
2024
NCODA
INTERNATIONAL
FALL SUMMIT

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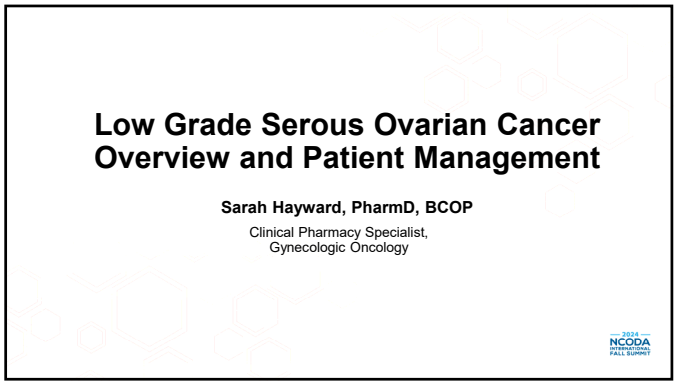
Low Grade Serous Ovarian Cancer Overview and Patient Management
Sarah Hayward, PharmD, BCOP
Clinical Pharmacy Specialist,
Gynecologic Oncology

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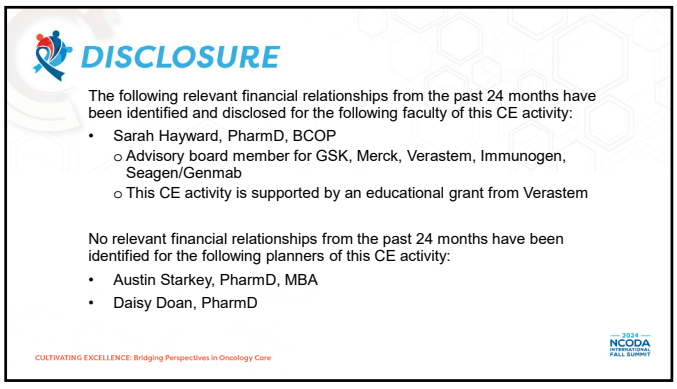
DISCLOSURE
The following relevant financial relationships from the past 24 months have been identified and disclosed for the following faculty of this CE activity:
• Sarah Hayward, PharmD, BCOP
o Advisory board member for GSK, Merck, Verastem, Immunogen, Seagen/Genmab
o This CE activity is supported by an educational grant from Verastem
No relevant financial relationships from the past 24 months have been identified for the following planners of this CE activity:
• Austin Starkey, PharmD, MBA
• Daisy Doan, PharmD
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OBJECTIVES

1. Describe the epidemiology (incidence, prevalence, risk factors) and prognosis associated with low-grade serous ovarian cancer (LGSOC), and the key characteristics distinguishing LGSOC from other types of ovarian cancer.
2. Discuss common symptoms, clinical presentation, and diagnostics tools and criteria to accurately diagnose LGSOC.
3. Review guideline-based standard treatment protocols for LGSOC, toxicities, and management strategies for available therapies.
4. Explain the role of emerging treatment modalities and clinical trials in the management of LGSOC while identifying ongoing challenges in the treatment and management of patients with LGSOC.

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Abbreviations

- **AI:** aromatase inhibitor
- **CPK:** creatine phosphokinase
- **CT scan:** computed tomography
- **dMMR:** mismatch repair deficient
- **HGSOC:** high-grade serous ovarian cancer
- **LGSOC:** low-grade serous ovarian cancer
- **LVEF:** left ventricular ejection fraction
- **MAPK:** mitogen-activated protein kinase
- **OS:** overall survival
- **PFS:** progression-free survival
- **PLD:** pegylated liposomal doxorubicin
- **US:** ultrasound
- **VTE:** venous thromboembolism

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QUESTION 1

Which of the following statements is most true about the incidence and diagnosis of ovarian cancer?

a. Ovarian cancer is one of the most common cancers diagnosed in the US along with breast cancer and prostate cancer.

b. Ovarian cancer is frequently diagnosed during earlier stages and most patients have a >90% 5-year survival.

c. Signs and symptoms associated with ovarian cancer, such as bloating and abdominal pain, are often vague and can be confused for other diseases or illness.

d. Signs and symptoms associated with ovarian cancer, such as bloating and abdominal pain, are very specific and can be easily recognized as a developing cancer.

