Year in Review: Clinical Investigator Perspectives on the Most Relevant New Data Sets and Advances in Oncology

Gynecologic Oncology

Tuesday, January 24, 2023
5:00 PM – 6:00 PM ET

Faculty

Michael J Birrer, MD, PhD
Kathleen N Moore, MD, MS
Krishnansu S Tewari, MD

Moderator

Neil Love, MD

RTP Year in Review 2023

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Michael J Birrer, MD, PhD
Vice Chancellor, UAMS
Director, Winthrop P Rockefeller Cancer Institute
Director, Cancer Service Line
Professor of Biochemistry and Molecular Biology
Director's Endowed Chair for the Winthrop P Rockefeller Cancer Institute
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Department of Obstetrics and Gynecology
University of California, Irvine
Irvine, California

Kathleen N Moore, MD, MS
Associate Director, Clinical Research
Virginia Kerley Cade Chair in Developmental Therapeutics
Director, TSET Phase I Drug Unit
Co-Director, Cancer Therapeutics Program
Stephenson Cancer Center at the University of Oklahoma HSC
Associate Director, GOG Partners
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MODERATOR
Neil Love, MD
Research To Practice
Miami, Florida

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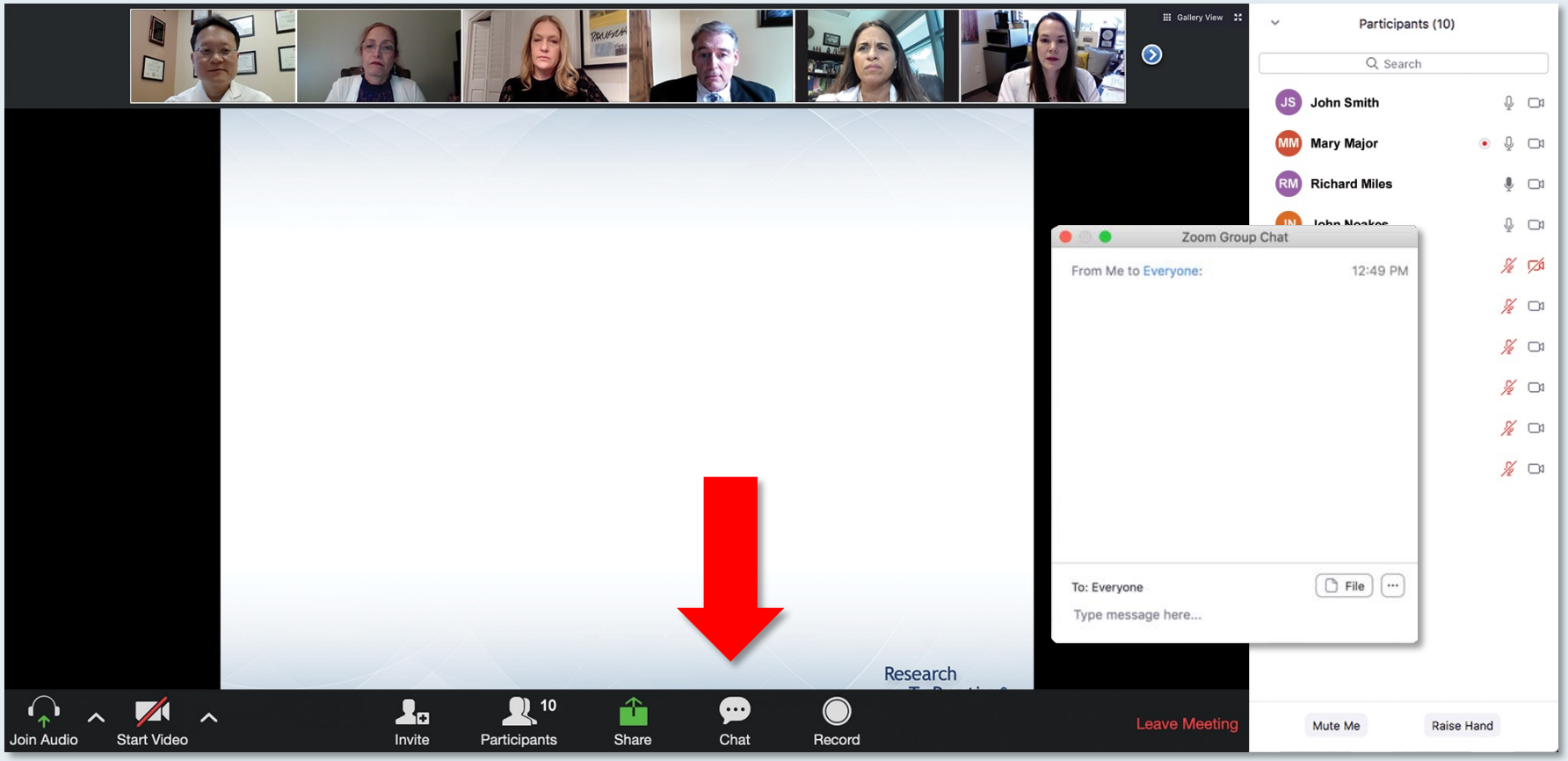

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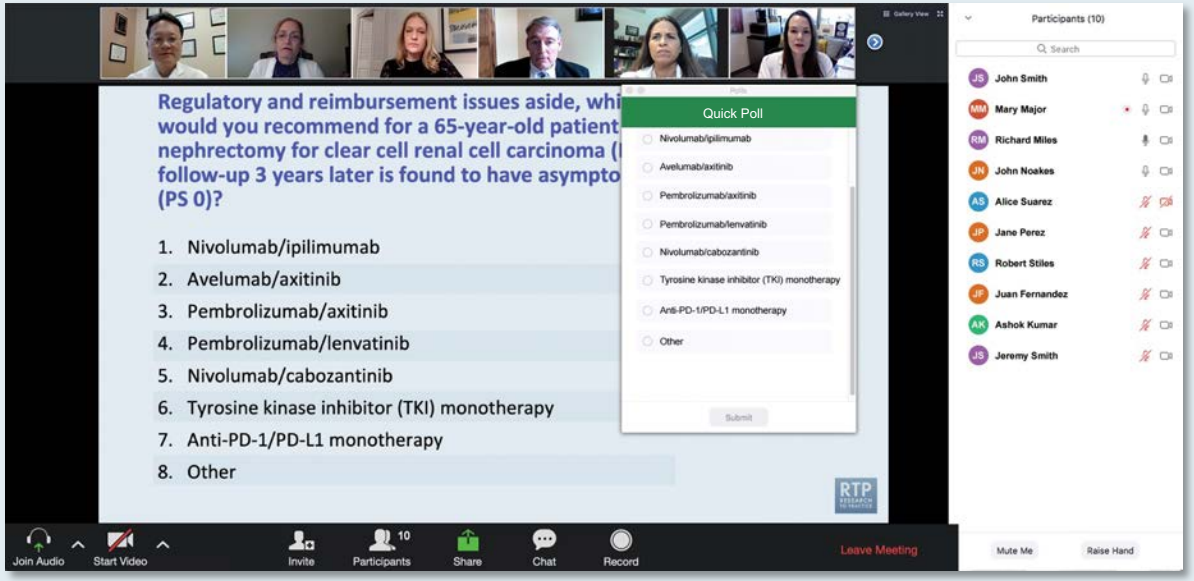

ONCOLOGY TODAY

WITH DR NEIL LOVE

Role of PARP Inhibition in Ovarian Cancer

DR THOMAS HERZOG

UNIVERSITY OF CINCINNATI MEDICAL CENTER

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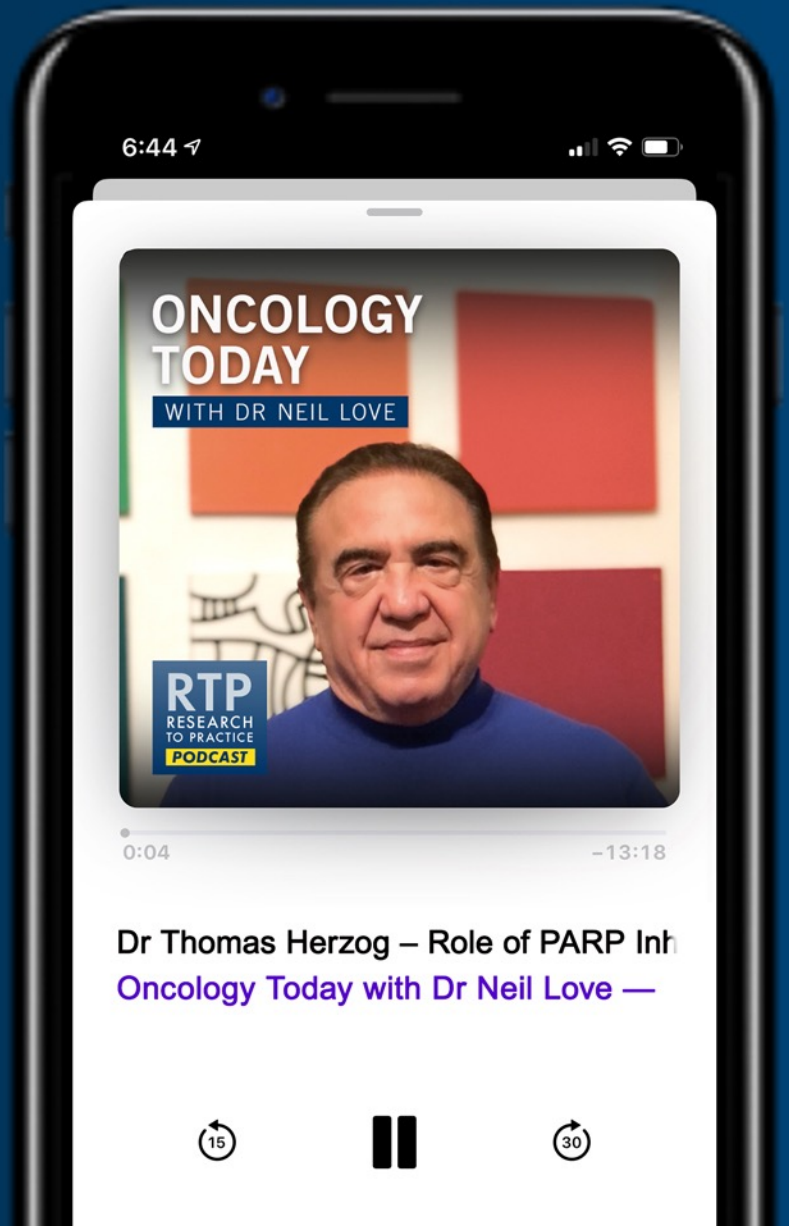

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Thank you for joining us!

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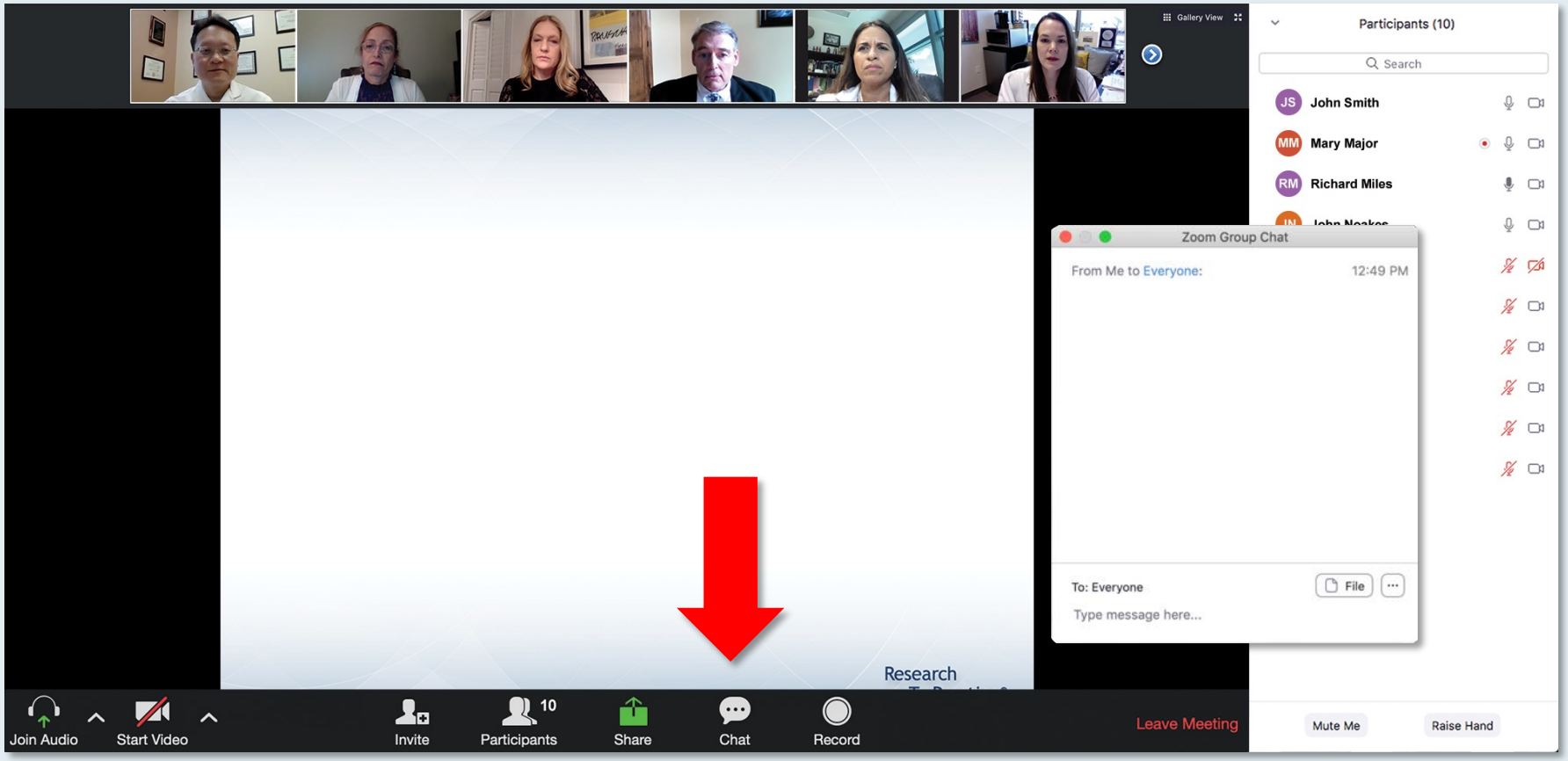

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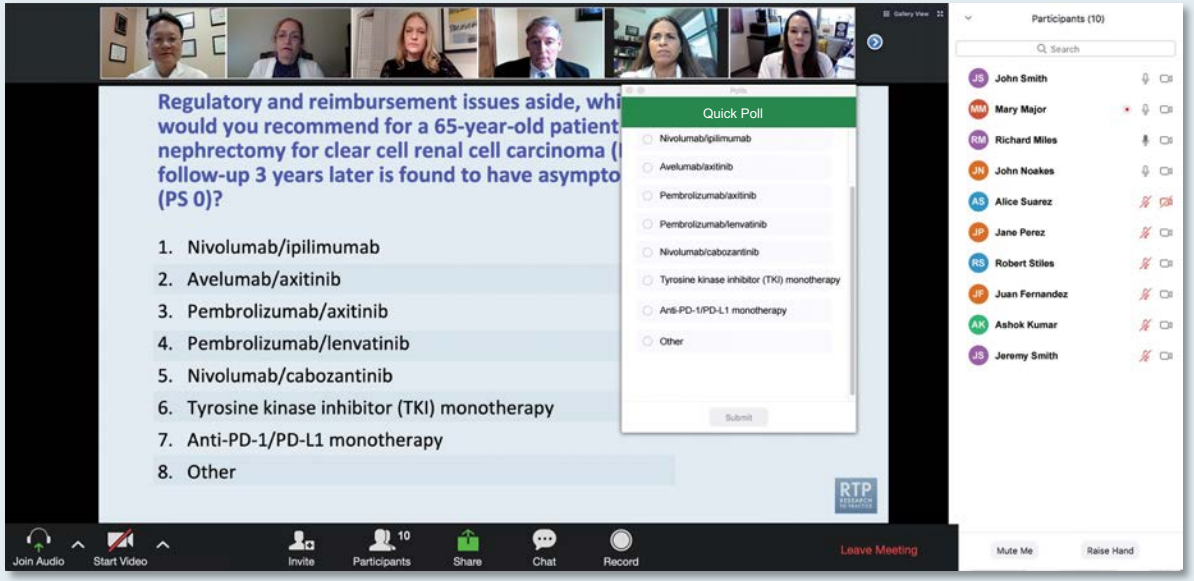

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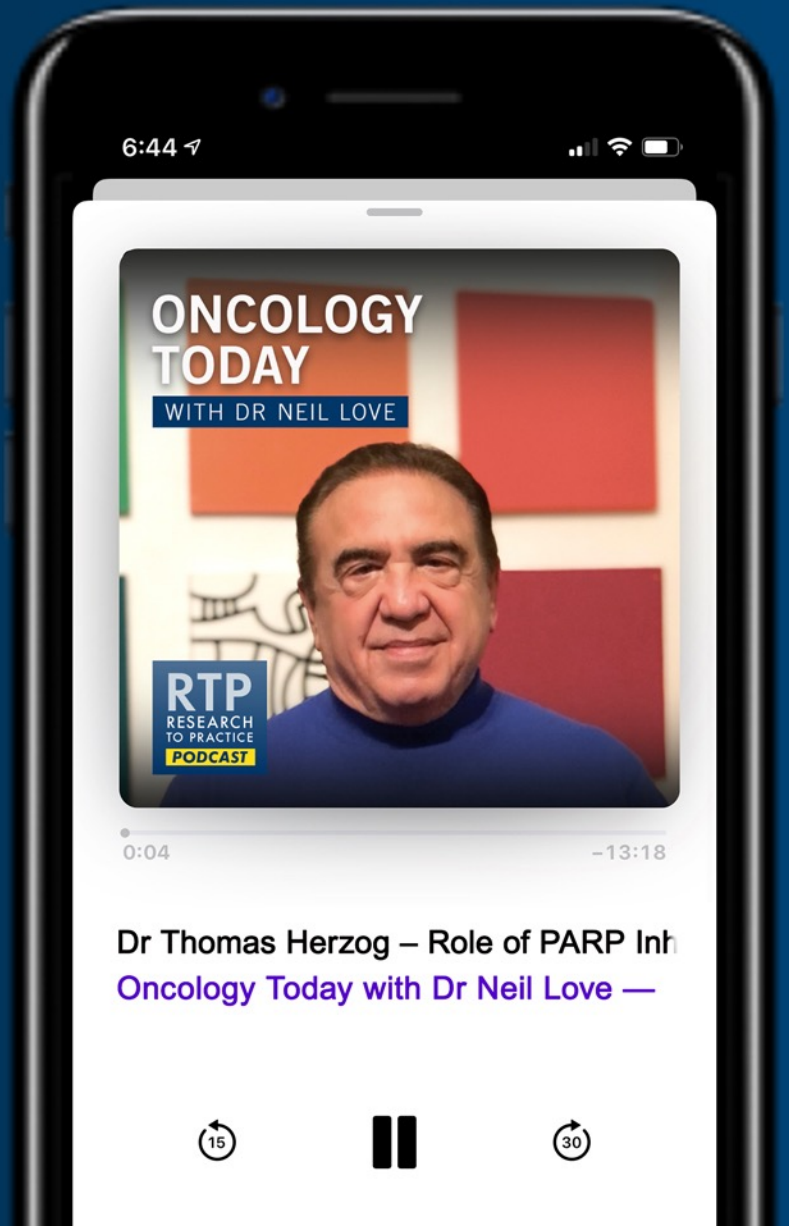

