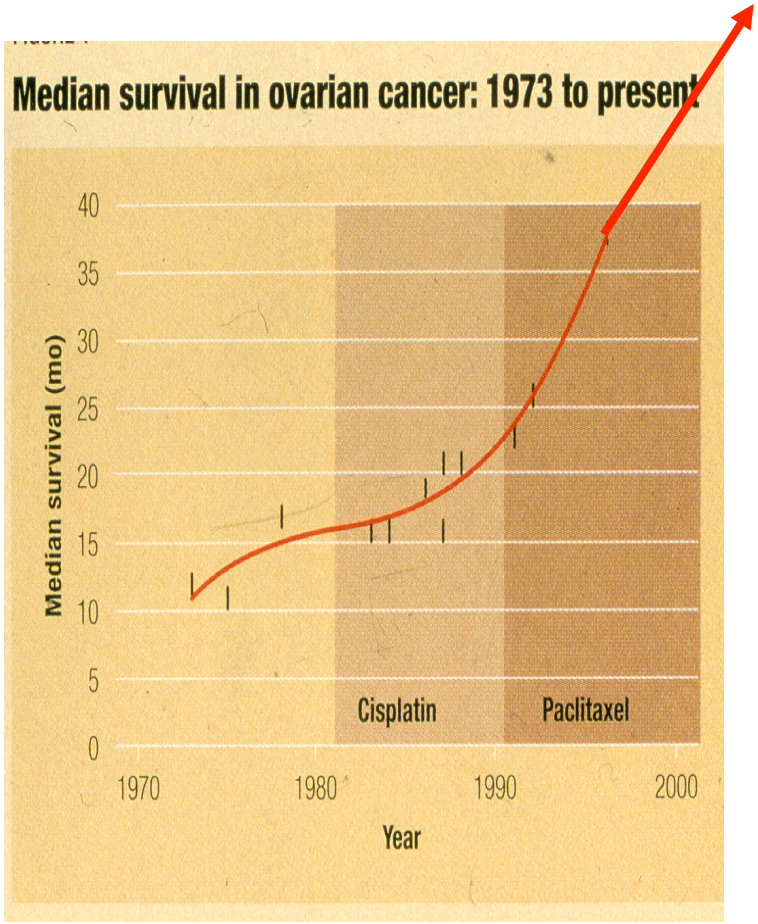
Areas of Progress in Ovarian Cancer

- Surgery
  - Staging
  - Tumor Reduction
- Chemotherapy
  - Primary
    - Platinum agents
    - Taxanes
    - Intraperitoneal vs. Intravenous
  - Secondary/salvage
  - Maintenance
- Prevention
  - Family History
  - Genetics: BRCA 1 & 2, Lynch II
  - Oral contraceptives, risk-reducing surgery

Chemotherapy for Advanced-Stage Ovarian Cancer



Study	Agents	Median Survival (Best Arm)
GOG 22 1983	CTX, Doxo	14 mo.
GOG 47 1986	CTX, Doxo, CDDP (CAP)	20 mo.
GOG 111 1996	Paclitaxel, CDDP	38 mo.
GOG 104 1996	IP CDDP IV CTX	49 mo.
GOG 114 2001	IP CDDP, IV Paclitaxel	63 mo.
GOG 172 2007	IP CDDP, IP Paclitaxel	66 mo.

SALVAGE THERAPY FOR OVARIAN CANCER
Factors Affecting Response

-Treatment free-interval

-Number of prior chemotherapy regimens

-Toxicity from prior therapy

-Performance status

-Volume of disease

-Ascites

-GI symptoms

SALVAGE THERAPY FOR OVARIAN CANCER

Interval after Initial Platinum Treatment to Relapse (months)	Response Rate to Second-Line Therapy (%)
0 – 6	10
7 – 12	29
13 – 18	63
19 – 24	94

SALVAGE THERAPY FOR OVARIAN CANCER

Platinum (carboplatin, cisplatin)
Taxanes (paclitaxel, docetaxel, nab-paclitaxel)

Liposomal doxorubicin
Topotecan
Gemcitabine
Vinorelbine
Etoposide (oral)
Altretamine (oral)
Pemetrexed
Alkylating agents (melphalan, cyclophosphamide, ifosfamide)
PARP inhibitors

Biologic agents
- Targeted pathway inhibitors
- Anti-angiogenesis agents

Chemotherapy for Advanced

GOG 252 (2016)

Intraperitoned Platinum/Paclitaxed

vs

Itravenous Dose-Dense Paclitaxel/Carboplatin

(Plus IU Beracizumb)

- No difference in progression-free survival (about 34 months)
  - IV dose-dense chemotherapy better tolerated/less toxic

Progress in Ovarian Cancer Treatment and Prevention

- Importance of surgical staging and surgical cytoreduction
- Discovery and use of tumor markers (CA 125) for monitoring treatment response and post-treatment surveillance
- Clinical trials
- Better and more chemotherapy drugs
- Better anti-emetics and other supportive care measures to decrease toxicity and improve quality of life
- Intraperitoneal drug delivery

Progress in Ovarian Cancer Treatment and Prevention

- Recognition of genetic predisposition
- Prevention strategies
- Discovery of molecular pathways
- Discovery of importance of angiogenesis
- Gene profiles
- Continued efforts at screening and early diagnosis

Goals in Ovarian Cancer

Primary Goal:	To prevent and cure ovarian cancer
Secondary Goal:	To keep women with ovarian cancer alive and feeling well as long as possible