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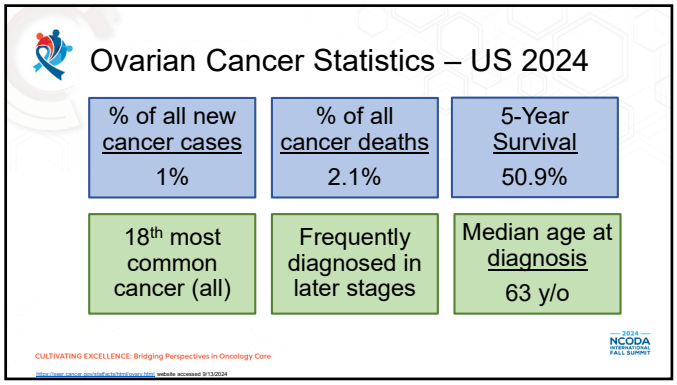
Ovarian Cancer Statistics – US 2024
% of all new cancer cases
1%
% of all cancer deaths
2.1%
5-Year Survival
50.9%
18th most common cancer (all)
Frequently diagnosed in later stages
Median age at diagnosis
63 y/o
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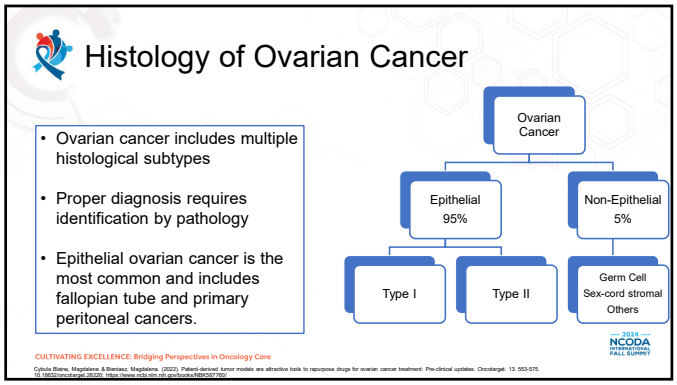
Histology of Ovarian Cancer
• Ovarian cancer includes multiple histological subtypes
• Proper diagnosis requires identification by pathology
• Epithelial ovarian cancer is the most common and includes fallopian tube and primary peritoneal cancers.
Ovarian Cancer
Epithelial 95%
Non-Epithelial 5%
Type I
Type II
Germ Cell
Sex-cord stromal
Others
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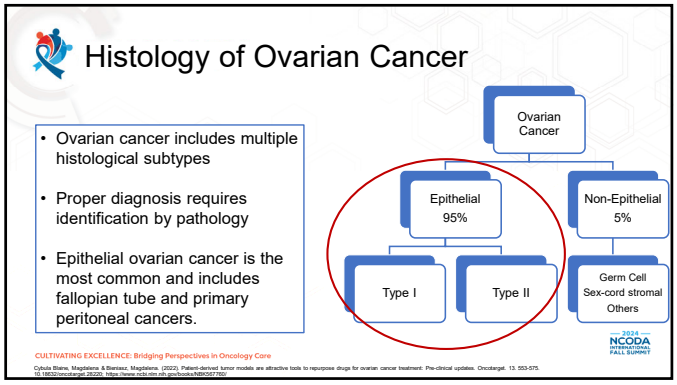
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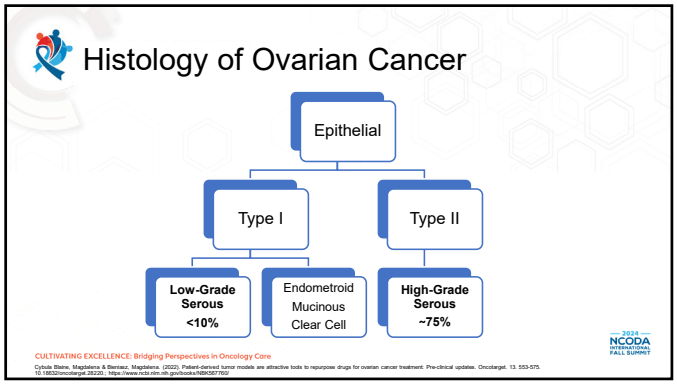
Histology of Ovarian Cancer
Epithelial
Type I
Type II
Low-Grade Serous <10%
Endometroid Mucinous Clear Cell
High-Grade Serous ~75%
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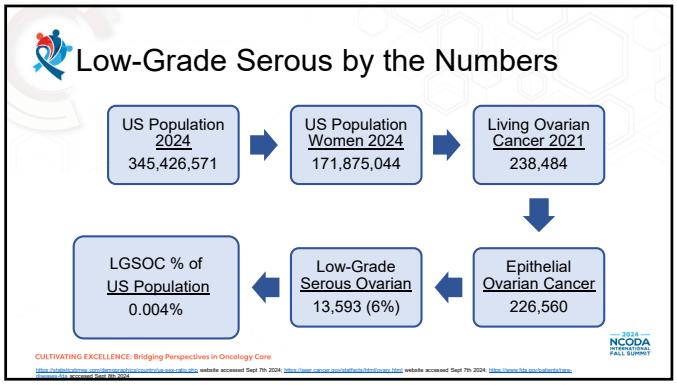
Low-Grade Serous by the Numbers
US Population 2024 345,426,571
US Population Women 2024 171,875,044
Living Ovarian Cancer 2021 238,484
Epithelial Ovarian Cancer 226,560
Low-Grade Serous Ovarian 13,593 (6%)
LGSOC % of US Population 0.004%
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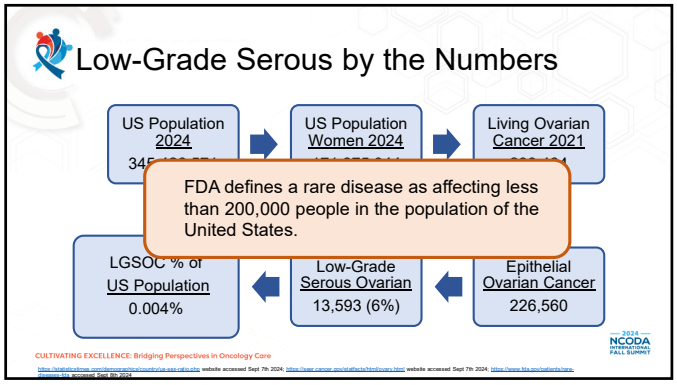
Low-Grade Serous by the Numbers
US Population 2024
US Population Women 2024
Living Ovarian Cancer 2021
FDA defines a rare disease as affecting less than 200,000 people in the population of the United States.
Epithelial Ovarian Cancer 226,560
Low-Grade Serous Ovarian 13,593 (6%)
LGSOC % of US Population 0.004%
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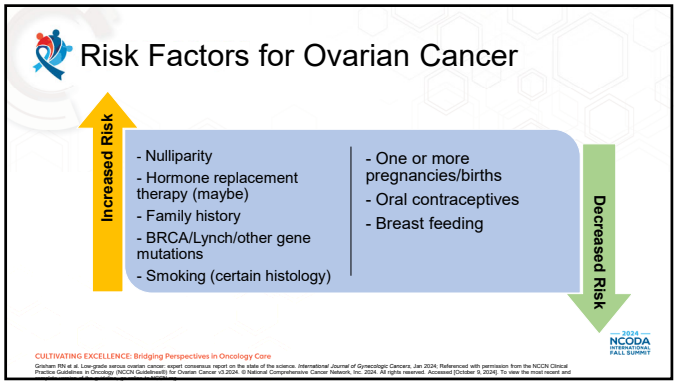
Risk Factors for Ovarian Cancer
Increased Risk
- Nulliparity
- Hormone replacement therapy (maybe)
- Family history
- BRCA/Lynch/other gene mutations
- Smoking (certain histology)
- One or more pregnancies/births
- Oral contraceptives
- Breast feeding
Decreased Risk
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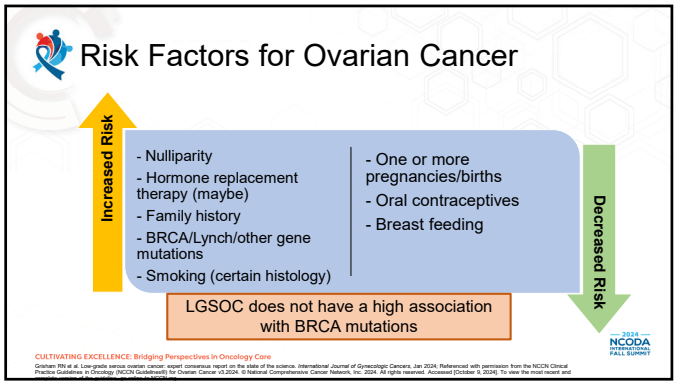
Risk Factors for Ovarian Cancer
Increased Risk