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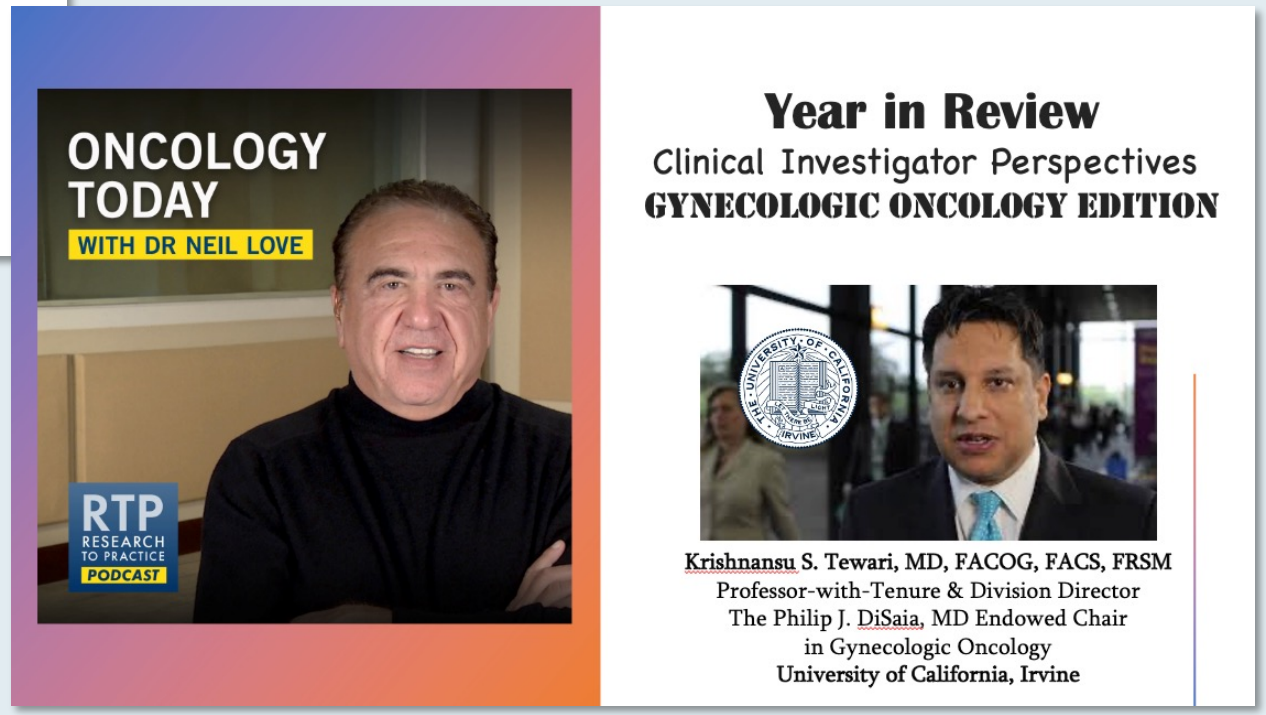

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Key Data Sets

Kathleen N Moore, MD, MS

- DiSilvestro P et al. Overall survival (OS) at 7-year (y) follow-up (f/u) in patients (pts) with newly diagnosed advanced ovarian cancer (OC) and a BRCA mutation (BRCAm) who received maintenance olaparib in the SOLO1/GOG-3004 trial. ESMO 2022;Abstract 517O.
- Ray-Coquard IL et al. Final overall survival (OS) results from the phase III PAOLA-1/ENGOT-ov25 trial evaluating maintenance olaparib (ola) plus bevacizumab (bev) in patients (pts) with newly diagnosed advanced ovarian cancer (AOC). ESMO 2022;Abstract LBA29.
- Gonzalez Martin AJ et al. PRIMA/ENGOT-OV26/GOG-3012 study: Updated long-term PFS and safety. ESMO 2022;Abstract 530P.
- Li N et al. Efficacy and safety of niraparib as maintenance treatment in patients with newly diagnosed advanced ovarian cancer using an individualized starting dose (PRIME study): A randomized, double-blind, placebo-controlled, phase 3 trial. SGO 2022;Abstract LBA5.
- Monk BJ et al. A randomized, phase III trial to evaluate rucaparib monotherapy as maintenance treatment in patients with newly diagnosed ovarian cancer (ATHENA-MONO/GOG-3020/ENGOT-ov45). *J Clin Oncol* 2022;40(34):3952-64.

Key Data Sets

Kathleen N Moore, MD, MS (continued)

- Hardesty MM et al. OVARIO phase II trial of combination niraparib plus bevacizumab maintenance therapy in advanced ovarian cancer following first-line platinum-based chemotherapy with bevacizumab. *Gynecol Oncol* 2022;166(2):219-29.
- Penson R et al. Final overall survival results from SOLO3: Phase III trial assessing olaparib monotherapy versus non-platinum chemotherapy in heavily pretreated patients with germline BRCA1- and/or BRCA2-mutated platinum-sensitive relapsed ovarian cancer. SGO 2022;Abstract 26.
- Oza AM et al. Overall survival results from ARIEL4: A phase III study assessing rucaparib vs chemotherapy in patients with advanced, relapsed ovarian carcinoma and a deleterious BRCA1/2 mutation. ESMO 2022;Abstract 518O.
- Selle F et al. OReO/ENGOT Ov-38 trial: Impact of maintenance olaparib rechallenge according to ovarian cancer patient prognosis — An exploratory joint analysis of the BRCA and non-BRCA cohorts. ASCO 2022;Abstract 5573.
- Banerjee S et al. Phase II study of olaparib plus durvalumab with or without bevacizumab (MEDIOLA): Final analysis of overall survival in patients with non-germline BRCA-mutated platinum-sensitive relapsed ovarian cancer. ESMO 2022;Abstract 529MO.

Key Data Sets

Kathleen N Moore, MD, MS (continued)

- Matulonis U et al. Efficacy and safety of mirvetuximab soravtansine in patients with platinum-resistant ovarian cancer with high folate receptor alpha expression: Results from the SORAYA study. SGO 2022;Abstract LBA4.
- Matulonis UA et al. Mirvetuximab soravtansine (MIRV) in patients with platinum-resistant ovarian cancer with high folate receptor alpha (FRα) expression: Characterization of antitumor activity in the SORAYA study. ASCO 2022;Abstract 5512.
- O'Malley D et al. Mirvetuximab soravtansine and bevacizumab in folate receptor αlpha-positive ovarian cancer: Efficacy in patients with and without prior bevacizumab. IGCS 2022;Abstract O011.
- Richardson DL et al. Updated results from the Phase 1 expansion study of upifitamab rilsodotin (UpRi; XMT-1536), a NaPi2b-directed dolaflexin antibody drug conjugate (ADC) in ovarian cancer. SGO 2022;Abstract 76.
- Richardson DL et al. UPLIFT (ENGOT-ov67/GOG-3048): A pivotal cohort of upifitamab rilsodotin (XMT-1536; UpRi), a NaPi2b-directed dolaflexin antibody drug conjugate (ADC) in platinum-resistant ovarian cancer. SGO 2022;Abstract 585.

Key Data Sets

Krishnansu S Tewari, MD

- Maio M et al. Pembrolizumab in microsatellite instability high or mismatch repair deficient cancers: Updated analysis from the phase II KEYNOTE-158 study. *Ann Oncol* 2022;33(9):929-38.
- Oaknin A et al Dostarlimab in advanced/recurrent (AR) mismatch repair deficient/microsatellite instability–high or proficient/stable (dMMR/MSI-H or MMRp/MSS) endometrial cancer (EC): The GARNET study. ASCO 2022;Abstract 5509.
- Makker V et al. Lenvatinib plus pembrolizumab for advanced endometrial cancer. *N Engl J Med* 2022;386(5):437-48.
- Makker V et al. Updated efficacy and safety of lenvatinib (LEN) + pembrolizumab (pembro) vs treatment of physician's choice (TPC) in patients (pts) with advanced endometrial cancer (aEC): Study 309/KEYNOTE-775. ESMO 2022;Abstract 525MO.
- Vergote IB et al. Prospective double-blind, randomized phase III ENGOT-EN5/GOG-3055/SIENDO study of oral selinexor/placebo as maintenance therapy after first-line chemotherapy for advanced or recurrent endometrial cancer. ESMO Virtual Plenary 2022;Abstract VP2-2022.

Key Data Sets

Krishnansu S Tewari, MD (continued)

- Makker V et al. Randomized phase III study of maintenance selinexor versus placebo in endometrial cancer (ENGOT-EN5/GOG-3055/SIENDO): Impact of subgroup analysis and molecular classification. ASCO 2022;Abstract 5511.
- You B et al. Safety and efficacy of olaparib combined to metronomic cyclophosphamide and metformin in recurrent advanced/metastatic endometrial cancer patients: ENDOLA trial. AACR 2022;Abstract CT005.
- Mauricio D et al. Trastuzumab deruxtecan (DS-8201a), a HER2-targeting antibody-drug conjugate with topoisomerase I inhibitor payload, shows antitumor activity in uterine and ovarian carcinosarcoma with HER2/neu expression. SGO 2022;Abstract 46.
- Tewari KS et al. Pembrolizumab + chemotherapy in patients with persistent, recurrent, or metastatic cervical cancer: Subgroup analysis of KEYNOTE-826. ASCO 2022;Abstract 5506.

Key Data Sets

Krishnansu S Tewari, MD (continued)

- Monk B et al. Patient-reported outcomes from the phase 3 randomized, double-blind, KEYNOTE-826 trial of pembrolizumab plus chemotherapy versus placebo plus chemotherapy for the first-line treatment of persistent, recurrent, or metastatic cervical cancer. SGO 2022;Abstract 23.
- Tewari KS et al. Survival with cemiplimab in recurrent cervical cancer. *N Engl J Med* 2022;386(6):544-55.
- Lorusso D et al. Tisotumab vedotin (TV) + pembrolizumab (pembro) in first-line (1L) recurrent or metastatic cervical cancer (r/mCC): Interim results of ENGOT Cx8/GOG 3024/innovaTV 205. ASCO 2022;Abstract 5507.
- Kim SK et al. Mitigation and management strategies for ocular events associated with tisotumab vedotin. *Gynecol Oncol* 2022;165(2):385-92.

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MODULE 1: Ovarian Cancer

- PARP inhibitors as primary maintenance
- PARP inhibitors for recurrent and metastatic disease
- Antibody-drug conjugates: Mirvetuximab soravtansine; upifitamab rilsodotin

MODULE 2: Endometrial Cancer

- Immunotherapy for metastatic disease
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- Other novel agents

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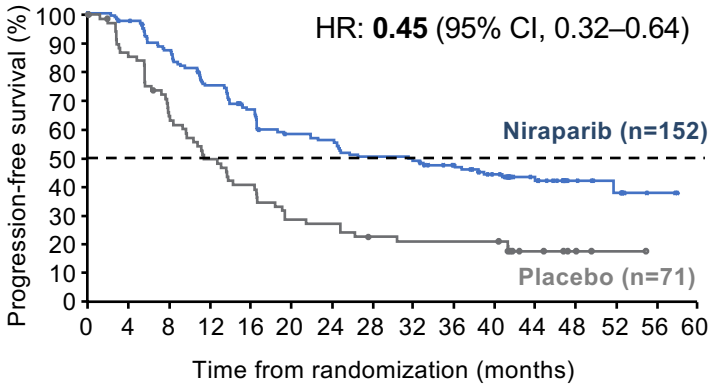
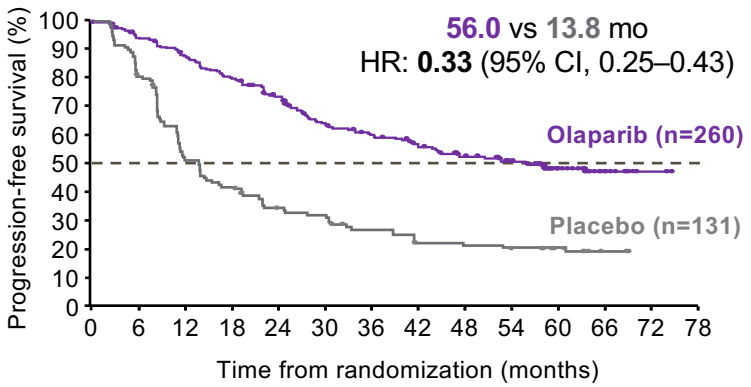
PARP inhibitors are changing the course of disease for patients with *BRCA*m ovarian cancer: PFS data is groundbreaking globally

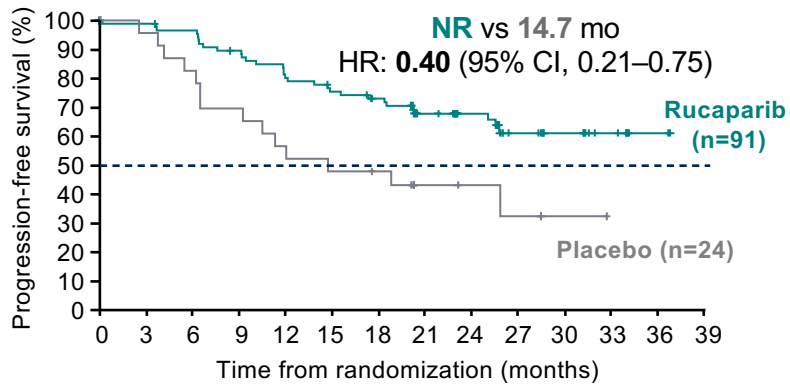
PRIMA: HRd *BRCA*m[1]



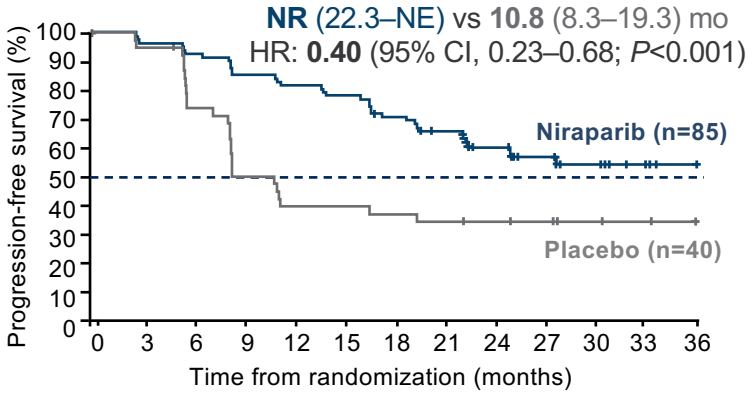
SOLO1: *BRCA*m[3]



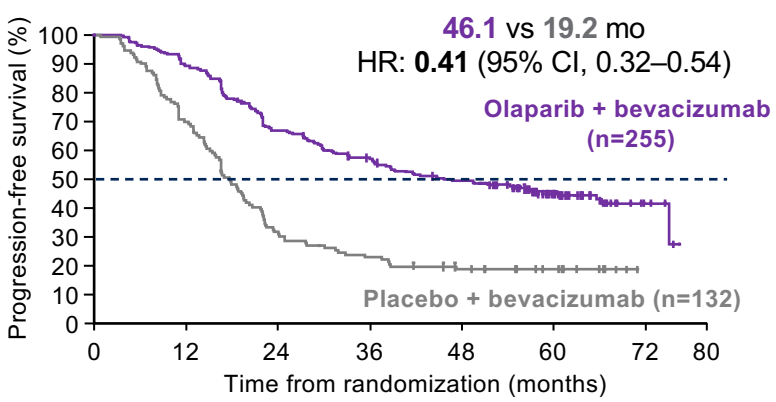
ATHENA-MONO: HRd *BRCA*m[5]



PRIME: *BRCA*m[2]



PAOLA-1: HRd *BRCA*m[4]

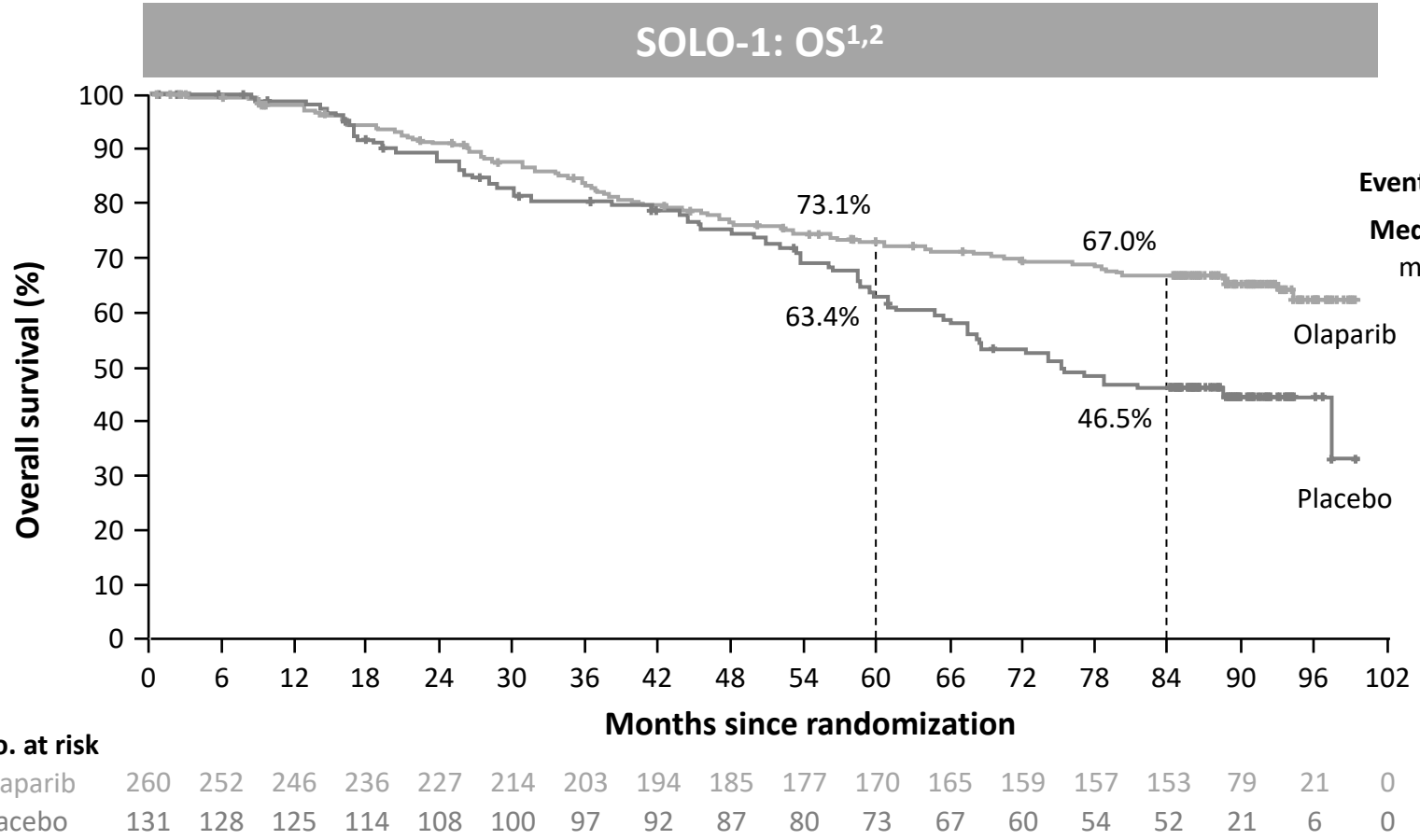


BRCA, BRCA DNA repair associated gene; *BRCA*m, *BRCA* mutated; CI, confidence interval; HR, hazard ratio; HRd, homologous recombination deficient; mo, months; NE, not estimable; NR, not reached; PARP, poly (ADP-ribose) polymerase.

1. González-Martín A et al. ESMO Congress 2022; Abstract 530P. 2. Li N et al. SGO Annual Meeting on Women's Cancer 2022; Abstract LBA 5. 3. Bradley W et al. SGO Virtual Annual Meeting on Women's Cancer 2021; Abstract 10520. 4. Ray-Coquard I et al. ESMO Congress 2022; Abstract LBA29. 5. Monk BJ et al. ASCO Annual Meeting 2022; Abstract LBA5500.