- Nulliparity
- Hormone replacement therapy (maybe)
- Family history
- BRCA/Lynch/other gene mutations
- Smoking (certain histology)
- One or more pregnancies/births
- Oral contraceptives
- Breast feeding
Decreased Risk
LGSOC does not have a high association with BRCA mutations
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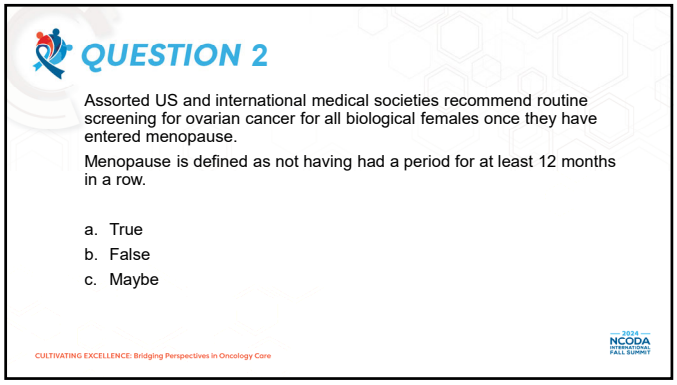
QUESTION 2
Assorted US and international medical societies recommend routine screening for ovarian cancer for all biological females once they have entered menopause.
Menopause is defined as not having had a period for at least 12 months in a row.
a. True
b. False
c. Maybe
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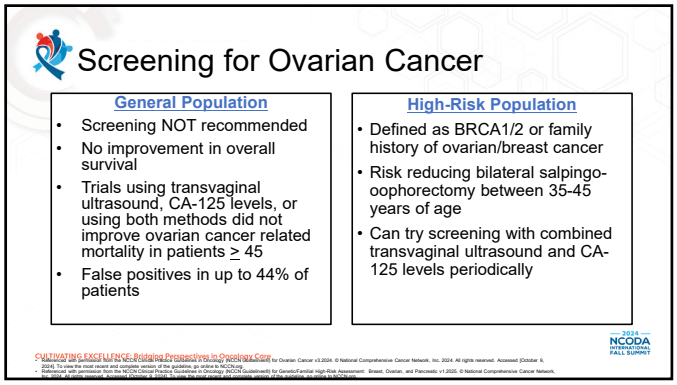
Screening for Ovarian Cancer
General Population
Screening NOT recommended
No improvement in overall survival
Trials using transvaginal ultrasound, CA-125 levels, or using both methods did not improve ovarian cancer related mortality in patients ≥ 45
False positives in up to 44% of patients
High-Risk Population
Defined as BRCA1/2 or family history of ovarian/breast cancer
Risk reducing bilateral salpingo-oophorectomy between 35-45 years of age
Can try screening with combined transvaginal ultrasound and CA-125 levels periodically
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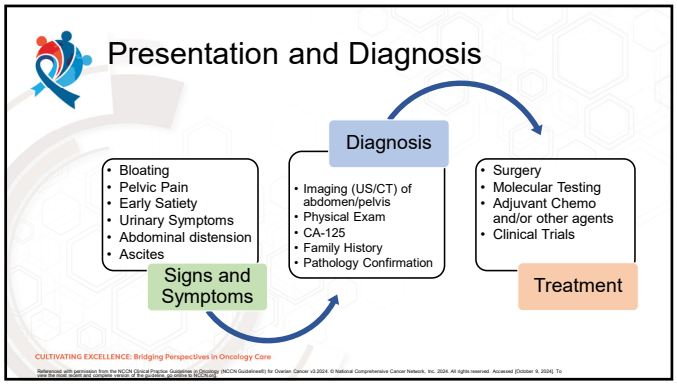
Presentation and Diagnosis
Signs and Symptoms
Bloating
Pelvic Pain
Early Satiety
Urinary Symptoms
Abdominal distension
Ascites
Diagnosis
Imaging (US/CT) of abdomen/pelvis
Physical Exam
CA-125
Family History
Pathology Confirmation
Treatment
Surgery
Molecular Testing
Adjuvant Chemo and/or other agents
Clinical Trials
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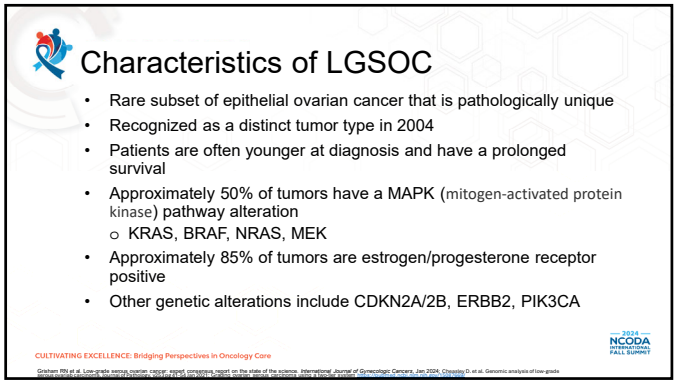
Characteristics of LGSOC
Rare subset of epithelial ovarian cancer that is pathologically unique
Recognized as a distinct tumor type in 2004
Patients are often younger at diagnosis and have a prolonged survival
Approximately 50% of tumors have a MAPK (mitogen-activated protein kinase) pathway alteration
KRAS, BRAF, NRAS, MEK
Approximately 85% of tumors are estrogen/progesterone receptor positive
Other genetic alterations include CDKN2A/2B, ERBB2, PIK3CA
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Low-Grade vs High-Grade

	LGSOC	HGSOC
Age at diagnosis	45-57 years	55-65 years
5-year survival	40-56%	9-34%
Speed of tumor growth	Slow	Rapid
Common gene mutations	KRAS BRAF	TP53
Initial surgery	Primary cytoreductive surgery to no gross residual is key to improved PFS and OS	Primary cytoreductive surgery to no gross residual is key to improved PFS and OS
Response to chemotherapy	More commonly resistant to paclitaxel + carboplatin	Less commonly resistant to paclitaxel + carboplatin

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Vang R, Shih IeM, Kurman RJ. Ovarian low-grade and high-grade serous carcinoma: pathogenesis, clinicopathologic and molecular biologic features, and diagnostic problems. Adv Anat Pathol. 2009 Sep;16(5):267-82; Grisham RN et al. Low-grade serous ovarian cancer: expert consensus report on the state of the science. International Journal of Gynecologic Cancers, Jan 2024

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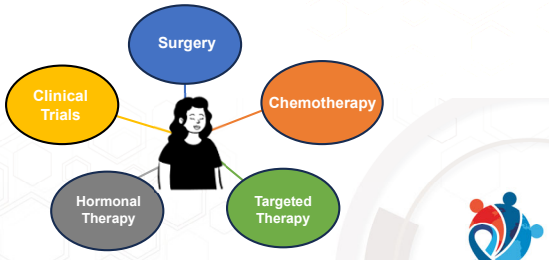
Treatment of LGSOC



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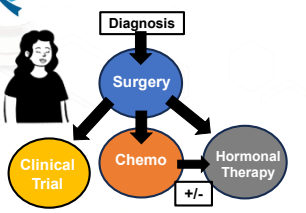
Treatment of LGSOC



- First goal is optimal cytoreductive surgery for improved OS
- Fertility sparing surgery for certain stage 1
- Current guidelines recommend chemotherapy for primary adjuvant treatment based on stage
- Hormonal therapy for primary adjuvant treatment is also an option (cat 2B)
- Use of aromatase inhibitors (AI) is considered superior to tamoxifen

Aromatase Inhibitors
Fulvestrant
Goserelin
Tamoxifen

- Carboplatin + Paclitaxel (preferred)
- Carboplatin + Liposomal Doxorubicin
- Can give either +/- bevacizumab followed by maintenance bevacizumab
- Letrozole or an alternate AI for treatment or maintenance (cat 2B)
- Alternate hormonal agent for treatment (cat 2B)

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Grisham RN et al. Low-grade serous ovarian cancer: expert consensus report on the state of the science. *International Journal of Gynecologic Cancers*, Jan 2024; Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Ovarian Cancer v3.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed [October 9, 2024]. To view the most

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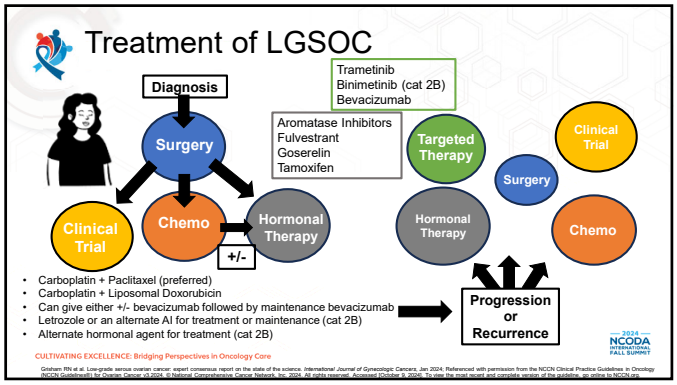
Treatment of LGSOC
Diagnosis
Surgery
Clinical Trial
Chemo
Hormonal Therapy
+/-
Trametinib
Binimetinib (cat 2B)
Bevacizumab
Aromatase Inhibitors
Fulvestrant
Goserelin
Tamoxifen
Targeted Therapy
Surgery
Hormonal Therapy
Clinical Trial
Chemo
Progression or Recurrence
• Carboplatin + Paclitaxel (preferred)
• Carboplatin + Liposomal Doxorubicin
• Can give either +/- bevacizumab followed by maintenance bevacizumab
• Letrozole or an alternate AI for treatment or maintenance (cat 2B)
• Alternate hormonal agent for treatment (cat 2B)
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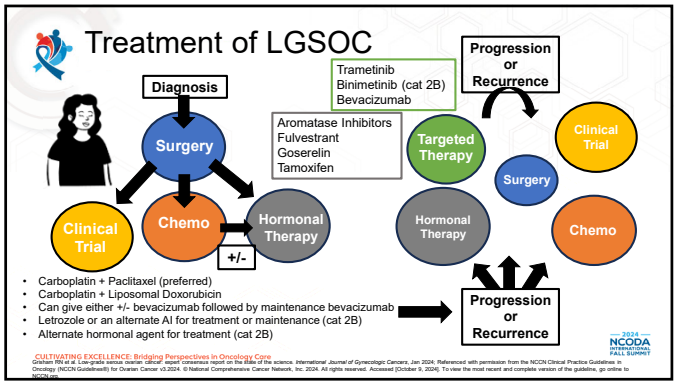
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Diagnosis
Surgery
Clinical Trial
Chemo
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+/-
Trametinib
Binimetinib (cat 2B)
Bevacizumab
Aromatase Inhibitors
Fulvestrant
Goserelin
Tamoxifen
Targeted Therapy
Surgery
Hormonal Therapy
Clinical Trial
Chemo
Progression or Recurrence
Progression or Recurrence
• Carboplatin + Paclitaxel (preferred)
• Carboplatin + Liposomal Doxorubicin
• Can give either +/- bevacizumab followed by maintenance bevacizumab
• Letrozole or an alternate AI for treatment or maintenance (cat 2B)
• Alternate hormonal agent for treatment (cat 2B)
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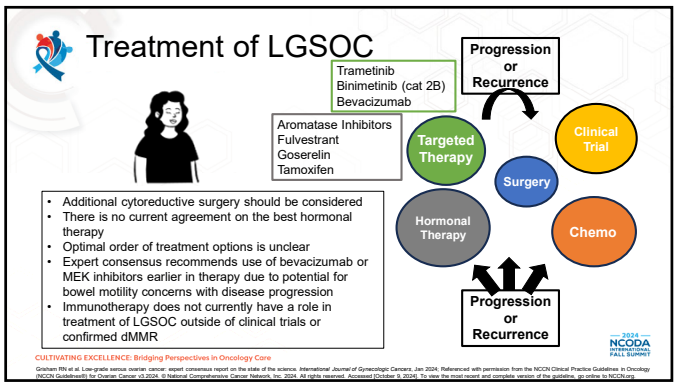
Treatment of LGSOC
Trametinib
Binimetinib (cat 2B)
Bevacizumab
Aromatase Inhibitors
Fulvestrant
Goserelin
Tamoxifen
Targeted Therapy
Surgery
Hormonal Therapy
Clinical Trial
Chemo
Progression or Recurrence
Progression or Recurrence
• Additional cytoreductive surgery should be considered
• There is no current agreement on the best hormonal therapy
• Optimal order of treatment options is unclear
• Expert consensus recommends use of bevacizumab or MEK inhibitors earlier in therapy due to potential for bowel motility concerns with disease progression
• Immunotherapy does not currently have a role in treatment of LGSOC outside of clinical trials or confirmed dMMR
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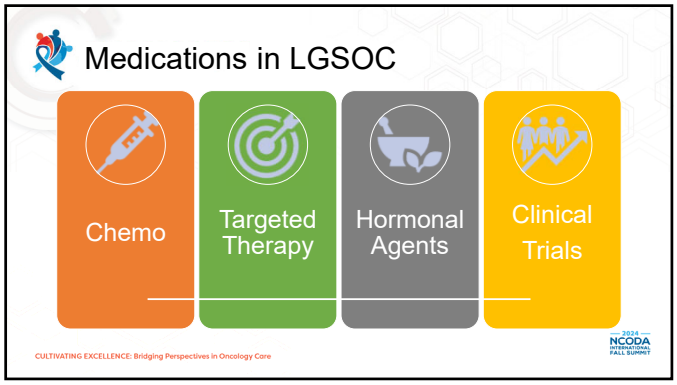
Medications in LGSOC
Chemo
Targeted Therapy
Hormonal Agents
Clinical Trials
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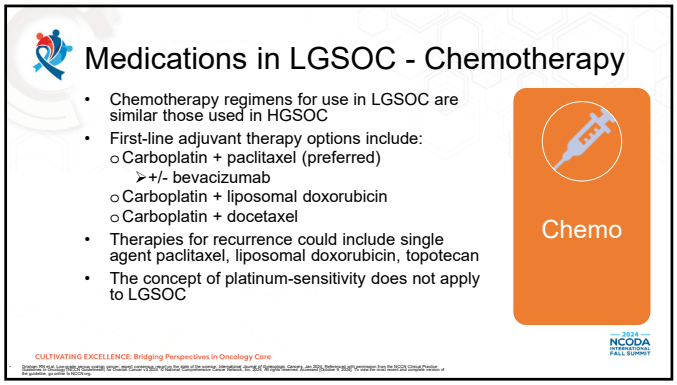
Medications in LGSOC - Chemotherapy
Chemotherapy regimens for use in LGSOC are similar those used in HGSOC
First-line adjuvant therapy options include:
Carboplatin + paclitaxel (preferred)
+/- bevacizumab
Carboplatin + liposomal doxorubicin
Carboplatin + docetaxel
Therapies for recurrence could include single agent paclitaxel, liposomal doxorubicin, topotecan
The concept of platinum-sensitivity does not apply to LGSOC
Chemo
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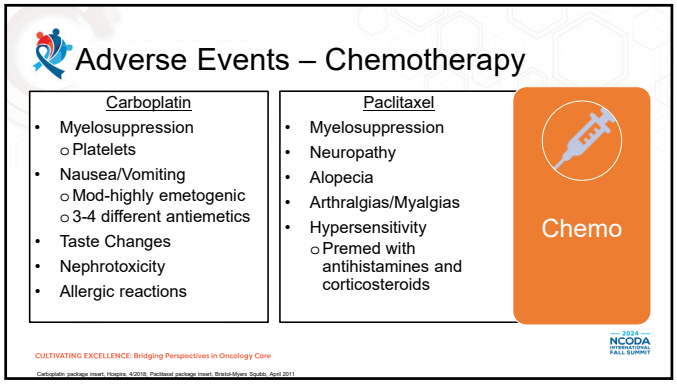
Adverse Events – Chemotherapy
Carboplatin
Myelosuppression
Platelets
Nausea/Vomiting
Mod-highly emetogenic
3-4 different antiemetics
Taste Changes
Nephrotoxicity
Allergic reactions
Paclitaxel
Myelosuppression
Neuropathy
Alopecia
Arthralgias/Myalgias
Hypersensitivity
Premed with antihistamines and corticosteroids
Chemo
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Medications in LGSOC – Targeted Agents