Courtesy of Kathleen Moore, MD, MS

SOLO 1: Maintenance olaparib provided a clinically meaningful OS benefit versus placebo in BRCAmut EOC



	Olaparib (N=260)	Placebo (N=131)
Events, n (%)	84 (32.3)	65 (49.6)
Median OS, months	**NR**	**75.2**

HR 0.55 (95% CI 0.40–0.76); *P*=0.0004*

44.3% of patients in the placebo group **received subsequent PARPi therapy**, compared with **14.6%** of patients in the olaparib group

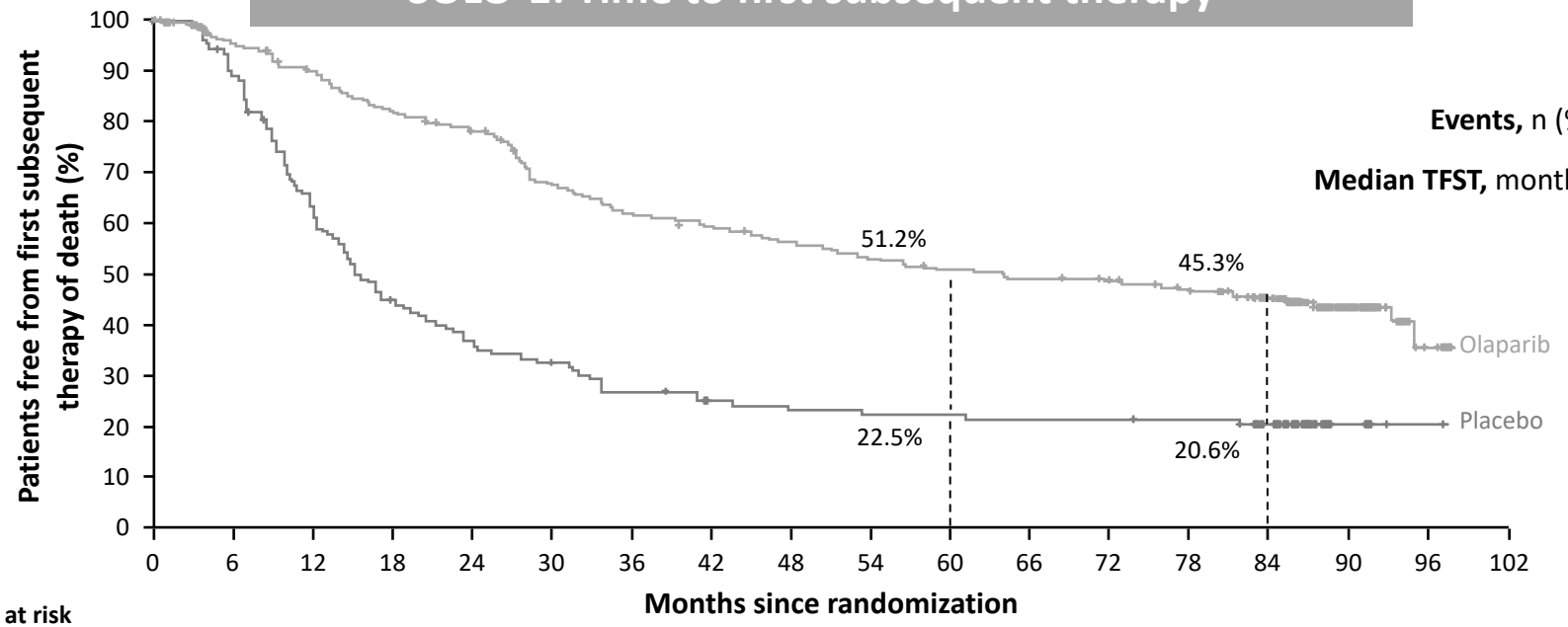
*HR for median OS was not statistically significant due to the alpha assignment of 0.0001 (P<0.0001 required to declare statistical significance)

1. DiSilvestro P et al. Presented at: ESMO Annual Meeting 2022. 2. Di Silvestro.P, et al. 2022 J Clin Oncol.

Courtesy of Kathleen Moore, MD, MS

Are we now beginning to see the possibility of cure for patients with advanced ovarian cancer and a BRCA mutation? TFST may be a surrogate for those who are cured.

SOLO-1: Time to first subsequent therapy[1,2]



	Olaparib (N=260)	Placebo (N=131)
Events, n (%)	135 (51.9)	98 (74.8)
Median TFST, months	**64.0**	**15.1**
HR 0.37 (95% CI 0.28–0.48)		

No. at risk

Olaparib	260	240	223	203	190	160	147	141	132	125	119	115	111	102	75	31	5	0
Placebo	131	114	79	55	45	39	32	28	26	25	25	24	24	23	18	4	1	0

In the olaparib arm **45%** of patients who were still alive at 7 years had yet to receive any subsequent treatment

1. DiSilvestro P et al. J Clin Oncol 2022.

Courtesy of Kathleen Moore, MD, MS

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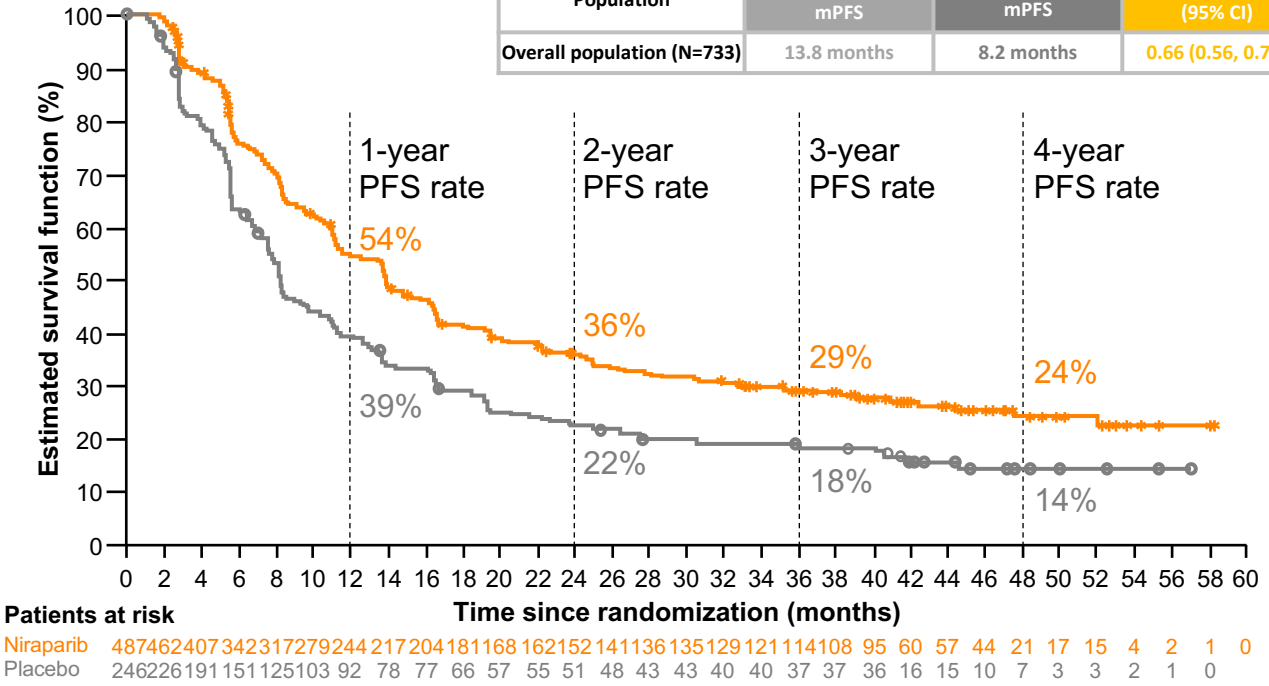
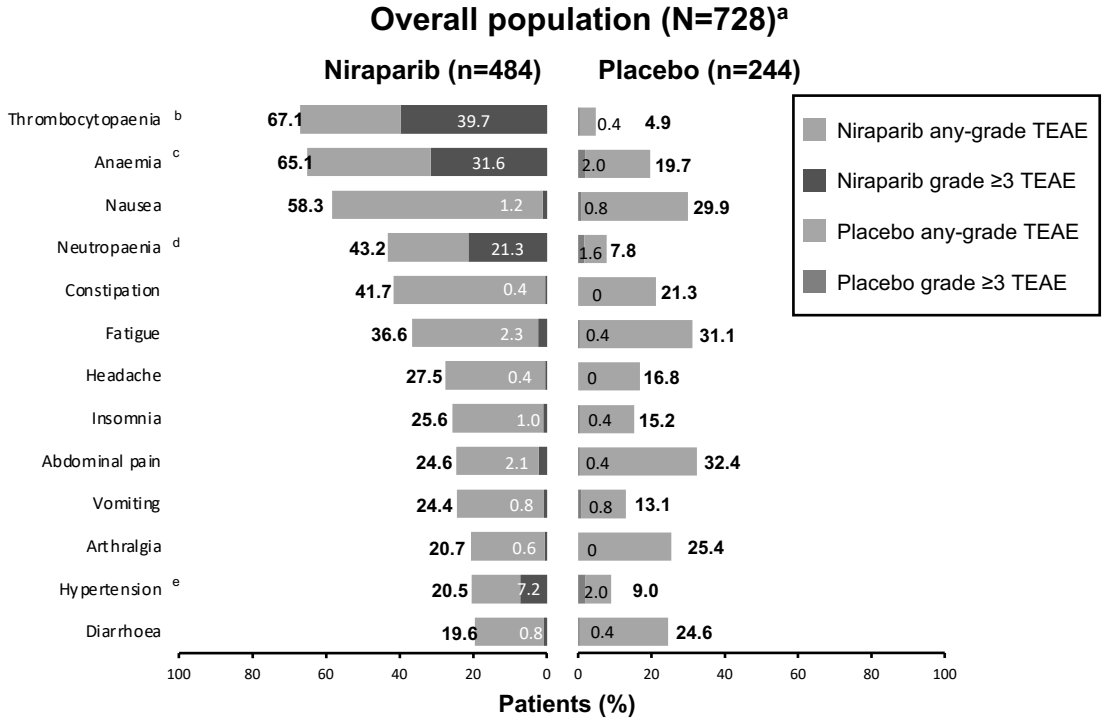
PRIMA: Niraparib maintenance therapy significantly improved PFS vs placebo in the overall population[1]

Investigator-assessed PFS in the overall population

Population	Niraparib mPFS	Placebo mPFS	Hazard ratio (95% CI)
Overall population (N=733)	13.8 months	8.2 months	0.66 (0.56, 0.79)



TEAs reported in ≥20% of patients



- Niraparib reduced the risk of progression or death by 34% versus placebo
- Adverse event findings were consistent with the primary analysis, with no new safety signals

Courtesy of Kathleen Moore, MD, MS

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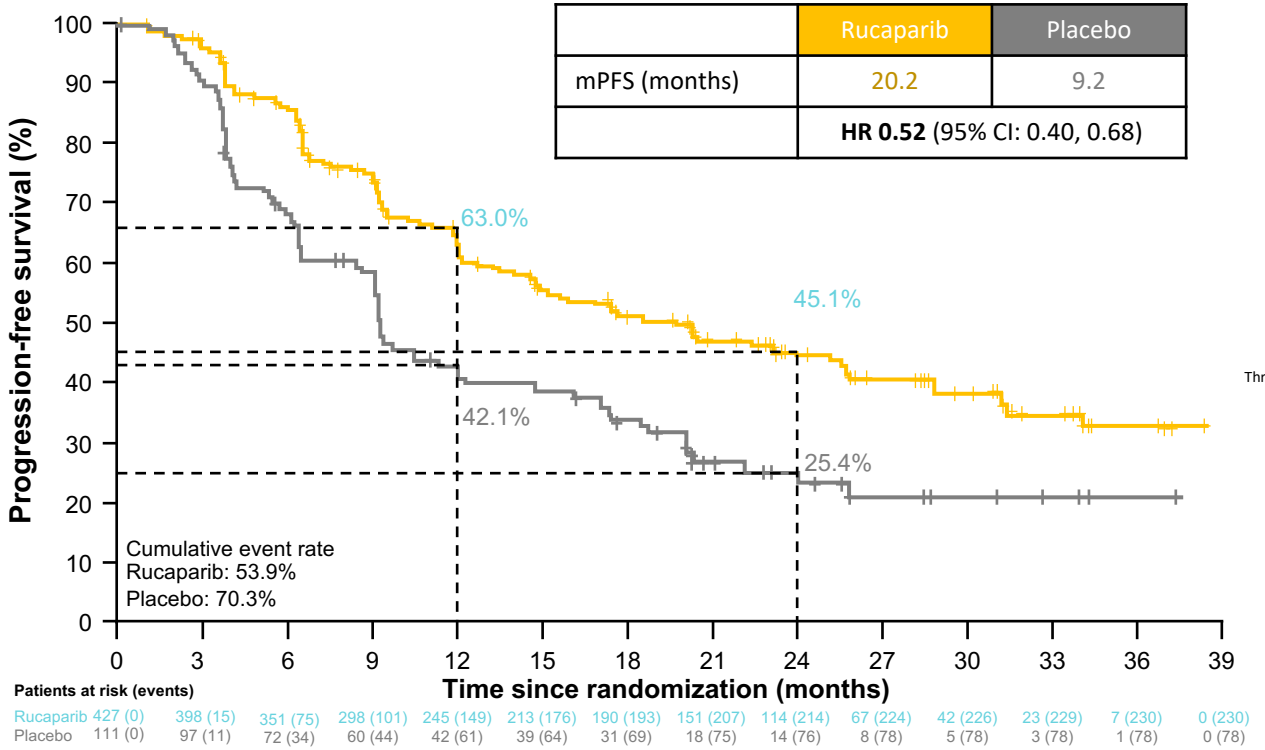
Gonzales-Martin A, et al. Presented at European Society for Medical Oncology Annual Meeting; 9th–13th September 2022; Paris, France; abstract #530P

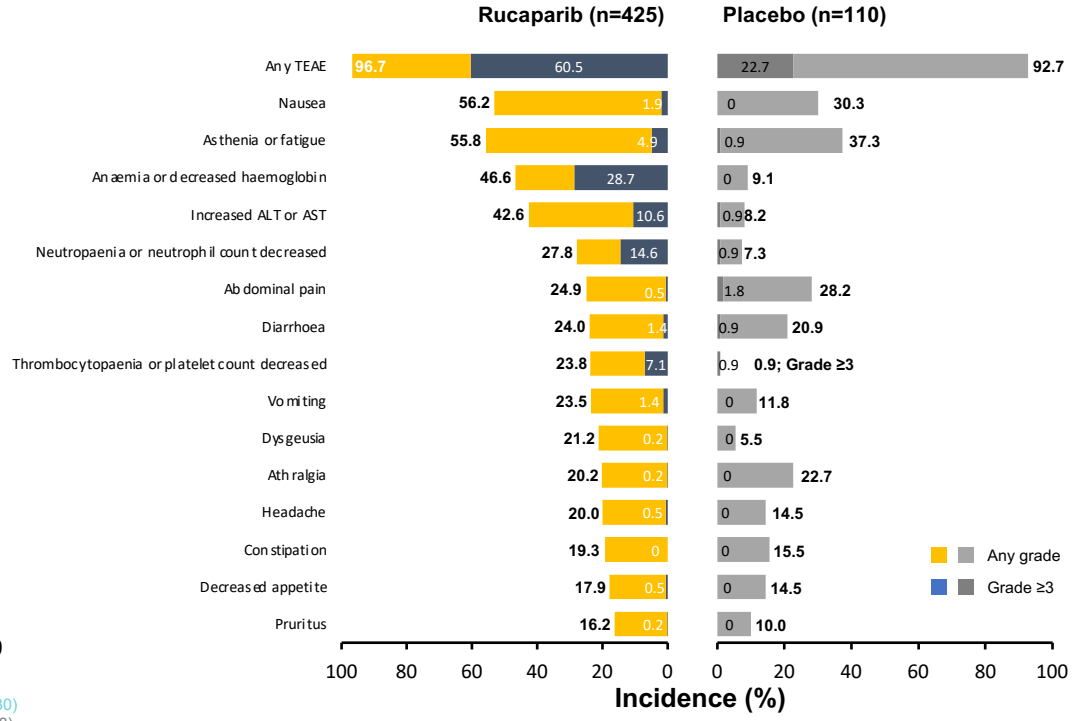
ATHENA-MONO: Rucaparib monotherapy maintenance treatment significantly improved investigator-assessed PFS versus placebo in the ITT population

Investigator-assessed PFS in the ITT population

	Rucaparib	Placebo
mPFS (months)	20.2	9.2
	HR 0.52 (95% CI: 0.40, 0.68)	



Most common TEAEs (≥15% any grade)[a]



- Rucaparib reduced the risk of progression or death by 48% versus placebo
- Adverse event findings were consistent with the primary analysis, with no new safety signals

Courtesy of Kathleen Moore, MD, MS

, hazard ratio; ITT, intention-to-treat; MedDRA, Medical Dictionary for Regulatory Activities; (m)PFS, (median) progression-free survival; TEAE, treatment-emergent adverse event

Monk JM, et al. *J Clin Oncol* 2022. doi: http://ascopubs.org/doi/full/10.1200/JCO.22.01003 [Epub ahead of print]

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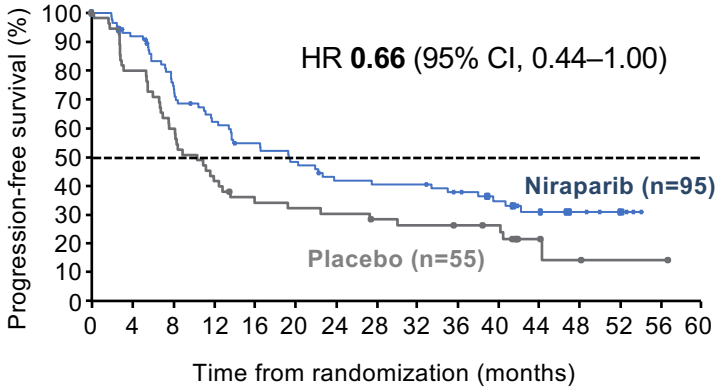
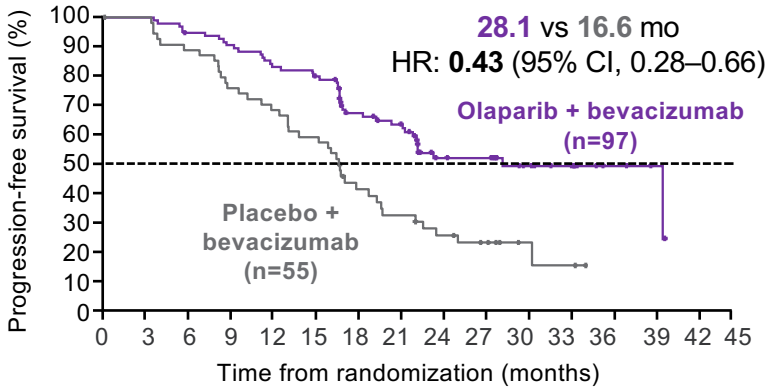
PFS benefit of PARPi maintenance decreased in *BRCA*wt/HRd cohorts compared with *BRCA*m, but improvement still seen

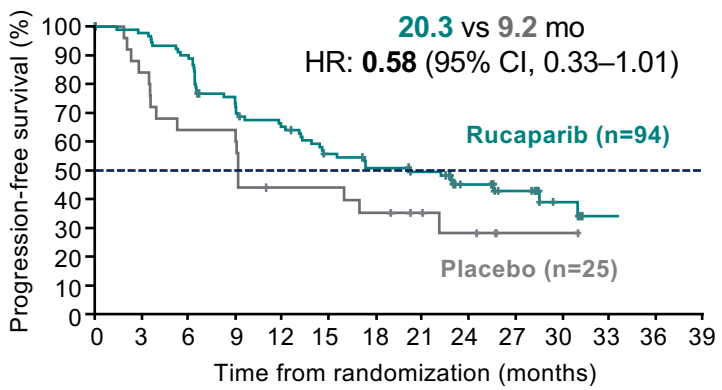
PRIMA: HRd *BRCA*wt[1]



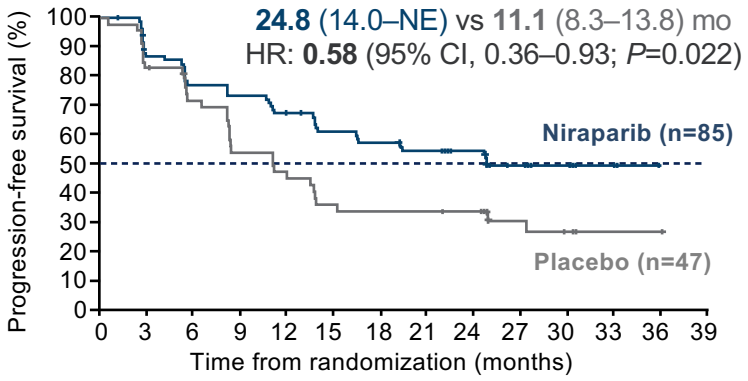
PAOLA-1: HRd non-*BRCA*m[3]



ATHENA-MONO: HRd *BRCA*wt[4]



PRIME: Non-*BRCA*m/HRd[2]

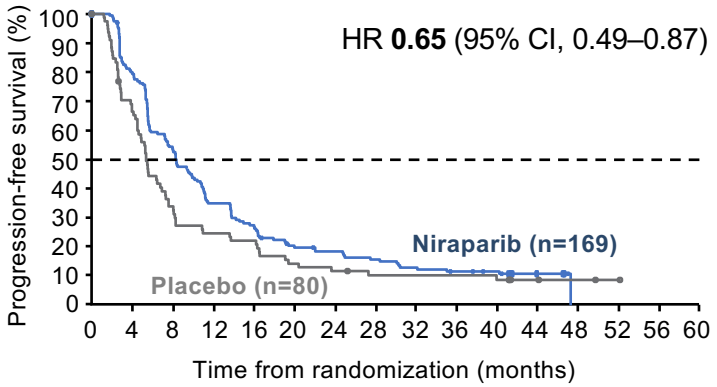


1 González-Martín A et al. ESMO Congress 2022; Abstract 530P. 2. Li N et al. SGO Annual Meeting on Women's Cancer 2022; Abstract LBA 5. 3. Ray-Coquard I et al. *N Engl J Med*. 2019;381(25):2416–2428. 4. Monk BJ et al. ASCO Annual Meeting 2022; Abstract LBA5500.