- Angiogenesis Inhibitors
  - Bevacizumab can be used with both primary treatment and recurrence
  - Data for use in LGSOC is based on trials including HGSOC and other subtypes
- MEK Inhibitors (oral therapy)
  - Trametinib
    - Can be given with dabrafenib in patients with BRAF V600E mutations
  - Binimetinib (cat 2B)

Targeted Therapy

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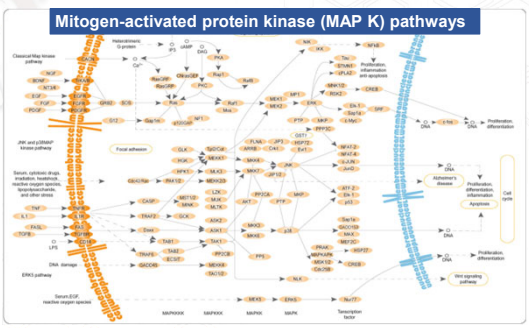
Mitogen-activated protein kinase (MAP K) pathways



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QUESTION 3

When considering the previous slide of mitogen-activated protein kinase (MAP K) pathways, please share your first reaction.

a. I am somewhat familiar with the MAP K pathways, and I know that some medications take advantage of certain pathways to treat various diseases.
b. I am a MAP K pathway expert and would love to make that slide my smart phone wallpaper.
c. I just had a flashback from biology class of having to learn the Krebs cycle and my brain stopped working.
d. I have no idea what was on the previous slide, but I bet I am going to find out.

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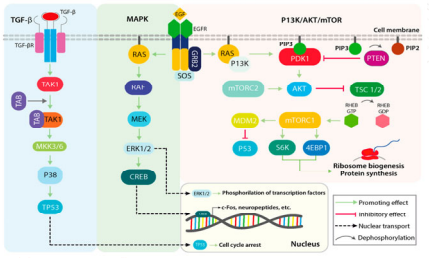
MAPK Pathway



Braicu C, Buse M, Busuioc C, Drula R, Gulei D, Raduly L, Rusu A, Irimie A, Atanasov AG, Slaby O, et al. A Comprehensive Review on MAPK: A Promising Therapeutic Target in Cancer. Cancers. 2019; 11(10):1618. https://doi.org/10.3390/cancers11101618

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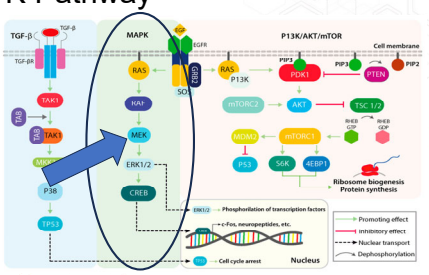
MAPK Pathway



Braicu C, Buse M, Busuioc C, Drula R, Gulei D, Raduly L, Rusu A, Irimie A, Atanasov AG, Slaby O, et al. A Comprehensive Review on MAPK: A Promising Therapeutic Target in Cancer. Cancers. 2019; 11(10):1618. https://doi.org/10.3390/cancers11101618

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Medications in LGSOC – Targeted Agents

- **Trametinib**
  - GOG-0281→ trametinib vs physicians choice (paclitaxel, PLD, topotecan, letrozole, tamoxifen)
  - Median PFS was greater in the trametinib group
    - 13 months trametinib vs 7.2 months
- **Binimetinib (cat 2B)**
  - MILO Study → binimetinib vs physicians choice (paclitaxel, PLD, topotecan)
  - Median PFS was greater in chemotherapy group
    - 9.1 months binimetinib vs 10.6 months
  - Overall survival greater in binimetinib group
    - 25.3 months binimetinib vs 20.8 months

Targeted Therapy

Gershenson DM, Miller A, Brady WE, et al. GOG 281/LOGS: an international, randomized, open-label, multicentre, phase 2/3 trial. Lancet. 2022;399(10324):541-553. doi:10.1016/S0140-6736(21)02175-9; Monk BJ, Grisham RN, Banerjee S, et al. MILO/ENGOT-ov11: Binimetinib Versus Physician's Choice Chemotherapy in Recurrent or Persistent Low-Grade Serous Carcinomas of the Ovary, Fallopian Tube, or Primary

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Adverse Events - Bevacizumab

- Vascular endothelial growth factor (VEGF) inhibitor
- Hypertension
  - Patients should monitor blood pressure regularly
- Proteinuria/Nephrotic Syndrome
- Wound healing complications
- Arthralgias
- GI perforation/Fistula formation
- Hemorrhage
- Thromboembolism

Targeted Therapy

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Avastin package insert, Genentech, 2022

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Adverse Events – MEK Inhibitors

Trametinib

- Skin Rash (acneiform)
  - Counsel on sun avoidance, SPF 30
  - Moisturize skin
- Diarrhea
- Edema
- Anemia
- Fatigue
- Hypertension
- Cardiomyopathy
  - Monitor LVEF
- Ocular toxicity- Eye exams periodically
- Hemorrhage or VTE
- Pneumonitis

Binimetinib

- Mod-highly emetogenic
- Skin Rash
- CPK elevations
- Diarrhea
- Edema
- Hypertension
- Anemia
- Ocular toxicity
  - Eye exams periodically
- VTE or hemorrhage
- Fatigue
- Cardiomyopathy
  - Monitor LVEF

Targeted Therapy

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Mekinist package insert, Novartis Pharmaceuticals Corporation, July 2024; Mektovi package insert, Array BioPharma Inc, June 2018

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Medications in LGSOC

- Because the majority of LGSOCs are ER/PR positive, hormonal based therapies can be effective
- **Aromatase Inhibitors (AI)**
  - Anastrozole, exemestane, letrozole
- **Estrogen Receptor Antagonists**
  - Fulvestrant IM injection
- **Selective Estrogen Receptor Modulators**
  - Tamoxifen
- **Gonadotropin Releasing Hormone Agonist**
  - Goserelin
  - Leuprolide

Hormonal Agents

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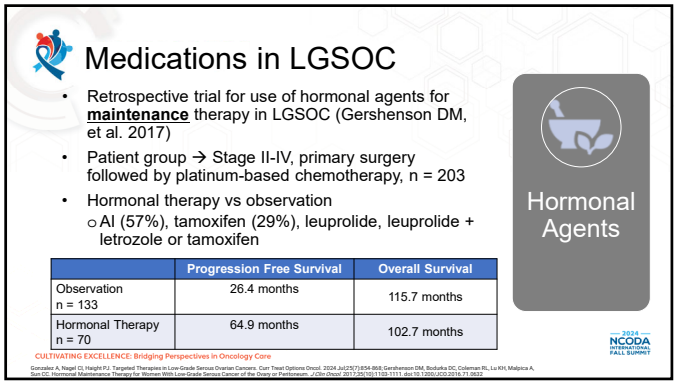
Medications in LGSOC
Retrospective trial for use of hormonal agents for maintenance therapy in LGSOC (Gershenson DM, et al. 2017)
Patient group → Stage II-IV, primary surgery followed by platinum-based chemotherapy, n = 203
Hormonal therapy vs observation
AI (57%), tamoxifen (29%), leuprolide, leuprolide + letrozole or tamoxifen
Progression Free Survival
Overall Survival
Observation n = 133
26.4 months
115.7 months
Hormonal Therapy n = 70
64.9 months
102.7 months
Hormonal Agents
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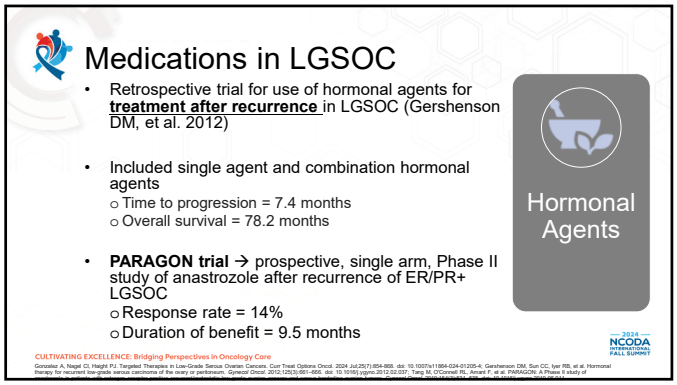
Medications in LGSOC
Retrospective trial for use of hormonal agents for treatment after recurrence in LGSOC (Gershenson DM, et al. 2012)
Included single agent and combination hormonal agents
Time to progression = 7.4 months
Overall survival = 78.2 months
PARAGON trial → prospective, single arm, Phase II study of anastrozole after recurrence of ER/PR+ LGSOC
Response rate = 14%
Duration of benefit = 9.5 months
Hormonal Agents
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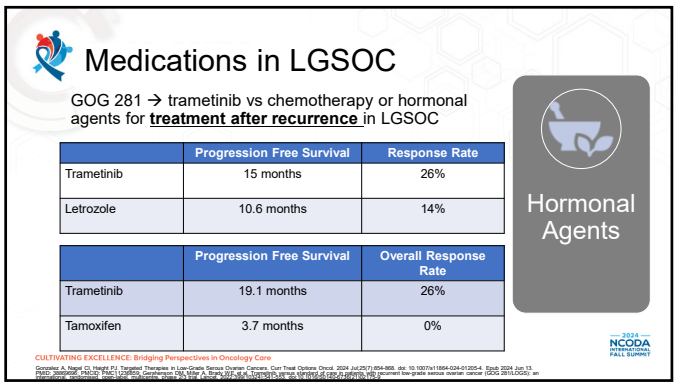
Medications in LGSOC
GOG 281 → trametinib vs chemotherapy or hormonal agents for treatment after recurrence in LGSOC
Progression Free Survival
Response Rate
Trametinib
15 months
26%
Letrozole
10.6 months
14%
Progression Free Survival
Overall Response Rate
Trametinib
19.1 months
26%
Tamoxifen
3.7 months
0%
Hormonal Agents
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Adverse Events – Hormonal Therapy