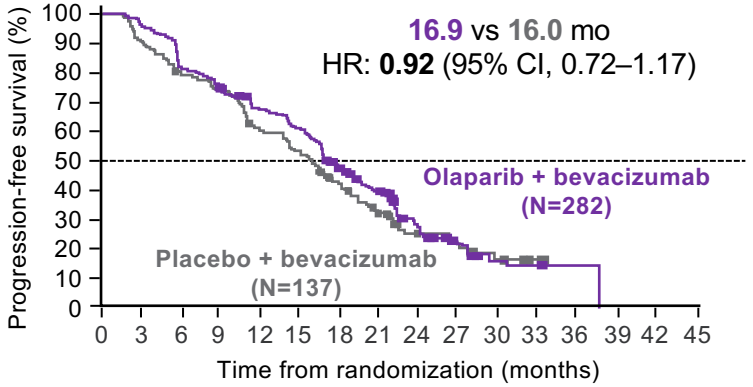
Courtesy of Kathleen Moore, MD, MS

PARPi maintenance is less effective in HRp disease, with mixed PFS results observed across trials

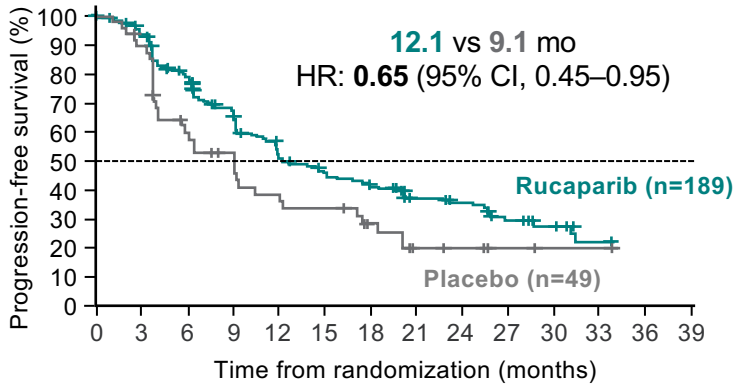
PRIMA: HRp[1]



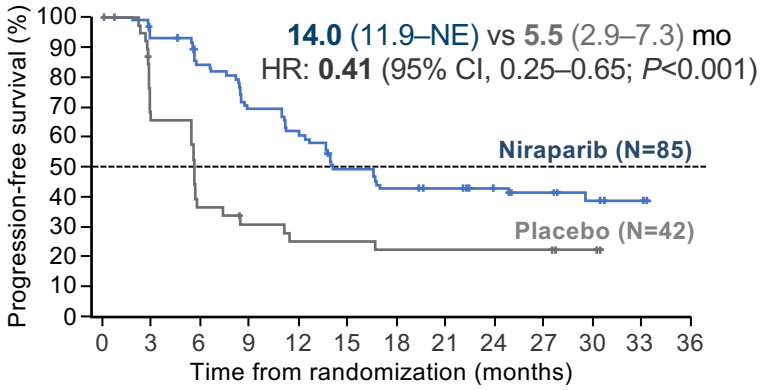
PAOLA-1: HRD-negative/unknown[3]



ATHENA-MONO: HRD-negative[4]



PRIME: Non-*BRCA*m/HRp[2]



BRCA, BRCA DNA repair associated gene; *BRCA*m, *BRCA* mutated; CI, confidence interval; HR, hazard ratio; HRD, homologous recombination deficiency; HRp, homologous recombination proficient; mo, months; NE, not estimable; PARPi, poly (ADP-ribose) polymerase inhibitor; PFS, progression-free survival.

1. González-Martín A et al. ESMO Congress 2022; Abstract 530P. 2. Li N et al. SGO Annual Meeting on Women's Cancer 2022; Abstract LBA 5. 3. Ray-Coquard I et al. ESMO Congress 2019; Abstract 3955. 4. Monk BJ et al. ASCO Annual Meeting 2022; Abstract LBA5500.

Courtesy of Kathleen Moore, MD, MS

Agenda

INTRODUCTION: Gynecologic Oncology in the Real World

MODULE 1: Ovarian Cancer

- PARP inhibitors as primary maintenance
- PARP inhibitors for recurrent and metastatic disease
- Antibody-drug conjugates: Mirvetuximab soravtansine; upifitamab rilsodotin

MODULE 2: Endometrial Cancer

- Immunotherapy for metastatic disease
- Selinexor as maintenance therapy
- Other novel agents

MODULE 3: Cervical Cancer

- Immunotherapy for metastatic disease
- Antibody-drug conjugate: Tisotumab vedotin

Discussion Question

A 65-year-old woman with ovarian cancer who is s/p cytoreductive surgery and post-operative carboplatin/paclitaxel now presents with metastatic disease.

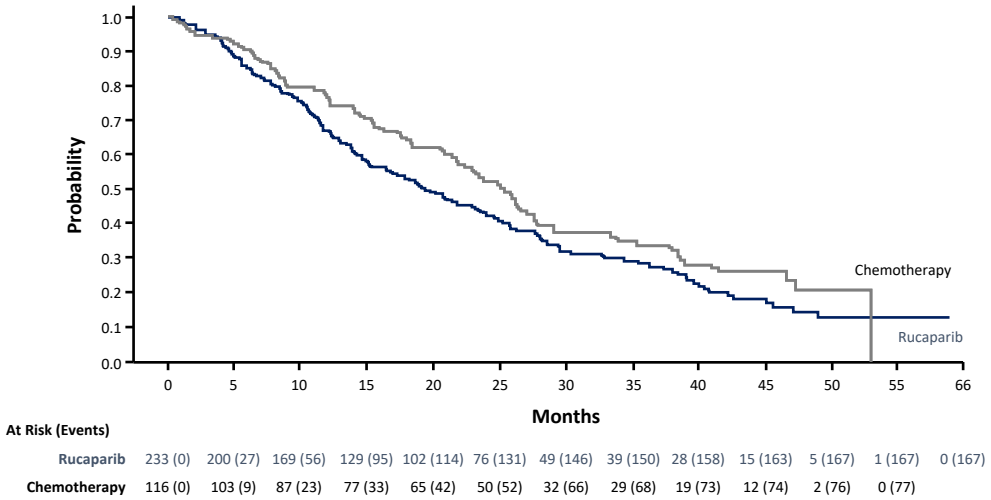
Scenario A: Germline BRCA mutation
Scenario B: BRCA wild type, HR proficient

In what situation(s) would you use a PARP inhibitor?
Which PARP inhibitor would you use?
How would you use a PARP inhibitor?

ASCO 2022 Guidelines Caution Use of PARPi as *Treatment* in BRCA+ Recurrent Disease: Why?

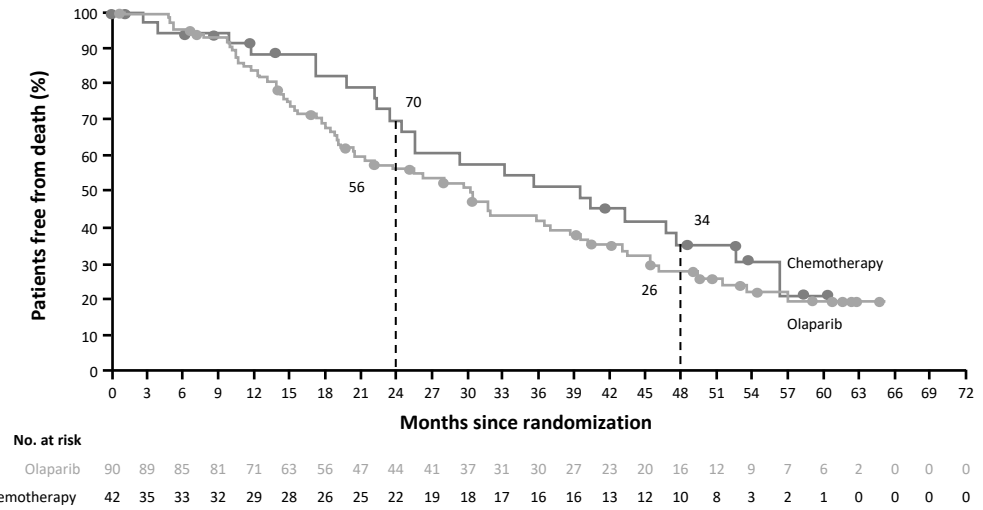
PARPi monotherapy should not be routinely offered to patients for the **treatment** of recurrent platinum sensitive EOC. (Type: Evidence-based, benefits outweigh harms; Evidence quality: Intermediate; Strength of recommendation: Moderate.) Evidence on PARPi use in this setting is evolving. Any decision to proceed with PARPi treatment in select populations (BRCA +, PARPi naive, PSOC) should be individualized

ARIEL4[1] (ITT population)



	ARIEL4[1]	
Median OS, months	Rucaparib **19.4**	Chemotherapy **25.4**
	HR 1.31 (95% CI 1.00–1.73)	

SOLO-3[2] (BRCAm PSR, ≥3 prior lines)



	SOLO-3[2]	
Median OS, months	Olaparib **29.9**	Chemotherapy **39.4**
	HR 1.33 (95% CI 0.84–2.18)	

1. Dear Health Care Provider Letter (Rucaparib), May 2022. 2.Leath C, et al. Presented at IGCS Annual Global Meeting, September 2022; Tew WP, Kohn E, et al: PARP inhibitors in the management of ovarian cancer: ASCO guideline rapid recommendation update. J Clin Oncol 2022: DOI https://doi. org/10.1200/JCO.22. 01934

Courtesy of Kathleen Moore, MD, MS

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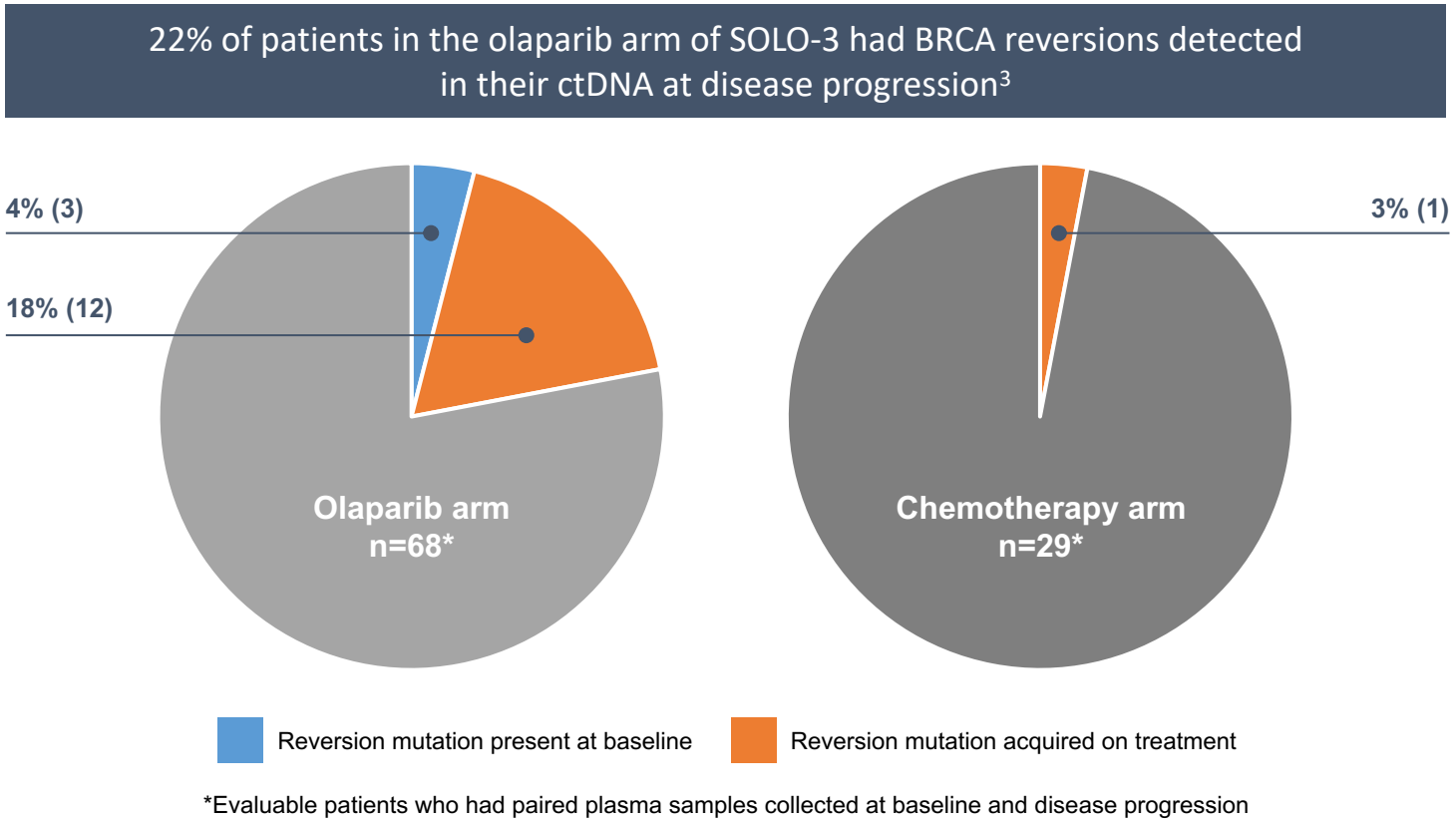
Could BRCA reversions contribute to worse OS outcomes with PARPi vs chemotherapy in late line relapsed OC?

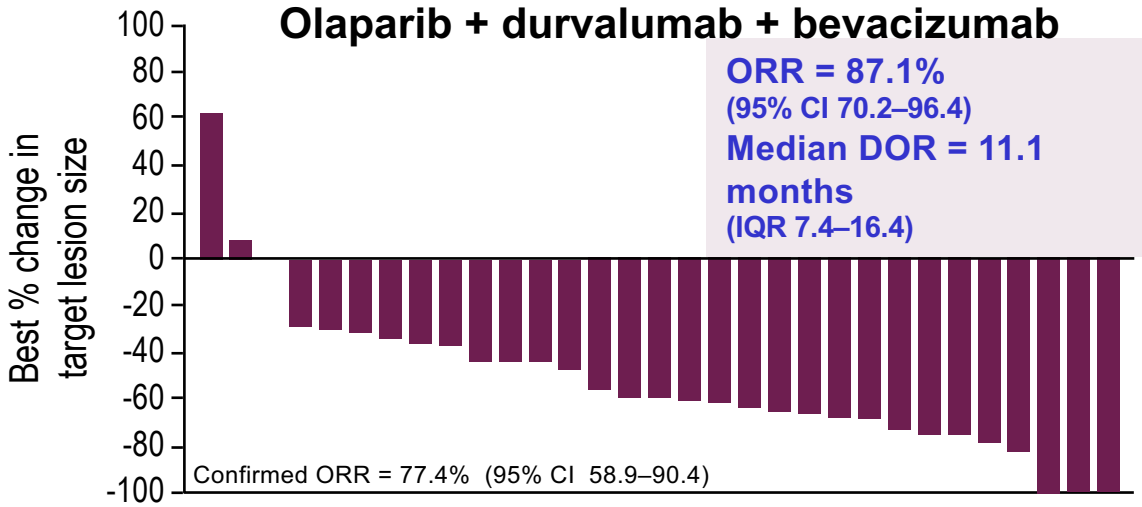
- BRCA reversions are a mechanism of resistance to PARPi inhibitors and platinum-based chemotherapy[1]
- In SOLO-3, no responses to olaparib were seen for patients with BRCA reversions identified at baseline[2]

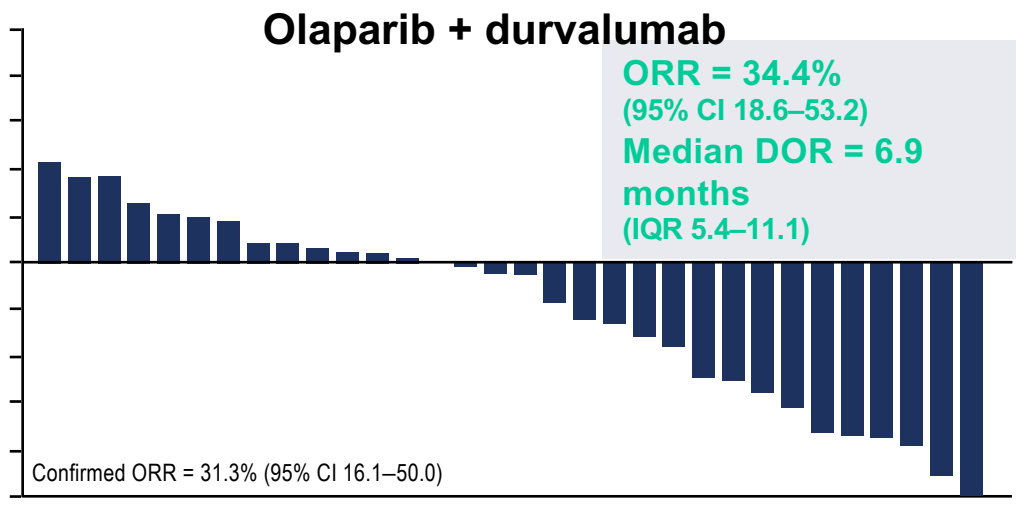


1. Leath CA, et al. IGCS Annual Global Meeting, September 29 to October 1, 2022. 2. Penson RT, et al. Society of Gynecologic Oncology 2022 Annual Meeting on Women's Cancer; 18–21 March 2022; abstract 26; 3. Lukashchuk N, et al. J Clin Oncol 2022; 40 (Suppl 16): abstr 5559 and poster presented at American Society of Clinical Oncology (ASCO) Annual Meeting 2022; 3–7 June 2022; poster 438.

Courtesy of Kathleen Moore, MD, MS

Mediola: Plat Sensitive/BRCAwt
Triplet cohort demonstrates high ORR and not LOH-dependent





Genomic instability status* subgroup	Olaparib + durvalumab + bevacizumab		Olaparib + durvalumab	
	ORR (95% CI), %	n/N patients	ORR (95% CI), %	n/N patients
LOH-positive	100.0 (69.2–100.0)	10/10	50.0 (18.7–81.3)	5/10
LOH-negative	75.0 (34.9–96.8)	6/8	16.7 (0.4–64.1)	1/6
LOH-unknown	84.6 (54.6–98.1)	11/13	31.3 (11.0–58.7)	5/16

*GIS, as determined by Foundation Medicine tumour analysis; must have genome-wide LOH ≥14, a somatic *BRCA1* and/or *BRCA2* mutation, or a mutation in *ATM*, *BRIP1*, *PALB2*, *RAD51C*, *BARD1*, *CDK12*, *CHEK1*, *CHEK2*, *FANCL*, *PPP2R2A*, *RAD51B*, *RAD51D* or *RAD54L* to be considered positive. At the time of the DCO, the prespecified cut-off for genome-wide LOH of 14% was used[1]; GIS, genomic instability status; IQR, interquartile range; LOH, loss of heterozygosity.