Medication	Administration	Side Effects
Aromatase Inhibitors Anastrozole Exemestane Letrozole	Oral Tablets Daily administration	Hot flashes, arthralgias, myalgias, decreased bone mineral density, elevated cholesterol
Fulvestrant	Intramuscular (IM) Loading doses then monthly injections	Injection site pain, nausea, hot flashes, increased LFTs, fatigue
Tamoxifen	Oral Tablets Daily administration	Hot flashes, edema, increased risk of VTE, uterine cancer, drug interactions CYP2D6
Goserelin Leuprolide	Subcutaneous or IM Injection Monthly injections	Hot flashes, acne, edema, decreased libido, depression, decreased bone mineral density, increased heart disease

Hormonal Agents

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Anastrozole prescribing info, https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=acbfaaa9-503c-4691-9828-76a7146ed6de, website accessed Sept 15th, 2024; Aromasin package insert, Pfizer, 11/2021; Femara package insert, Novartis 12/2016; Faslodex package insert, AstraZeneca 2018; Nolvadex package insert, AstraZeneca Aug 2004; Zoladex package insert, AstraZeneca, March 2023; Lupron Depot package insert, AbbVie Nov 2023

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Medications in LGSOC - Trials

- **NRG-GY019** (NCT04095364)
  - Phase III adjuvant treatment – Stage II-IV
  - Carboplatin/paclitaxel x6 cycles followed by letrozole maintenance vs letrozole maintenance
  - Estimated primary completion – Feb 2027
- **MATAO** (NCT04111978)
  - Phase III adjuvant treatment – Stage II-IV
  - Low-grade, high-grade, endometrioid EOC
  - Carboplatin/paclitaxel followed by letrozole maintenance vs placebo
  - Estimated primary completion – Oct 2025

Clinical Trials

Adjuvant Treatment

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Grisham RN et al. Low-grade serous ovarian cancer: expert consensus report on the state of the science. *International Journal of Gynecologic Cancers*, Jan 2024 ;McLaughlin PMJ, Klar M, Zwimpfer TA, et al. MATAO study protocol. *BMC Cancer*. 2022;22(1):508. Published 2022 May 6. doi:10.1186/s12885-022-09555-8;https://clinicaltrials.gov/study/NCT04095364?term=NCT04095364&limit=10&rank=1 website accessed 9/14/2024; https://clinicaltrials.gov/study/NCT04111978?term=NCT04111978&rank=1 website accessed 9/14/24

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Medications in LGSOC - Trials

- **GOG-3026** (NCT03673124)
  - Letrozole + ribociclib for recurrent LGSOC
  - Initial data presented March 2023
    - 37 patients evaluated for response
    - Overall response rate 24%
    - 9 out of 37 had a partial response
- Ribociclib – CDK 4/6 inhibitor (cyclin-dependent kinase)
  - Currently FDA-approved for HR+, HER2- breast cancer in conjunction with AI or fulvestrant

Clinical Trials

Recurrent Treatment

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Abstracts of 2023 SGO annual meeting, https://www.gynecologiconcology-online.net/article/S0090-8258(23)01266-0/pdf; KISQALI package insert, Novartis, Oct 2022

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Medications in LGSOC - Trials

RAMP-201 (NCT04625270)

- Avutometinib + defactenib for recurrent LGSOC, Phase II trail
- Part A → determine optimal regimen (single agent vs combination)
- Part B-D → determine efficacy of optimal regimen from Part A
- Included both *KRAS* mutant and wild-type

Current Interim Results

- Part A → combination arm was more effective based on overall response rate (ORR)
  - 7% single agent avutometinib vs 28% combo arm
- Part B-D as of March 2024→ ORR 45% (n = 29)
  - *KRAS* mutant ORR = 60%
  - *KRAS* wild-type ORR = 29%

Clinical Trials

Recurrent Treatment

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Banerjee SN et al. Initial efficacy and safety results from ENGOT-ov60/GOG-3052/RAMP 201 *JCO* v41 n16.May 2023 https://doi.org/10.1200/JCO.2023.41.16_suppl.5515; Banerjee SN, Nieuwenhuysen EV, Santin AD, et al. Avutometinib + defactinib in recurrent low-grade serous ovarian cancer (LGSOC): a subgroup analysis of ENGOT-ov60/GOG-3052/RAMP 201 part A. Presented at: 2024 SGO Annual Meeting. March 16-18, 2024; San Diego, California (source from https://www.onclive.com/view/avutometinib-plus-defactinib-shows-high-response-rates-in-heavily-treated-lgsoc accessed Sept 14th, 2024)

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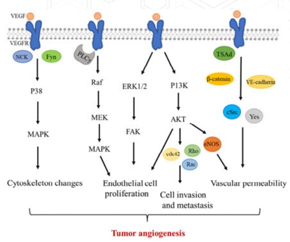
Medications in LGSOC - Trials

- Avutometinib (oral)
  - Small molecule RAF/MEK clamp
- Defactenib (oral)
  - Small molecule inhibitor of FAK
  - FAK is a resistance mechanism for RAF/MEK inhibition
- Goal with dual therapy is synergistic antitumor activity



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Qi S, Deng S, Lian Z, Yu K. Novel Drugs with High Efficacy against Tumor Angiogenesis. *International Journal of Molecular Sciences*. 2022; 23(13):6934. https://doi.org/10.3390/ijms23136934; Banerjee SN et al. Initial efficacy and safety results from ENGOT-ov60/GOG-3052/RAMP 201 *JCO* v41 n16.May 2023 https://doi.org/10.1200/JCO.2023.41.16_suppl.5515

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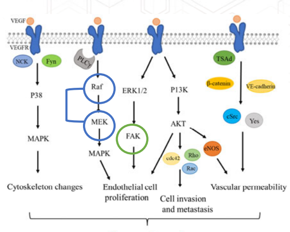

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Qi S, Deng S, Lian Z, Yu K. Novel Drugs with High Efficacy against Tumor Angiogenesis. *International Journal of Molecular Sciences*. 2022; 23(13):6934. https://doi.org/10.3390/ijms23136934; Banerjee SN et al. Initial efficacy and safety results from ENGOT-ov60/GOG-3052/RAMP 201 *JCO* v41 n16.May 2023 https://doi.org/10.1200/JCO.2023.41.16_suppl.5515

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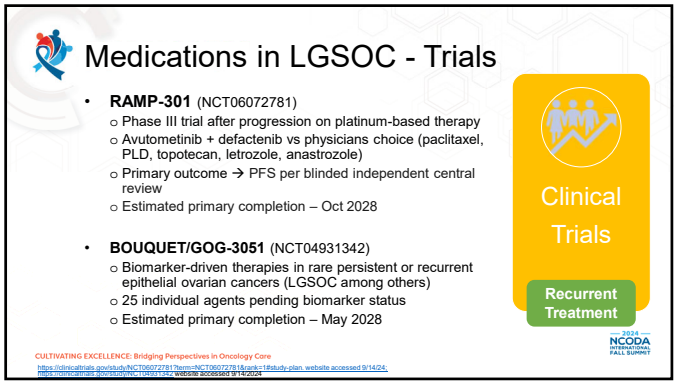
Medications in LGSOC - Trials
RAMP-301 (NCT06072781)
Phase III trial after progression on platinum-based therapy
Avutometinib + defactenib vs physicians choice (paclitaxel, PLD, topotecan, letrozole, anastrozole)
Primary outcome → PFS per blinded independent central review
Estimated primary completion – Oct 2028
BOUQUET/GOG-3051 (NCT04931342)
Biomarker-driven therapies in rare persistent or recurrent epithelial ovarian cancers (LGSOC among others)
25 individual agents pending biomarker status
Estimated primary completion – May 2028
Clinical Trials
Recurrent Treatment
CULTIVATING EXCELLENCE: Bridging Perspectives in Oncology Care
https://clinicaltrials.gov/study/NCT06072781?term=NCT06072781&rank=1#study-plan, website accessed 9/14/24;
https://clinicaltrials.gov/study/NCT04931342, website accessed 9/14/2024

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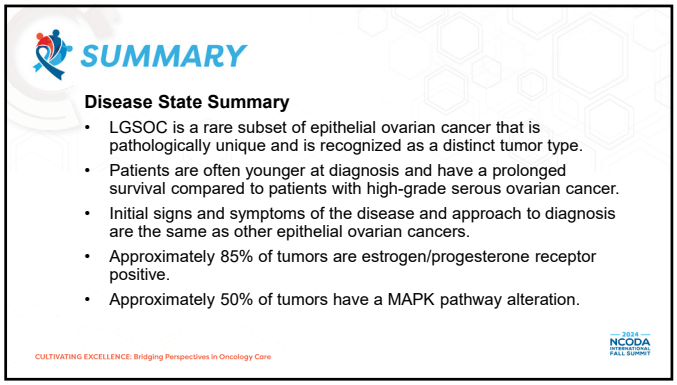
SUMMARY
Disease State Summary
LGSOC is a rare subset of epithelial ovarian cancer that is pathologically unique and is recognized as a distinct tumor type.
Patients are often younger at diagnosis and have a prolonged survival compared to patients with high-grade serous ovarian cancer.
Initial signs and symptoms of the disease and approach to diagnosis are the same as other epithelial ovarian cancers.
Approximately 85% of tumors are estrogen/progesterone receptor positive.
Approximately 50% of tumors have a MAPK pathway alteration.
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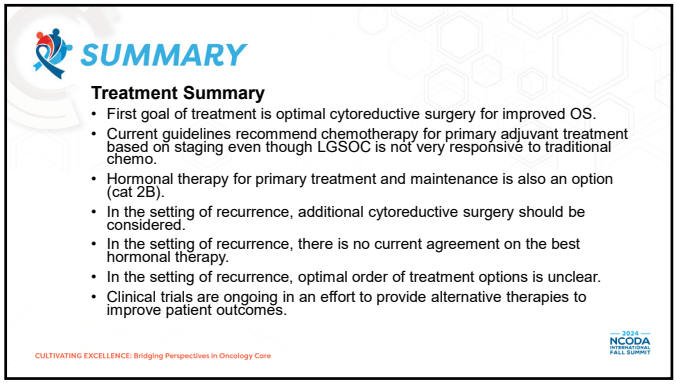
SUMMARY
Treatment Summary
First goal of treatment is optimal cytoreductive surgery for improved OS.
Current guidelines recommend chemotherapy for primary adjuvant treatment based on staging even though LGSOC is not very responsive to traditional chemo.
Hormonal therapy for primary treatment and maintenance is also an option (cat 2B).
In the setting of recurrence, additional cytoreductive surgery should be considered.
In the setting of recurrence, there is no current agreement on the best hormonal therapy.
In the setting of recurrence, optimal order of treatment options is unclear.
Clinical trials are ongoing in an effort to provide alternative therapies to improve patient outcomes.
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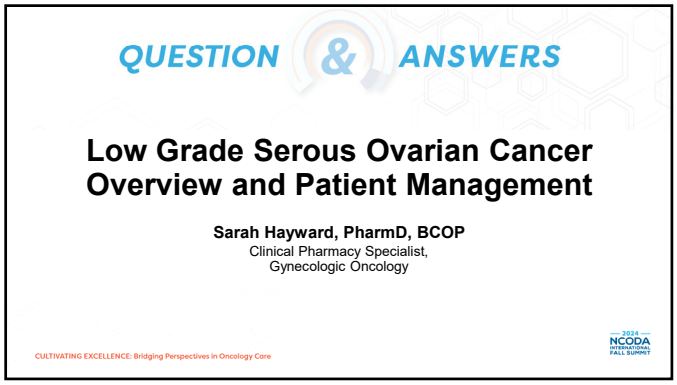
QUESTION & ANSWERS
Low Grade Serous Ovarian Cancer Overview and Patient Management
Sarah Hayward, PharmD, BCOP
Clinical Pharmacy Specialist,
Gynecologic Oncology
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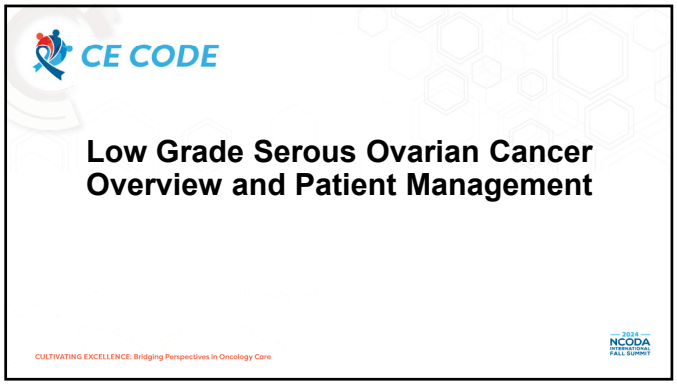
CE CODE
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