Drew et al ESMO 2020; Abstract 814MO

Courtesy of Kathleen Moore, MD, MS

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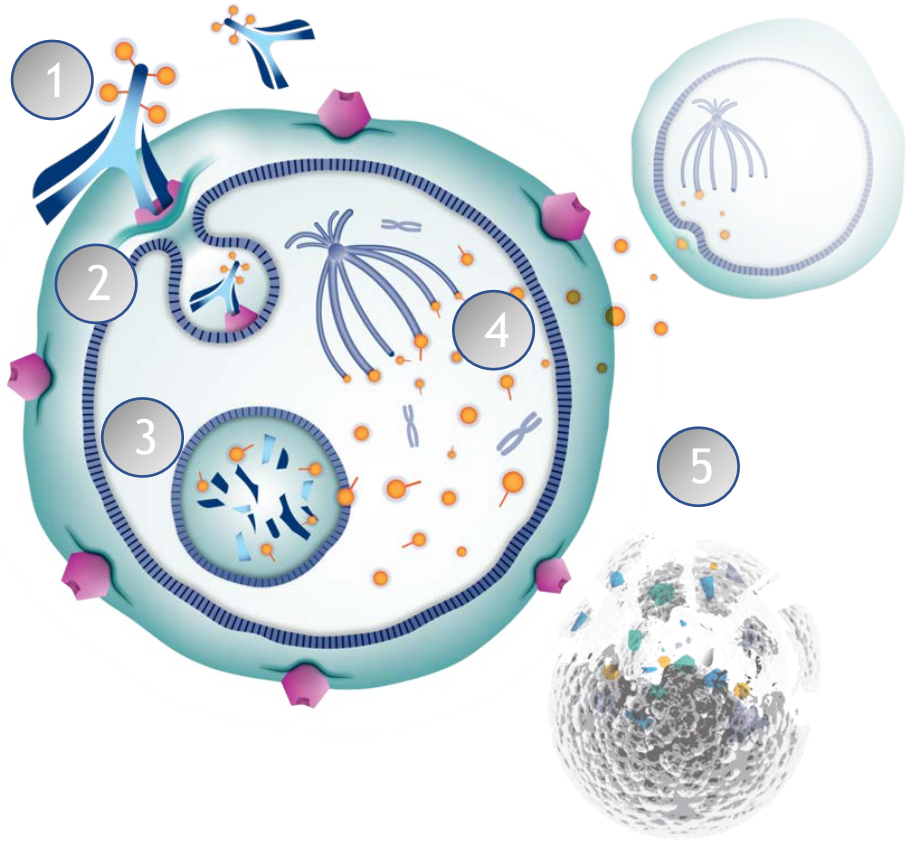
Mirvetuximab Soravtansine (MIRV)

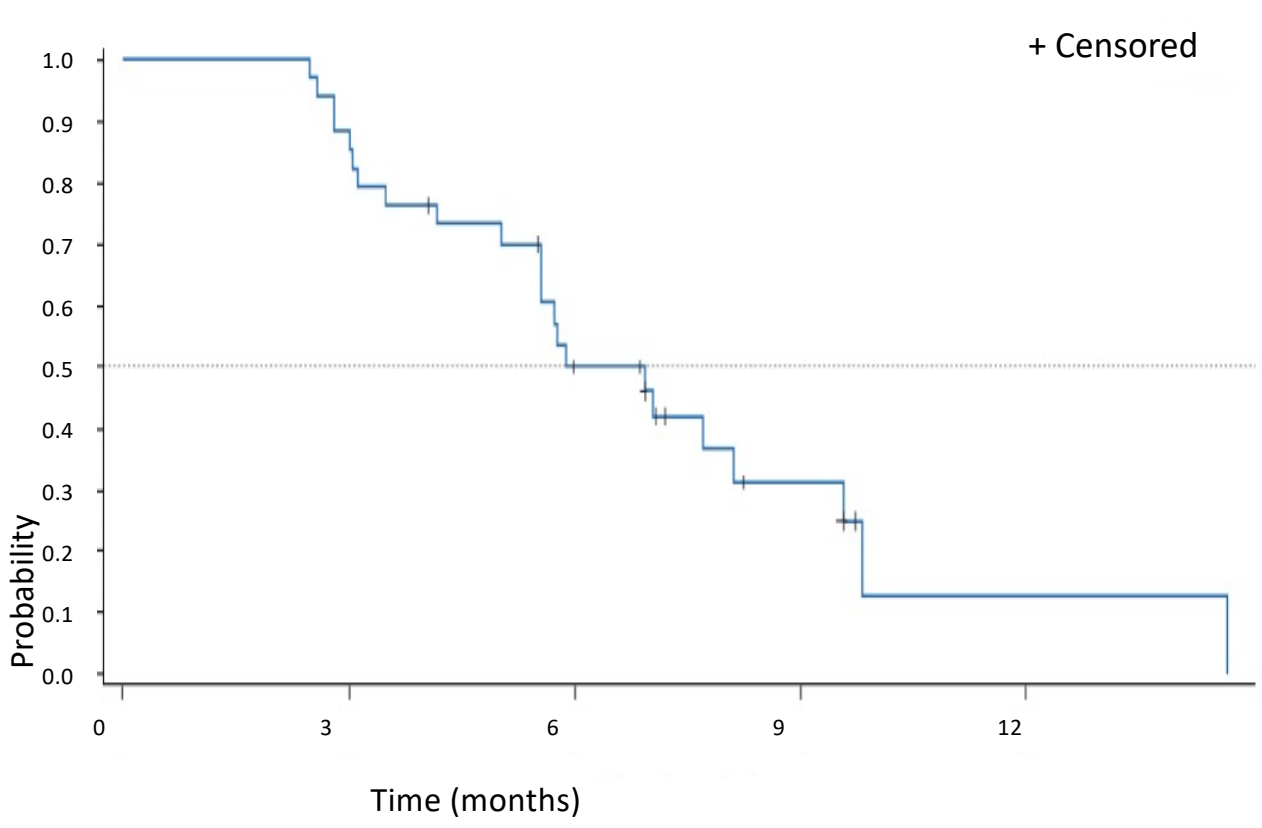


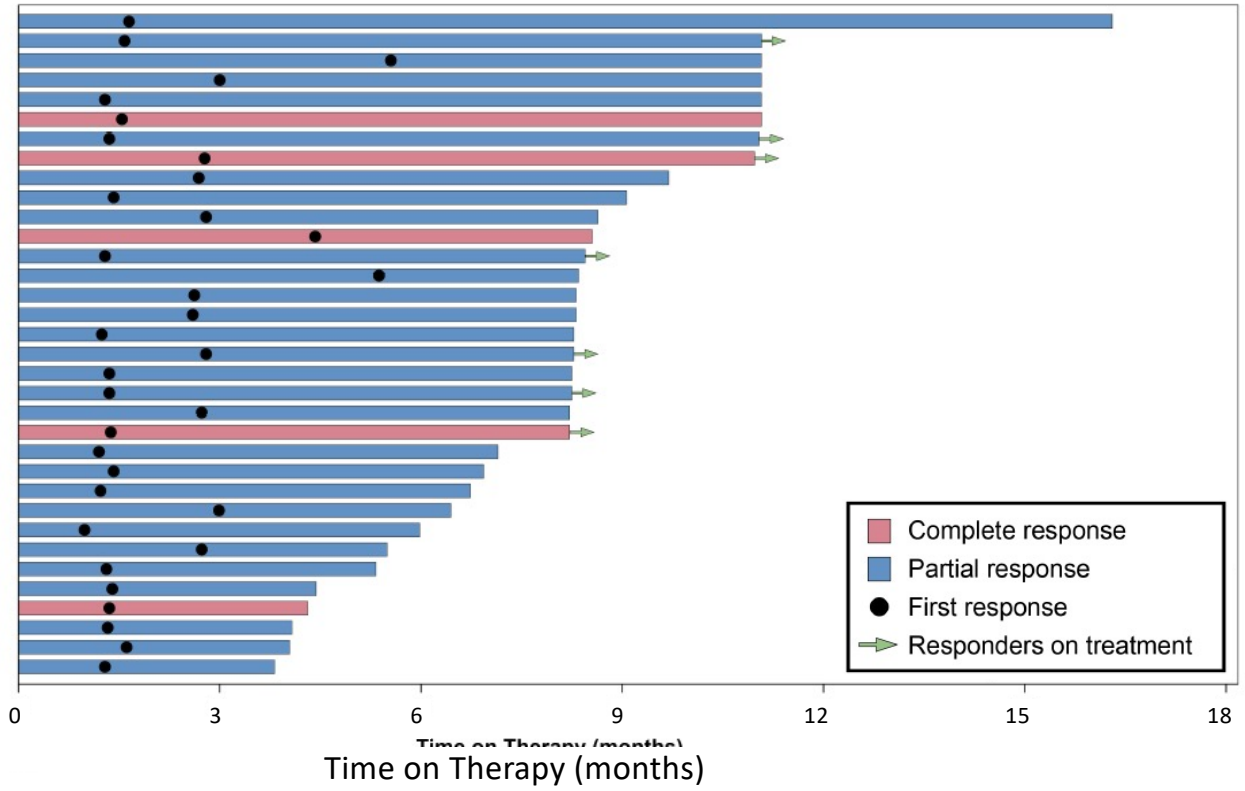
1. The antibody portion of MIRV binds to FRα found on the surface of epithelial ovarian cancer cells
2. MIRV is internalized via endocytosis
3. MIRV is degraded within the lysosome to release its cytotoxic payload (DM4)
4. DM4 disrupts tubulin resulting in mitotic arrest and apoptosis
5. DM4 also diffuses through the lipophilic cell membrane allowing bystander killing on adjacent tumor cells

Courtesy of Kathleen Moore, MD, MS

SORAYA Duration of Response

mDOR: 6.9 months (95% CI: 5.6, 8.1)





Courtesy of Kathleen Moore, MD, MS

Treatment-Related Adverse Events (TRAE's)

Treatment-Related Adverse Events (≥10%) (N=106)

TRAEs, n (%)	All grades	Grade 3	Grade 4
Blurred vision	43 (41)	6 (6)	0
Keratopathy[a]	31 (29)	8 (8)	1 (1)
Nausea	31 (29)	0	0
Dry eye	26 (25)	2 (2)	0
Fatigue	25 (24)	1 (1)	0
Diarrhea	23 (22)	2 (2)	0
Asthenia	16 (15)	1 (1)	0
Photophobia	14 (13)	0	0
Peripheral neuropathy	14 (13)	0	0
Decreased appetite	14 (13)	1 (1)	0
Neutropenia	14 (13)	2 (2)	0
Vomiting	12 (11)	0	0

- Adverse events were primarily low-grade, reversible ocular and gastrointestinal events
- Serious (grade ≥3) TRAEs occurred in 9% of patients
- TRAEs led to dose delays in 33% of patients and dose reductions in 20% of patients
- 9% discontinued treatment due to TRAEs; one patient discontinued due to an ocular TRAE

WARNING: OCULAR TOXICITY

See full prescribing information for complete boxed warning.

- **ELAHERE can cause severe ocular toxicities, including visual impairment, keratopathy, dry eye, photophobia, eye pain, and uveitis. (5.1, 6.1)**
- **Conduct an ophthalmic exam including visual acuity and slit lamp exam prior to initiation of ELAHERE, every other cycle for the first 8 cycles, and as clinically indicated. (2.3)**
- **Administer prophylactic artificial tears and ophthalmic topical steroids. (2.3, 5.1)**
- **Withhold ELAHERE for ocular toxicities until improvement and resume at the same or reduced dose. (2.4, 5.1)**
- **Discontinue ELAHERE for Grade 4 ocular toxicities. (2.4, 5.1)**

[a]The grouped preferred term "Keratopathy" includes the following preferred terms: corneal cyst, corneal disorder, corneal epithelial microcysts, keratitis, keratopathy, limbal stem cell deficiency, corneal opacity, corneal erosion, corneal pigmentation, corneal deposits, keratitis interstitial, and punctate keratitis.Data cutoff: April 29, 2022.

Courtesy of Kathleen Moore, MD, MS

Matulonis et al, SGO 2022, ASCO 2022, IGCS 2022

Contents lists available at ScienceDirect

Cancer Treatment Reviews

journal homepage: www.elsevier.com/locate/ctrv

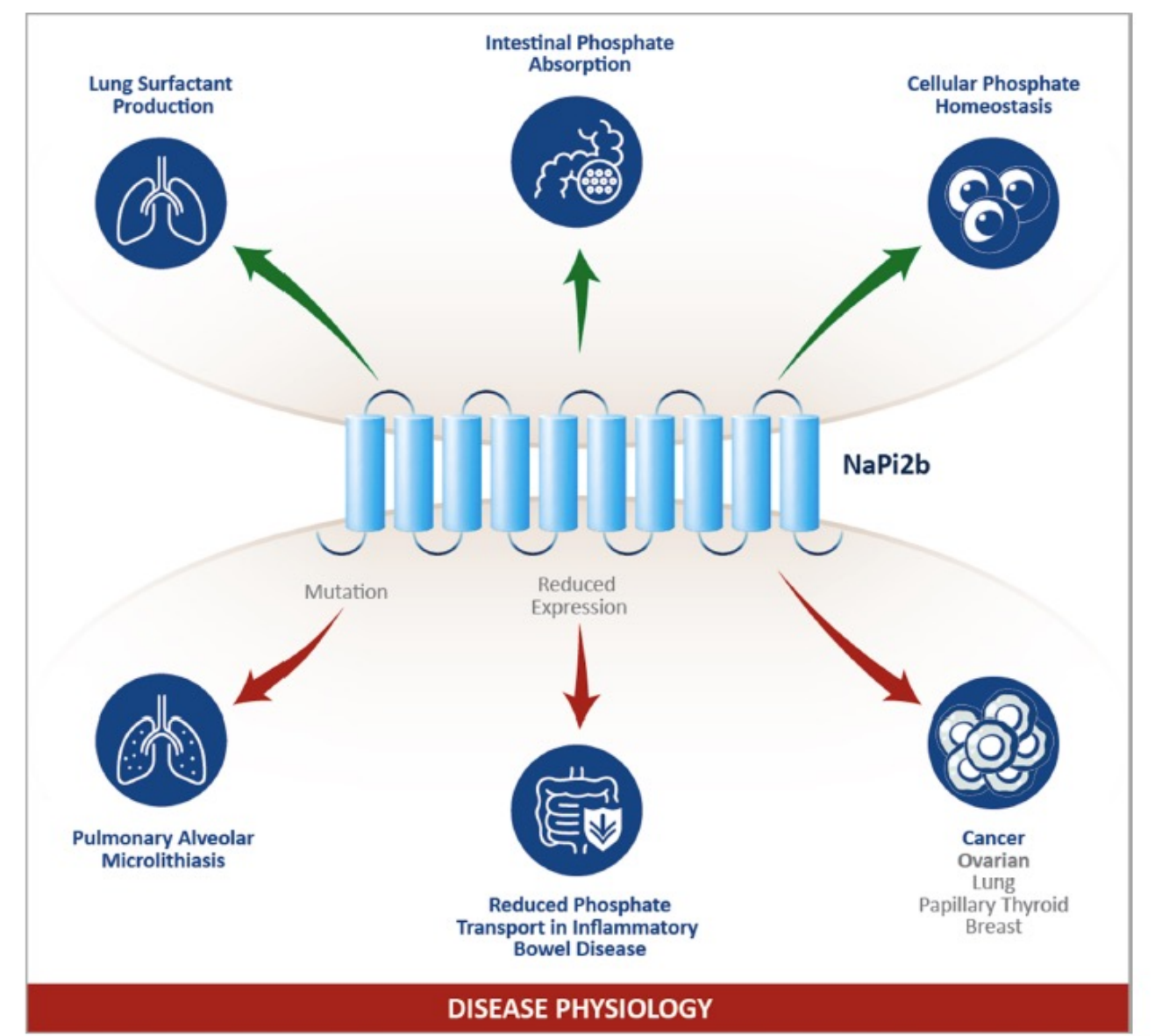
Anti-tumour Treatment

Targeting NaPi2b in ovarian cancer

Susana Banerjee [a,*], Ronny Drapkin [b], Debra L. Richardson [c], Michael Birrer [d]

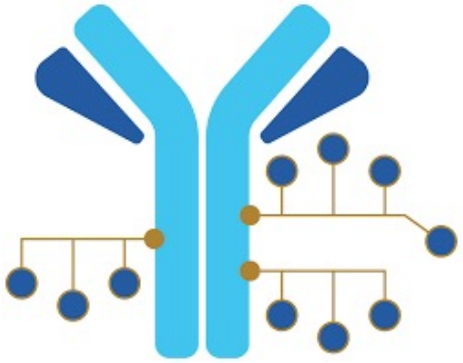
***Cancer Treat Rev* 2023 January;112:102489**

NaPi2b Sodium-Dependent Phosphate Transporter: Regulation of Physiologic Processes



Banerjee S et al. *Cancer Treat Rev* 2023 January;112:102489.

Upifitamab Rilsodotin (UpRi) – First-in-Class ADC Targeting NaPi2b



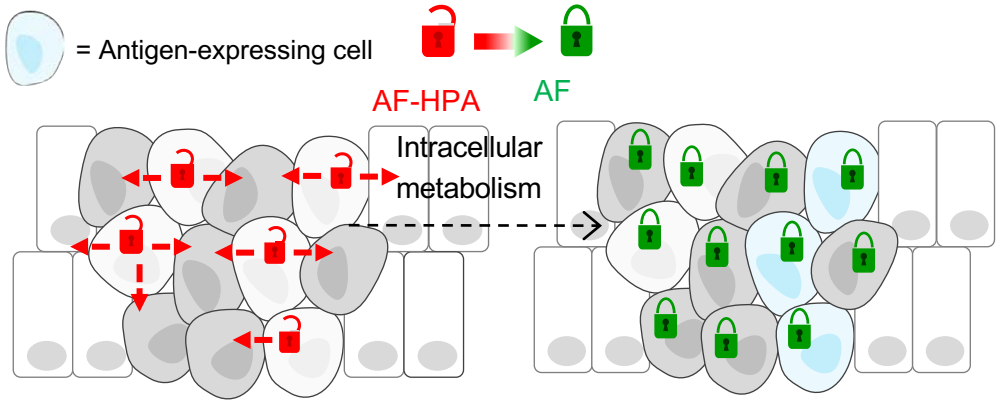
UpRi

Antibody: Humanized monoclonal anti-NaPi2b[1]

Linker: Polymer scaffold; cleavable ester linker[2]

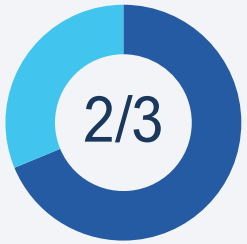
Payload: AF-HPA (DolaLock-controlled bystander effect)[1]

Drug-to-Antibody Ratio: ~10

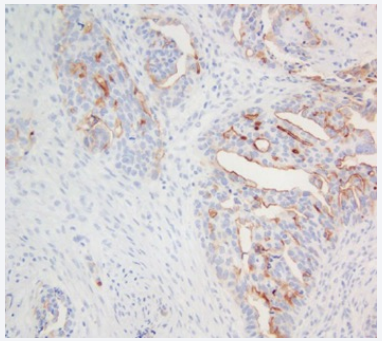


Upon ADC internalization into tumor cells and efficient release of payload, AF-HPA payload is metabolized to AF that remains highly potent but loses the ability to cross the cell membrane, locking it in the tumor, controlling the bystander effect, and consequently limiting impact on adjacent healthy cells[2,3]

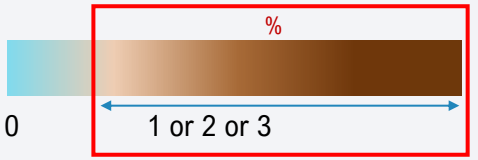
NaPi2b Is a Sodium-Dependent Phosphate Transporter Broadly Expressed in Ovarian Cancer With Limited Expression in Healthy Tissues[4]



- NaPi2b expressed by tumor cells in two-thirds of patients with high-grade serous ovarian cancer[2]
- NaPi2b is a lineage antigen (not an oncogene)[1]



NaPi2b IHC assay in development – an optimal diagnostic assay would be robust, predictive, reproducible, easily able to distinguish a wide range of expression using TPS scoring method[2]



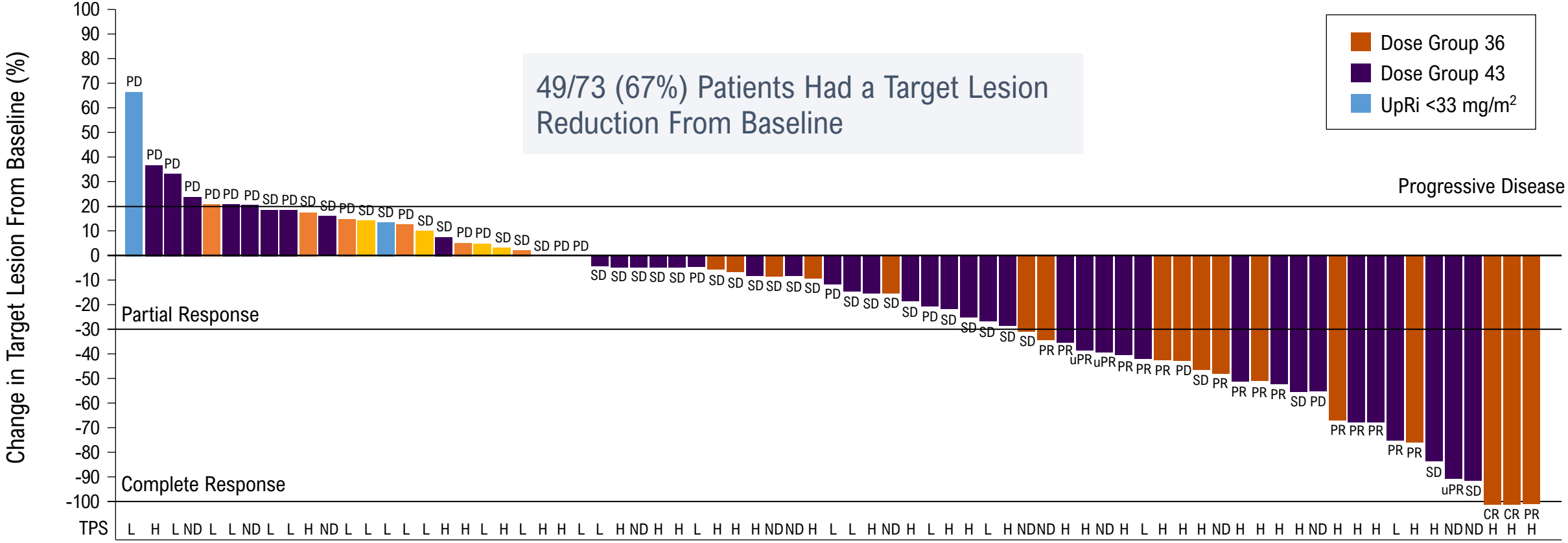
ADC, antibody drug conjugate; AF, auristatin F; AF-HPA, auristatin F-hydroxypropylamide; IHC, immunohistochemistry; NaPi2b, sodium-dependent phosphate transport protein 2B; TPS, tumor proportion score; UpRi, upifitamab rilsodotin.

1. Bodyak ND et al. *Mol Cancer Ther.* 2021;20(5):885–895. 2. Mersana. Data on File. 2022. 3. Tolcher AW et al. ASCO Annual Meeting 2019; Abstract 3010.
4. Lin K et al. *Clin Cancer Res*. 2015;21(22):5139–5150.

Courtesy of Kathleen Moore, MD, MS

Best Response by UpRi Dose Group

Similar Tumor Reduction in Both Dose Groups: Two-thirds of Patients Had Reductions in Target Tumor Lesions by RECIST 1.1



Data cut: June 10, 2021. Analysis with 73 evaluable patients. Two patients excluded as post-baseline tumor measurement shows "Not Measurable", yet "PD" was assigned by investigator in response dataset. There were 22 unevaluable patients: 4 in Dose Group 36, 2 patient withdrawals (1 enrolled in hospice), 2 patient deaths; 18 in Dose Group 43, 5 patient withdrawals, 1 clinical progression, 3 due to adverse events, 8 deaths, 1 had not reached first scan.

CR, complete response; H, high; L, low; ND, not yet determined; PD, progressive disease; PR, partial response; RECIST, Response Evaluation Criteria in Solid Tumors; SD, stable disease; TPS, tumor proportion score; uPR, unconfirmed partial response; UpRi, upifitamab rilsodotin.

Courtesy of Kathleen Moore, MD, MS

GOG-3049 / ENGOT-OV71-NSGO-CTU

Phase 3 Study of UpRi Monotherapy Maintenance vs Placebo in Recurrent Platinum-Sensitive Ovarian Cancer

Key Enrollment Criteria

- CR, PR, or SD as best response following platinum in recurrent disease
- 2–4 prior lines of platinum (including the immediately preceding platinum)
- NaPi2b-high (TPS ≥75)
- Prior PARPi therapy only required for *BRCA*mut

Randomize 2:1 N=350

- UpRi IV Q4W
- Placebo

Primary Endpoint

- PFS by BICR

Secondary Endpoints

- PFS by Investigator
- ORR
- OS

Informed by FDA Feedback and CHMP Scientific Advice; Plans to Initiate in 2022

BICR, blinded independent central review; *BRCA*mut, breast cancer susceptibility gene mutated; CHMP, Committee for Medicinal Products for Human Use; CR, complete response; FDA, Food and Drug Administration; IV, intravenous; NaPi2b, sodium-dependent phosphate transport protein 2B; ORR, overall response rate; OS, overall survival; PARPi, poly (ADP-ribose) polymerase inhibitor; PFS, progression-free survival; PR, partial response; Q4W, every 4 weeks; SD, stable disease; TPS, tumor proportion score; UpRi, upifitamab rilsodotin.

Courtesy of Kathleen Moore, MD, MS

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MODULE 1: Ovarian Cancer

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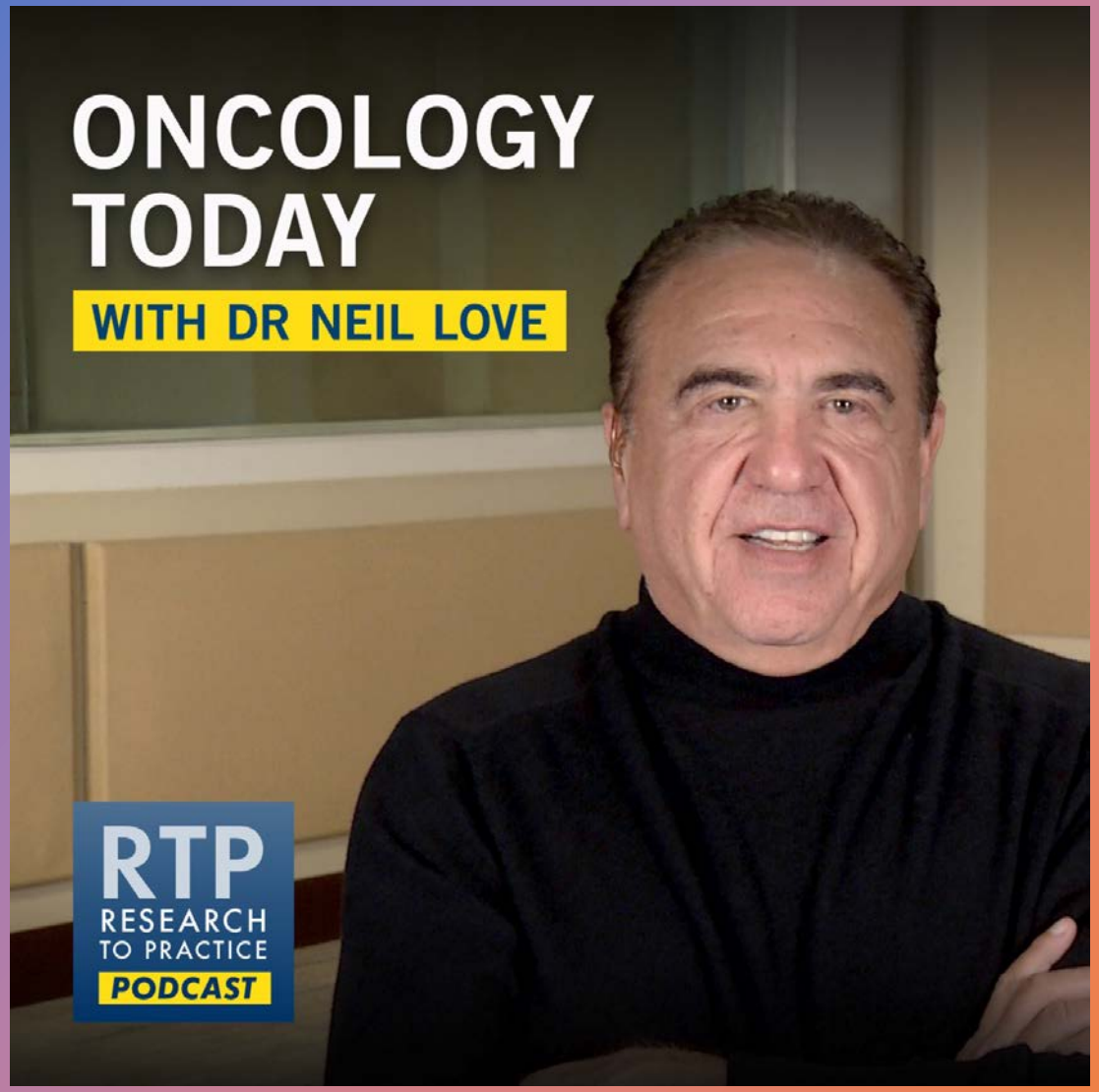
- PARP inhibitors for recurrent and metastatic disease
- Antibody-drug conjugates: Mirvetuximab soravtansine; upifitamab rilsodotin

MODULE 2: Endometrial Cancer

- Immunotherapy for metastatic disease
- Selinexor as maintenance therapy
- Other novel agents

MODULE 3: Cervical Cancer

- Immunotherapy for metastatic disease
- Antibody-drug conjugate: Tisotumab vedotin

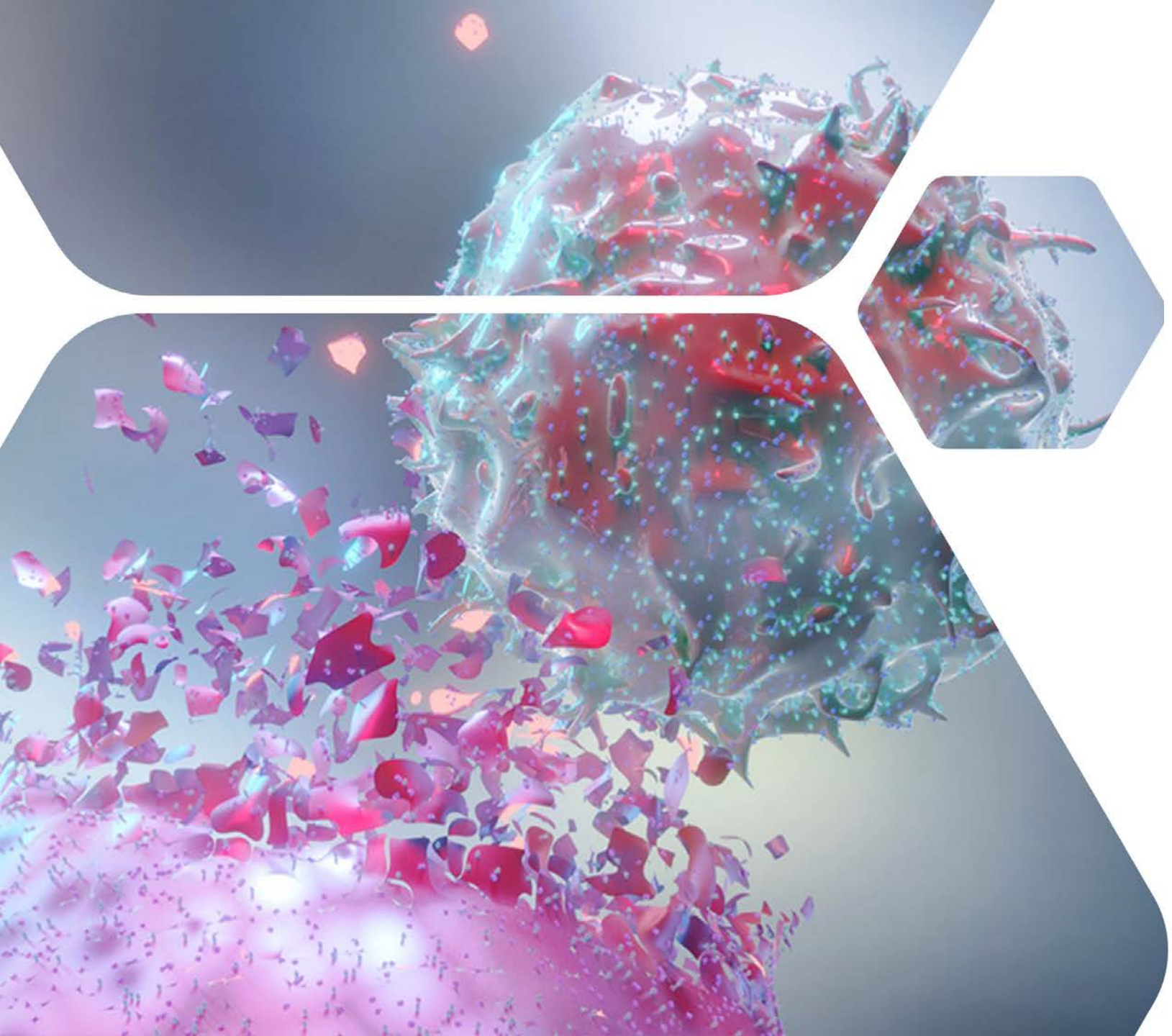


Year in Review

Clinical Investigator Perspectives

GYNECOLOGIC ONCOLOGY EDITION

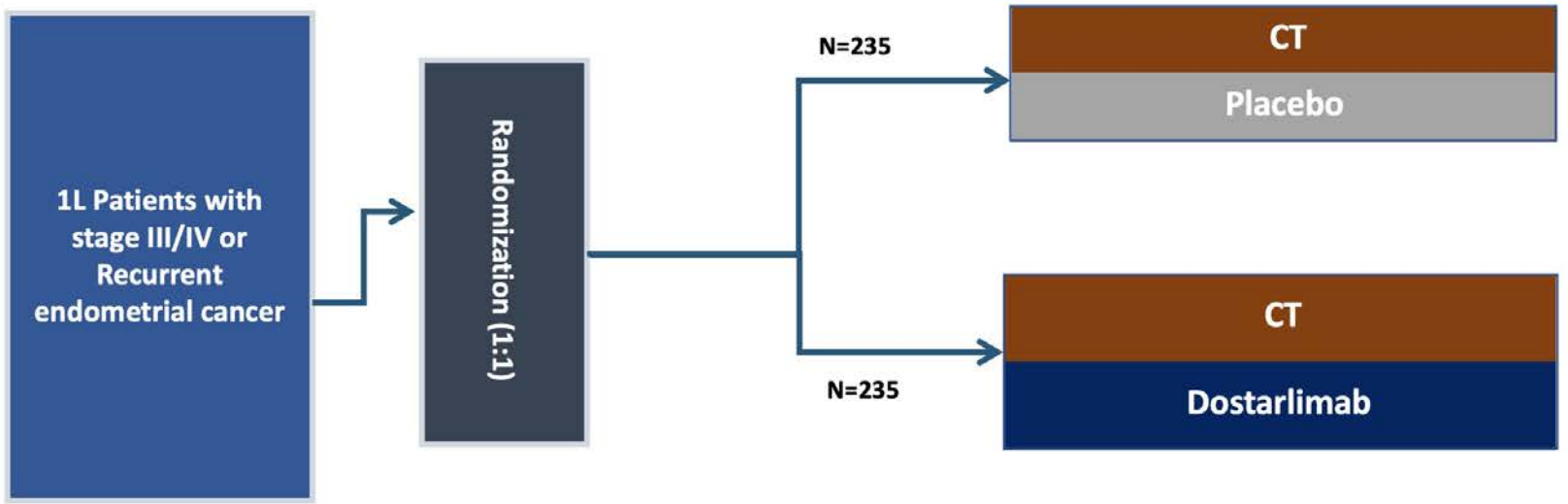
Krishnansu S. Tewari, MD, FACOG, FACS, FRSM
Professor-with-Tenure & Division Director
The Philip J. DiSaia, MD Endowed Chair
in Gynecologic Oncology
University of California, Irvine



ENDOMETRIAL CANCER

RUBY

ChemoRx plus Dostarlimab



Patient population	1st line stage III/IV or Recurrent Endometrial Cancer
Endpoints	PFS, OS, ORR, DOR, PRO
Treatment Arm	Arm 1: Dostarlimab + Carboplatin+ Paclitaxel Arm 2: Placebo + Carboplatin + Paclitaxel
Stratification Factors	MSI, Prior RT, Recurrent Disease
Data Review	Investigator Assessment for PFS and ORR

NCT03981796

Courtesy of Krishnansu S Tewari, MD

Press Release: December 2, 2022

RUBY Phase III trial evaluating dostarlimab-gxly plus standard-of-care chemotherapy (carboplatin-paclitaxel) followed by dostarlimab compared to chemotherapy plus placebo followed by placebo in patients with primary advanced or recurrent endometrial cancer meets its primary endpoint in a planned interim analysis

Courtesy of Krishnansu S Tewari, MD

2022 ASCO® ANNUAL MEETING

Dostarlimab in Advanced/Recurrent Mismatch Repair Deficient/Microsatellite Instability–High or Proficient/Stable Endometrial Cancer: the GARNET study

Ana Oaknin,[1] Bhavana Pothuri,[2] Lucy Gilbert,[3] Renaud Sabatier,[4] Sharad Ghamande,[5] Adriano Gravina,[6] Emiliano Calvo,[7] Susana Banerjee,[8] Rowan E. Miller,[9] Joanna Pikiel,[10] Mansoor R. Mirza,[11] Tao Duan,[12] Sybil Zildjian,[13] Eleftherios Zografos,[14] Jennifer Veneris,[13] Anna V. Tinker[15]

[1]Gynaecologic Cancer Programme, Vall d'Hebron Institute of Oncology (VHIO), Hospital Universitari Vall d'Hebron, Vall d'Hebron Barcelona Hospital Campus, Barcelona, Spain; [2]Gynecologic Oncology Group (GOG) and Department of Obstetrics/Gynecology, Laura & Isaac Perlmutter Cancer Center, NYU Langone Health, New York, NY, USA; [3]Division of Gynecologic Oncology, McGill University Health Centre, Montreal, Quebec, Canada; [4]Department of Medical Oncology, Institut Paoli Calmettes, Aix-Marseille University, Marseille, France; [5]Department of Obstetrics & Gynecology, Georgia Cancer Center, Augusta University, Augusta, GA, USA; [6]Clinical Trial Unit, Istituto Nazionale Tumori Fondazione G. Pascale, Naples, Italy; [7]START Madrid–CIOCC, Centro Integral Oncológico Clara Campal, Madrid, Spain; [8]Gynaecology Unit, The Royal Marsden NHS Foundation Trust and Institute of Cancer Research, London, UK; [9]University College London, St. Bartholomew's Hospitals London, London, UK; [10]Department of Chemotherapy, Regional Center of Oncology, Gdansk, Poland; [11]Department of Oncology, Rigshospitalet, Copenhagen University Hospital, Denmark, Nordic Society of Gynaecologic Oncology–Clinical Trial Unit, Copenhagen, Denmark; [12]GlaxoSmithKline, Pennington, NJ, USA; [13]GlaxoSmithKline, Waltham, MA, USA; [14]GlaxoSmithKline, London, UK; [15]Department of Medicine, British Columbia Cancer, Vancouver Centre, University of British Columbia, Vancouver, British Columbia, Canada

Courtesy of Krishnansu S Tewari, MD

Primary Endpoint Analysis

	dMMR/MSI-H EC N=143	MMRp/MSS EC N=156
Median follow-up time, months	**27.6**	**33.0**
ORR, % (95% CI; n/N)	**45.5%** (37.1–54.0; 65/143)	**15.4%** (10.1–22.0; 24/156)
Complete response, n (%)	**23** (16.1)	**4** (2.6)
Partial response, n (%)	**42** (29.4)	**20** (12.8)
Stable disease, n (%)	21 (14.7)	29 (18.6)
Progressive disease, n (%)	51 (35.7)	88 (56.4)
Not evaluable, n (%)	6 (4.2)	15 (9.6)
Median time from cycle 1 day 1 to best overall response, mo		
Complete response	2.79	2.81
Partial response	2.69	2.79
Disease control rate, % (95% CI; n/N)	60.1% (51.6–68.2; 86/143)	34.0% (26.6–42.0; 53/156)
Response ongoing, n (%)	54 (83.1)	9 (37.5)
Median duration of response (range), months	**NR** (1.18+ to 47.21+)	**19.4** (2.8 to 47.18+)
Probability of maintaining response, %		
6 months	96.8	82.6
12 months	93.3	60.3
24 months	83.7	44.2

Oaknin A et al. ASCO 2022;Abstract 5509.

Courtesy of Krishnansu S Tewari, MD

Conclusions

- Dostarlimab demonstrated durable antitumor activity in both dMMR/MSI-H and MMRp/MSS advanced/recurrent EC
- Median follow-up 27.6m (dMMR/MSI-H) and 33.0m (MMRp/MSS)
- The probability of remaining in response at 24m was 83.7% (dMMR/MSI-H)
- Dostarlimab is the only PD-1 therapy tested q6wk dosing for EC
- Safety profile was manageable

Courtesy of Krishnansu S Tewari, MD

ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

ANNALS OF ONCOLOGY driving innovation in oncology

ORIGINAL ARTICLE

Pembrolizumab in microsatellite instability high or mismatch repair deficient cancers: updated analysis from the phase II KEYNOTE-158 study

M. Maio[1*], P. A. Ascierto[2], L. Manzyuk[3], D. Motola-Kuba[4], N. Penel[5], P. A. Cassier[6], G. M. Bariani[7], A. De Jesus Acosta[8], T. Doi[9], F. Longo[10], W. H. Miller, Jr[11,12], D.-Y. Oh[13,14,15], M. Gottfried[16], L. Xu[17], F. Jin[17], K. Norwood[17] & A. Marabelle[18]

Courtesy of Krishnansu S Tewari, MD

	Endometrial $n = 68$
ORR, % (95% CI)	48.5 (36.2-61.0)
Best objective response, *n* (%)	
CR	10 (14.7)
PR	23 (33.8)
SD	13 (19.1)
PD	19 (27.9)
Not evaluable	1 (1.5)
No assessment	2 (2.9)
DOR, median (range), months	NR (2.9 to 47.1+)
Median PFS, months (95% CI)	13.1 (4.9-34.4)
PFS rate ≥3 years[a], %	33.9
Median OS, months (95% CI)	NR (32.4-NR)
OS rate ≥3 years[a], %	62.1

Maio M et al. *Ann Oncol* 2022;33(9):929-38.

Courtesy of Krishnansu S Tewari, MD

Conclusions

- Pembrolizumab Phase II KEYNOTE-158 Update
  - ORR 30.8%
  - Median DOR 47.5m
  - Manageable safety across a range of heavily pre-treated, advanced MSI-H/dMMR non-colorectal cancers

Courtesy of Krishnansu S Tewari, MD

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Lenvatinib plus Pembrolizumab for Advanced Endometrial Cancer

V. Makker, N. Colombo, A. Casado Herráez, A.D. Santin, E. Colomba, D.S. Miller, K. Fujiwara, S. Pignata, S. Baron-Hay, I. Ray-Coquard, R. Shapira-Frommer, K. Ushijima, J. Sakata, K. Yonemori, Y.M. Kim, E.M. Guerra, U.A. Sanli, M.M. McCormack, A.D. Smith, S. Keefe, S. Bird, L. Dutta, R.J. Orlowski, and D. Lorusso, for the Study 309–KEYNOTE-775 Investigators*

Courtesy of Krishnansu S Tewari, MD

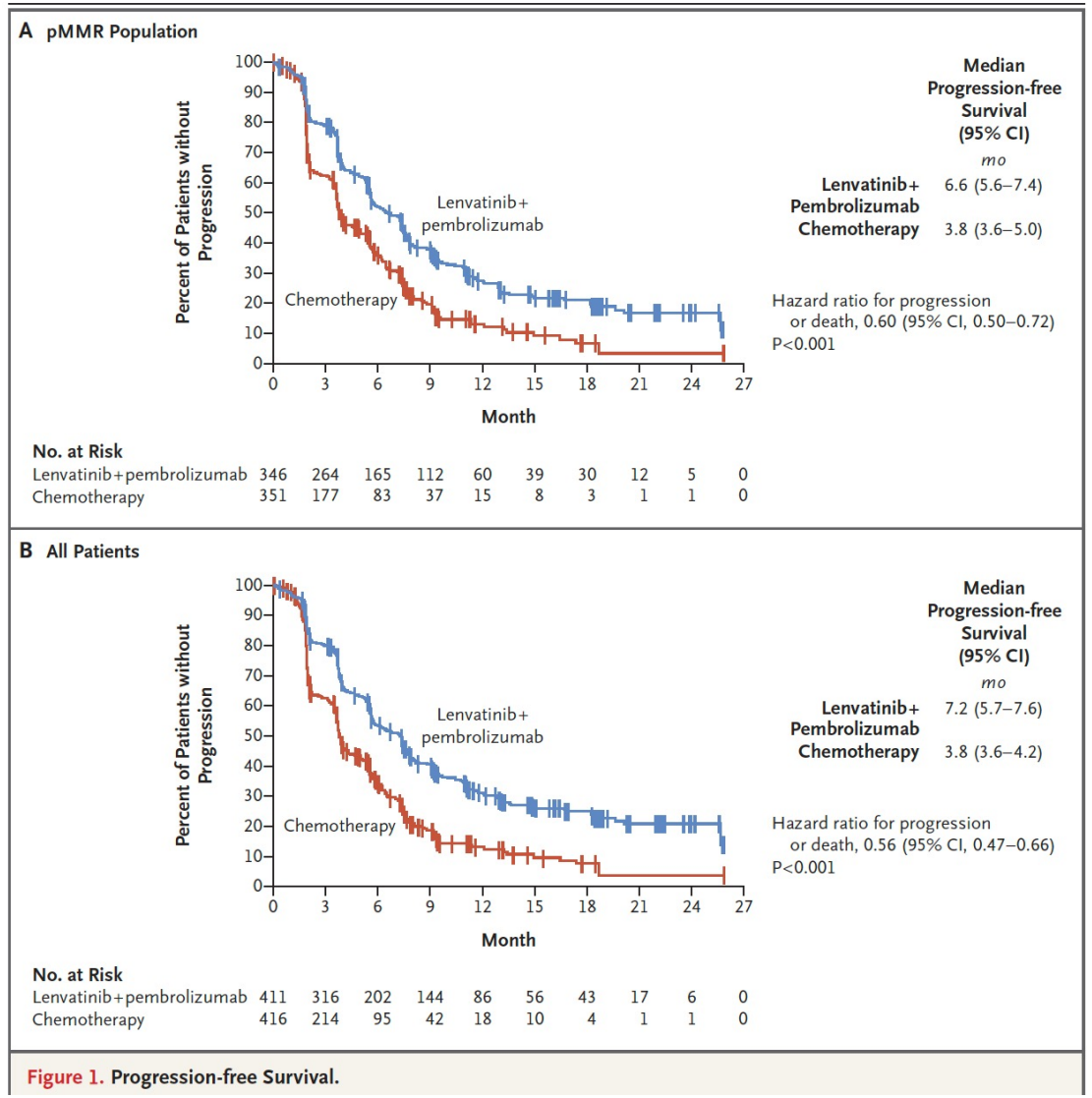


Figure 1. Progression-free Survival.

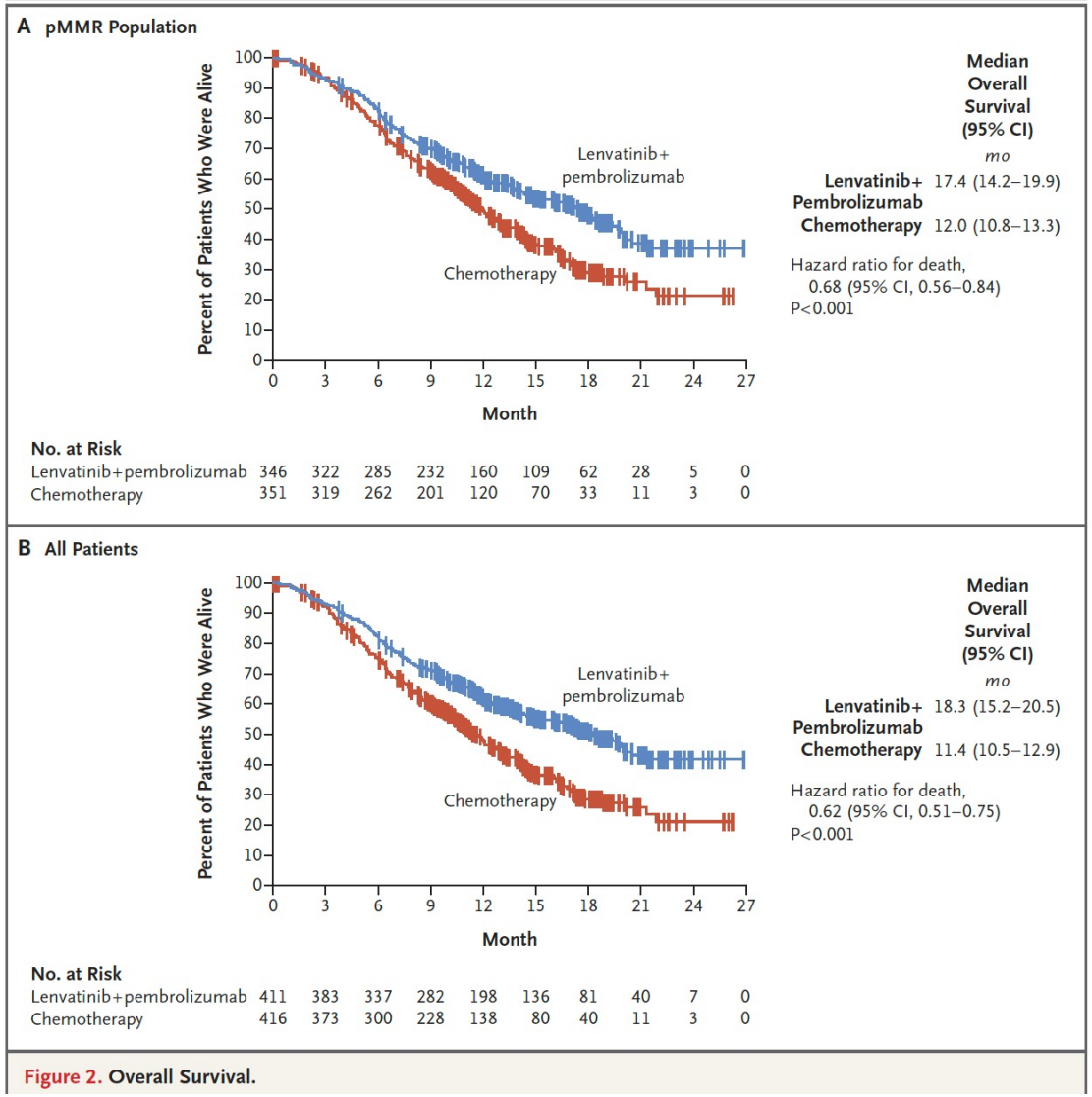


Figure 2. Overall Survival.

Makker V et al. *N Engl J Med* 2022;386(5):437-48.

Courtesy of Krishnansu S Tewari, MD

Conclusions

- The non-chemotherapy doublet of pembrolizumab plus Lenvatinib led to significantly longer PFS and OS than chemotherapy among patients with advanced EC

Courtesy of Krishnansu S Tewari, MD

Agenda

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- Antibody-drug conjugate: Tisotumab vedotin

Questions and Comments: Management of side effects associated with selinexor

Dr Joseph Mikhael (Phoenix, Arizona)

RTP
RESEARCH
TO PRACTICE

GOOD SCIENCE
BETTER MEDICINE
BEST PRACTICE

ESMO VIRTUAL PLENARY ABSTRACT

VP2-2022: Prospective double-blind, randomized phase III ENGOT-EN5/GOG-3055/SIENDO study of oral selinexor/placebo as maintenance therapy after first-line chemotherapy for advanced or recurrent endometrial cancer

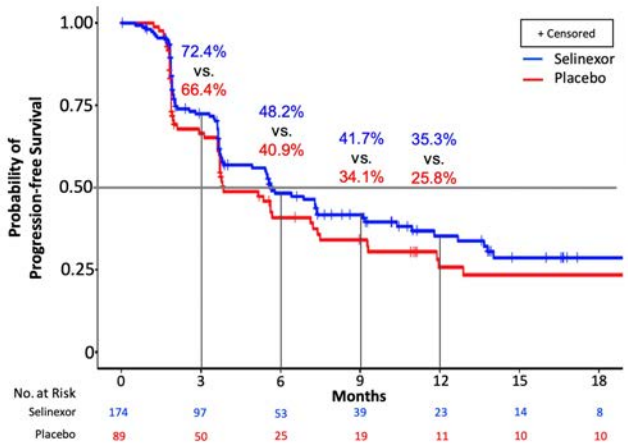
I. B. Vergote[1], A. Pérez Fidalgo[2], E. Hamilton[3], G. Valabrega[4], T. Van Gorp[5], J. Sehouli[6], D. Cibula[7], T. Levy[8], S. Welch[9], D. L. Richardson[10], E. M. Guerra Alía[11], G. Scambia[12], S. Henry[13], P. Wimberger[14], D. Miller[15], J. Martínez[16], B. J. Monk[17], S. Shacham[18], M. R. Mirza[19] & V. Makker[20]

Courtesy of Krishnansu S Tewari, MD

ENGOT-EN5/GOG-3055/SIENDO

PRIMARY ENDPOINT: PFS IN ITT POPULATION

(BASED ON AUDITED STRATIFICATION FACTORS)*



Median PFS (Investigator assessed)

Selinexor (n=174): 5.7 mo (95% CI 3.81-9.20)

Placebo (n=89): 3.8 mo (95% CI 3.68-7.39)

HR* = 0.705 (95% CI 0.499-0.996)

One-sided P value = 0.024

* In 7 patients (2.7% of 263), the stratification factor of CR/PR was incorrect and was corrected by the Investigators prior to database lock and unblinding.

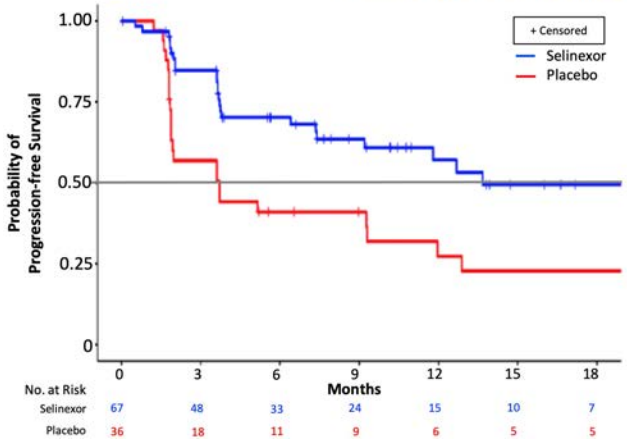
The statistical analysis was validated by the independent ENGOT statistician and approved by the IDMC.

HR for ITT without correction of the stratification factors was 0.76 (95% CI: 0.543, 1.076).

ENGOT-EN5/GOG-3055/SIENDO

SUBGROUP PFS: PATIENTS WITH WILD TYPE P53 EC

(BASED ON AUDITED STRATIFICATION FACTORS)



Median PFS

Selinexor (n=67): 13.7 mo (95% CI 9.20-NR)

Placebo (n=36): 3.7 mo (95% CI 1.87-12.88)

HR = 0.375 (95% CI 0.210-0.670)

One-sided P value = 0.0003

Vergote IB et al. ESMO Virtual Plenary 2022;Abstract VP2-2022.

Courtesy of Krishnansu S Tewari, MD

Conclusions

Selinexor: 30% reduction in risk of progression and/or death

p53 wild-type subgroup: 62% risk of progression and/or death

Endometrioid histology: median PFS 9.2m v 3.2m [HR 0.57; 95% CI, 0.35-0.94; p=0.014]

AEs manageable with supportive care and dose reductions

Courtesy of Krishnansu S Tewari, MD

2022 ASCO® ANNUAL MEETING

Randomized Phase III Study of Maintenance Selinexor vs Placebo in Endometrial Cancer (ENGOT-EN5/GOG-3055/SIENDO): Impact of Subgroup Analysis and Molecular Classification

Vicky Makker[1], J Alejandro Pérez-Fidalgo[2], Alice Bergamini[3], Daniel Spitz[4], Toon Van Gorp[5], Jalid Sehouli[6], Jaroslav Klat[7], Tamar Perri[8], Amit Oza[9], Estrid Høgdall[10], Jason Konner[11], Eva M Guerra-Alia[12], Francesco Raspagliesi[13], Stéphanie Henry[14], Bradley J. Monk[15], Jerónimo Martínez[16], Brian Slomovitz[17], Sharon Shacham[18], Mansoor Raza Mirza[19], Ignace Vergote[5]

[1]Memorial Sloan Kettering Cancer Center, [2]Hospital Clínico Universitario de Valencia, Valencia and GEICO, [3]MITO and Department of Obstetrics and Gynecology, San Raffaele Scientific Institute, [4]Florida Cancer Specialists, Sarah Cannon Research Institute, [5]BGOG and Leuven Cancer Institute, University Hospitals Leuven, Leuven, Belgium, [6]NOGGO and Department of Gynecology, European Competence Center for Ovarian Cancer, Charité Comprehensive Cancer Center, Charité–Berlin University of Medicine, [7]CEEGOG and University Hospital Ostrava, [8]ISGO and Sheba Medical Center, [9]Princess Margaret Cancer Centre, University Health Network, [10]Department of Pathology, Herlev Hospital, University of Copenhagen, Copenhagen, Denmark, [11]Memorial Sloan Kettering Monmouth, [12]Hospital Universitario Ramón y Cajal, Madrid and GEICO, [13]MITO and Fondazione IRCCS Istituto Nazionale dei Tumori– Milano, S.C. Ginecologia Oncologica, [14]BGOG and Université Catholique de Louvain, CHU UCL Namur Site Ste Elisabeth, Service d'onco-hématologie (SORMN), Place Louise Godin 15 B-5000 Namur, [15]GOG Foundation, University of Arizona, Creighton University, Phoenix, AZ USA, [16]Hospital Virgen de la Arrixaca, Murcia and GEICO, [17]Gynecologic Oncology, Mount Sinai Medical Center; Obstetrics and Gynecology, Florida International University, [18]Karyopharm Therapeutics [19]Rigshospitalet, Copenhagen University Hospital, Denmark

Courtesy of Krishnansu S Tewari, MD

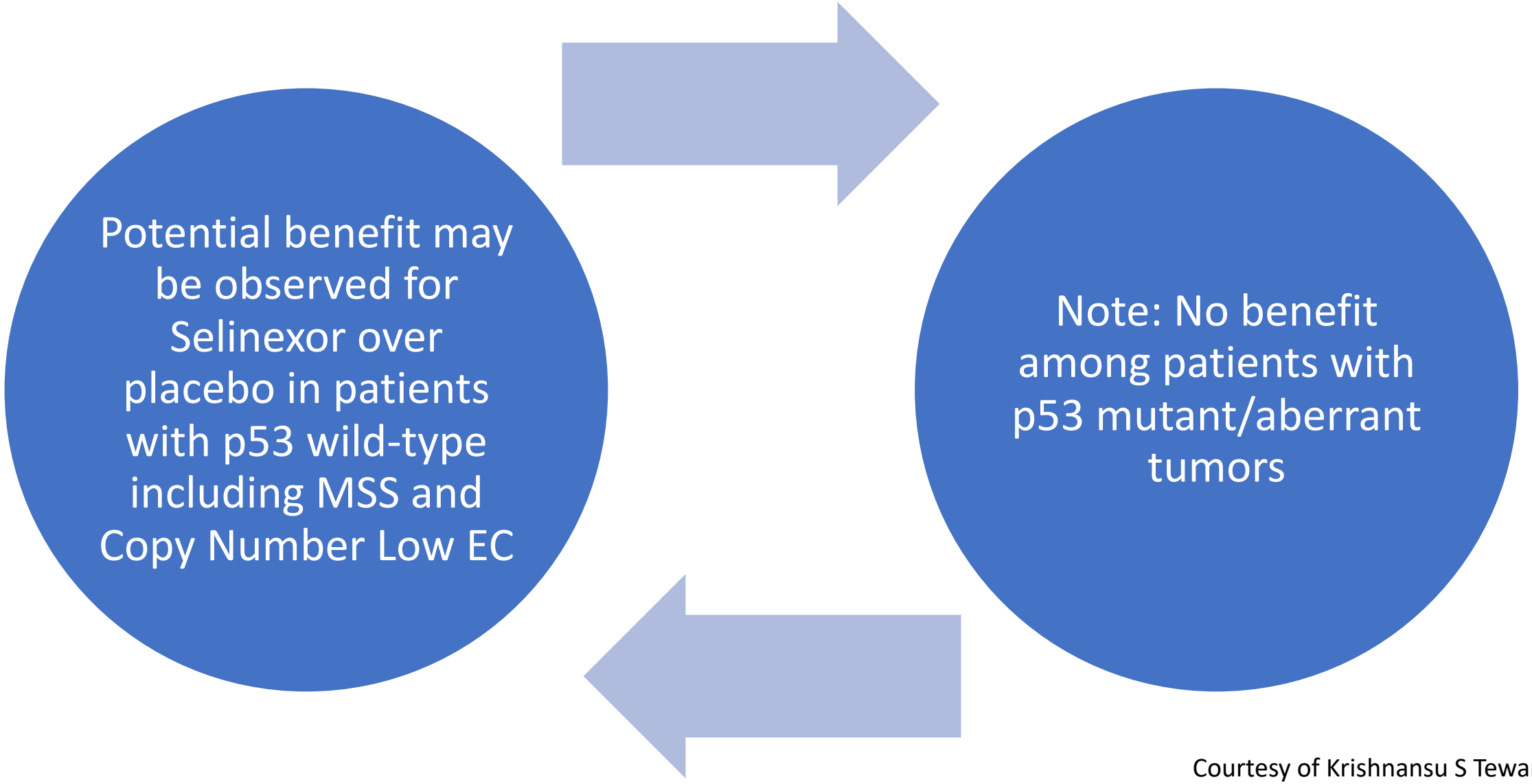
Preliminary Exploratory Analysis of Mutually-Exclusive TCGA Subgroups

	Selinexor	Placebo	*One-sided p-value* (nominal)	HR (95% CI)
	Progression-free survival — median, (months)			
POLE mutated (selinexor n=2, placebo n=4)				
Stratification-adjusted, audited	3.8	1.9	0.404	0.71 (0.04-11.79)
Stratification-adjusted, unaudited			0.404	0.71 (0.04-11.79)
MSI-H (selinexor n=18, placebo n=8)				
Stratification-adjusted, audited	6.4	NR	0.685	1.41 (0.35-5.67)
Stratification-adjusted, unaudited			0.685	1.41 (0.35-5.67)
Copy number low (selinexor n=37, placebo n=20)				
Stratification-adjusted, audited	NR	3.7	<0.0001	0.16 (0.06-0.44)
Stratification-adjusted, unaudited			0.0004	0.22 (0.09-0.58)
Copy number high (selinexor n=50, placebo n=33)				
Stratification-adjusted, audited	3.7	5.6	0.820	1.31 (0.74-2.31)
Stratification-adjusted, unaudited			0.860	1.37 (0.77-2.41)

Makker V et al. ASCO 2022;Abstract 5511.

Courtesy of Krishnansu S Tewari, MD

Conclusions



Courtesy of Krishnansu S Tewari, MD

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ORAL PRESENTATIONS - PROFFERED ABSTRACTS | JUNE 15 2022

Abstract CT005: Safety and efficacy of olaparib combined to metronomic cyclophosphamide and metformin in recurrent advanced/metastatic endometrial cancer patients: ENDOLA trial FREE

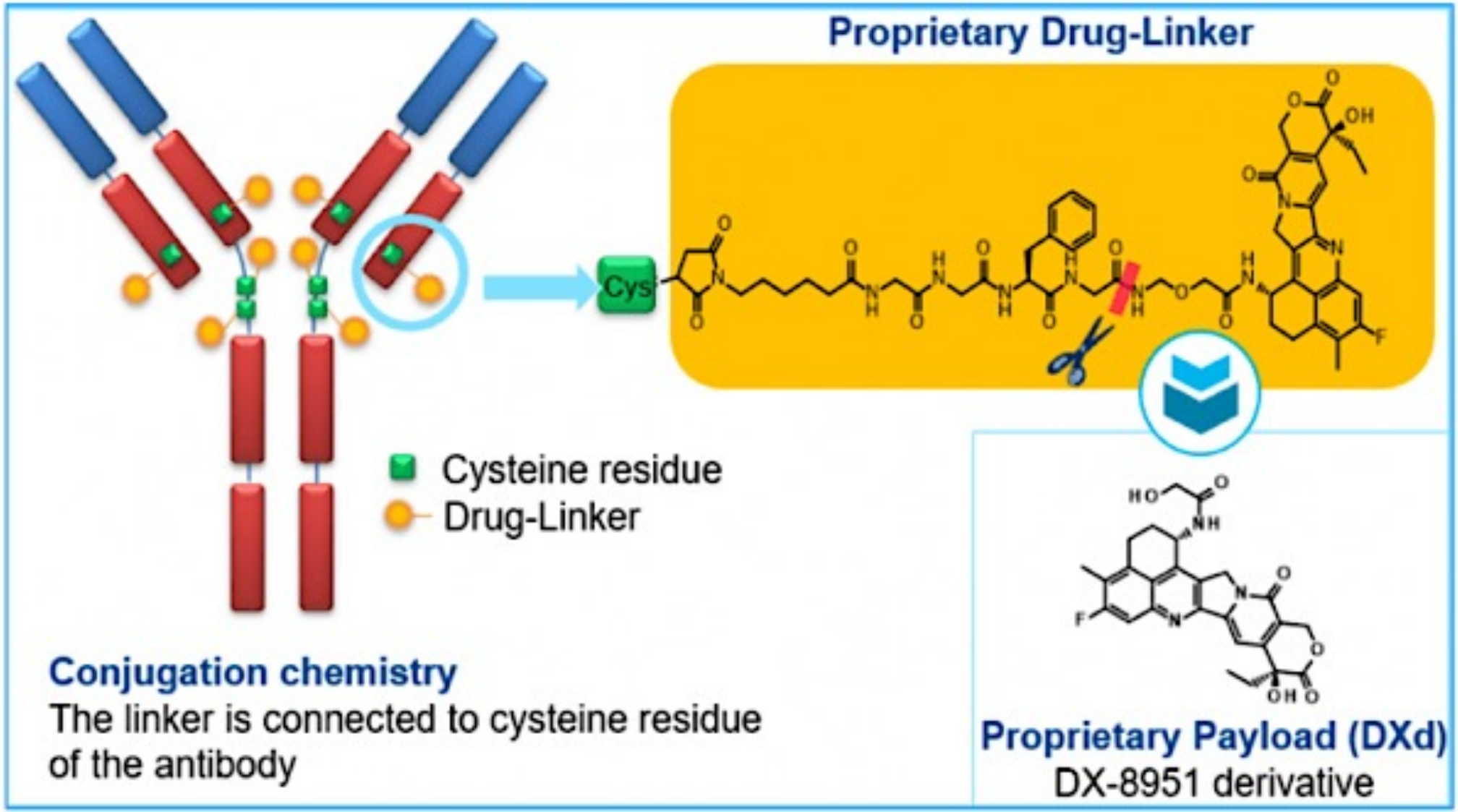
Benoit You; Alexandra Leary; Manuel Rodrigues; Philippe Follana; Cyril Abdeddaim; Florence Joly; Sylvie Bin; Laurent Villeneuve; Marine Alexandre; Florent Boutitie; Delphine Maucort-Boulch; Verane Schwiertz; Gilles Freyer

Courtesy of Krishnansu S Tewari, MD

Trastuzumab deruxtecan (DS-8201a), a HER2-targeting antibody–drug conjugate with topoisomerase I inhibitor payload, shows antitumor activity in uterine and ovarian carcinosarcoma with HER2/neu expression

Dennis Mauricio [a], Stefania Bellone [a], Levent Mutlu [a], Blair McNamara [a], Diego D. Manavella [a], Cem Demirkiran [a], Miguel Skyler Z. Verzosa [a], Natalia Buza [b], Pei Hui [b], Tobias Max Philipp Hartwich [a], Justin Harold [a], Yang Yang-Hartwich [a], Margherita Zipponi [a], Gary Altwerger [a], Elena Ratner [a], Gloria S. Huang [a], Mitchell Clark [a], Vaagn Andikyan [a], Masoud Azodi [a], Peter E. Schwartz [a], Alessandro D. Santin [a,*]

Courtesy of Krishnansu S Tewari, MD



Mauricio D et al. SGO 2022;Abstract 46.

Courtesy of Krishnansu S Tewari, MD

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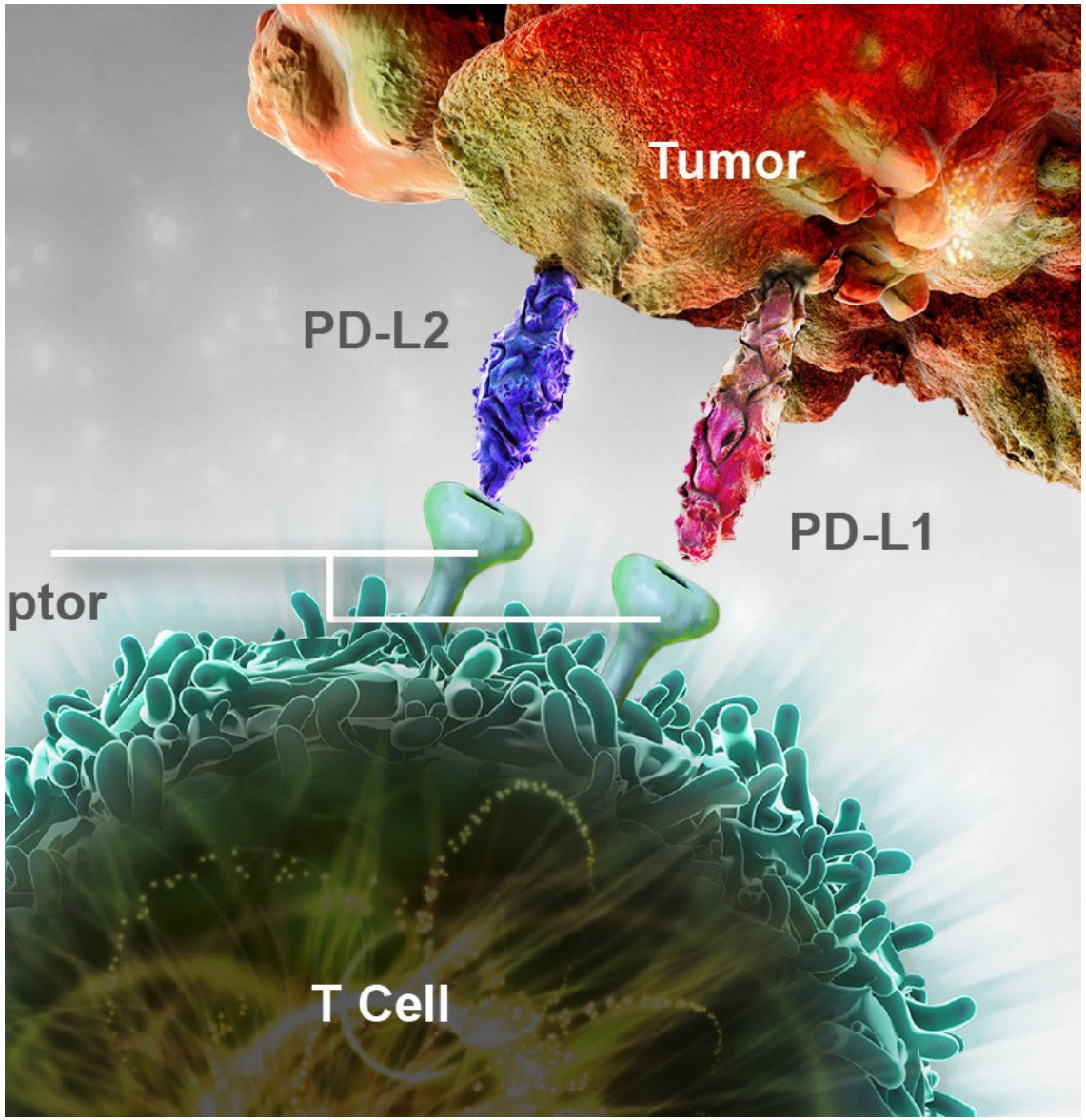
CERVICAL CANCER



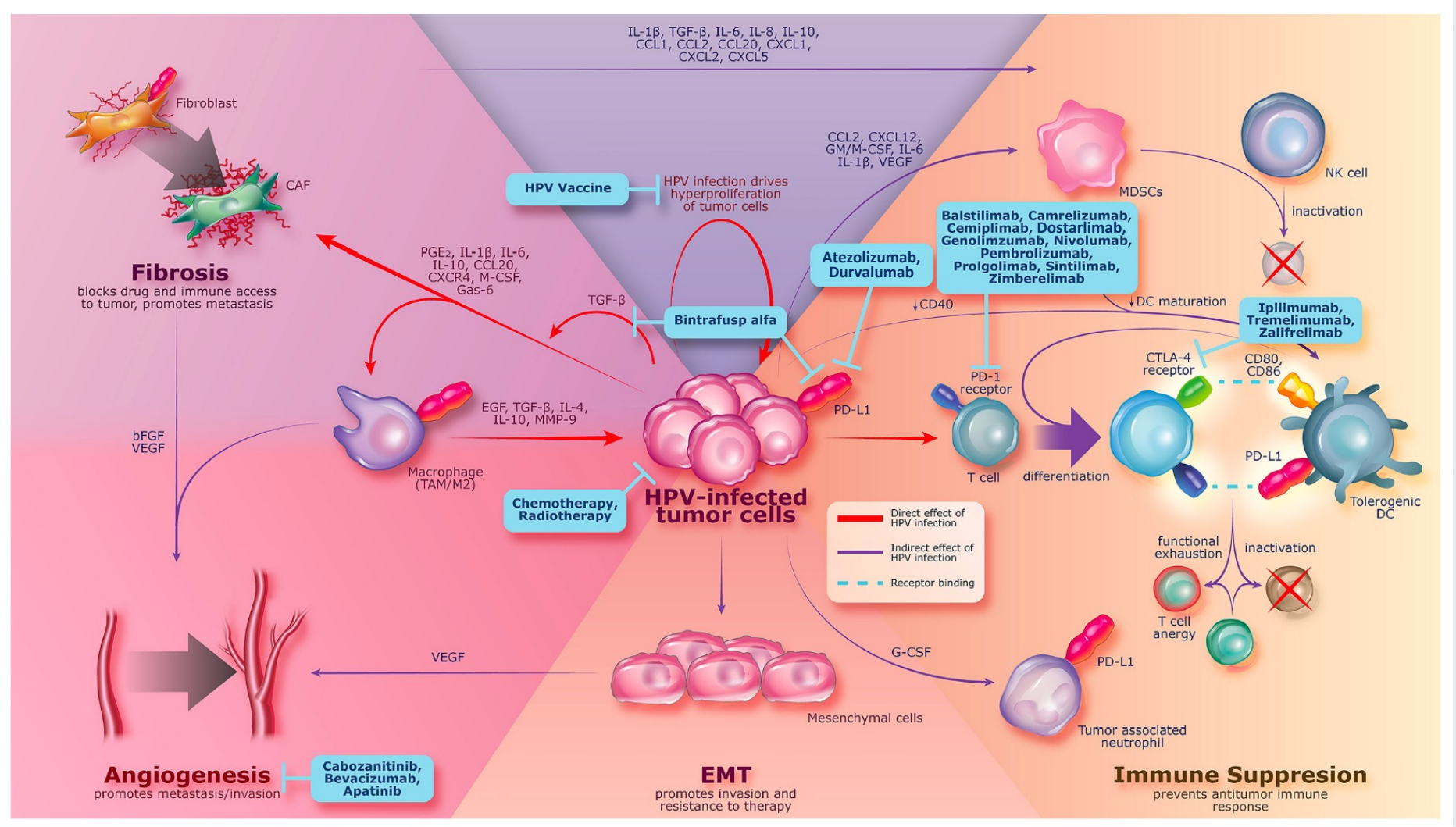
Courtesy of Krishnansu S Tewari, MD

The Changing Landscape of Systemic Treatment for Cervical Cancer: Rationale for Inhibition of the TGF-β and PD-L1 Pathways

Michael J. Birrer[1], Keiichi Fujiwara[2], Ana Oaknin[3], Leslie Randall[4], Laureen S. Ojalvo[5], Christian Valencia[5] and Isabelle Ray-Coquard[6]*

***Front Oncol* 2022 February 23;12:814169.**

Pathogenesis of Persistent HPV Infection Leading to Cervical Cancer



Birrer MJ et al. *Front Oncol* 2022 February;12:814169.

Pembrolizumab + Chemotherapy ± Bevacizumab in Patients with Persistent, Recurrent, or Metastatic Cervical Cancer: Subgroup Analysis of KEYNOTE-826

Krishnansu S. Tewari[1], Nicoletta Colombo[2], Bradley J. Monk[3], Coraline Dubot[4], M. Valeria Cáceres[5], Kosei Hasegawa[6], Ronnie Shapira-Frommer[7], Pamela Salman[8], Eduardo Yañez[9], Mahmut Gümüş[10], Mivael Olivera Hurtado de Mendoza[11], Vanessa Samouëlian[12], Vincent Castonguay[13], Alexander Arkhipov[14], Cumhur Tekin[15], Kan Li[15], Sarper Toker[15], Stephen M. Keefe[15], Domenica Lorusso[16]

Courtesy of Krishnansu S Tewari, MD

Conclusions

- The benefit of pembrolizumab was generally consistent across a broad selection of key patient subgroups, including those defined by histology, platinum use, bevacizumab use, and prior CRT exposure only
- “Real World Experience”: These results provide further support for pembrolizumab plus chemotherapy, with or without bevacizumab, as a new standard of care for women with persistent, recurrent, or metastatic cervical cancer

Courtesy of Krishnansu S Tewari, MD

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2022 ASCO® ANNUAL MEETING

Tisotumab vedotin + pembrolizumab in first-line recurrent or metastatic cervical cancer: Interim results of ENGOT Cx8/GOG 3024/innovaTV 205

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Courtesy of Krishnansu S Tewari, MD

Conclusions

1L TV + Pembro: 41% ORR (16% CR); median DOR not reached at 19m median f/u

2L/3L TV + Pembro: 38% ORR

1L TV + Carbo: 55% ORR

Courtesy of Krishnansu S Tewari, MD

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Mitigation and management strategies for ocular events associated with tisotumab vedotin

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Courtesy of Krishnansu S Tewari, MD

Table 2
CTCAE definitions of key ocular AEs associated with tisotumab vedotin [25].

CTCAE term	Definition	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
Conjunctivitis	A disorder characterized by inflammation, swelling and redness to the conjunctiva of the eye	Asymptomatic or mild symptoms; intervention not indicated	Symptomatic; moderate decrease in visual acuity (best corrected visual acuity 20/40 and better or 3 lines or less decreased vision from known baseline)	Symptomatic with marked decrease in visual acuity (best correct visual acuity worse than 20/40 or more than 3 lines of decreased vision from known baseline, up to 20/200); limited self-care ADL	Best corrected visual acuity of 20/200 or worse in the affected eye	–
Dry eye	A disorder characterized by dryness of the cornea and conjunctiva	Asymptomatic; clinical or diagnostic observations only; symptoms relieved by lubricants	Symptomatic; moderate decreased in visual acuity (best corrected visual acuity 20/40 and better or 3 lines or less decreased vision from known baseline)	Symptomatic with marked decreased in visual acuity (best corrected visual acuity worse than 20/40 or more than 3 lines of decreased vision from known baseline; up to 20/200); limiting self-care ADL	–	–
Keratitis	A disorder characterized by inflammation to the cornea of the eye	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; moderate decrease in visual acuity (best corrected visual acuity 20/40 and better or 3 lines or less decreased vision from known baseline)	Symptomatic with marked decrease in visual acuity (best corrected visual acuity worse than 20/40 or more than 3 lines of decreased vision from known baseline, up to 20/200); corneal ulcer; limiting self-care ADL	Perforation; best corrected visual acuity of 20/200 or worse in the affected eye	–
Eye disorders, other	–	Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or noninvasive intervention indicated; limiting instrumental ADL; best corrected visual acuity 20/40 and better or 3 lines or less decreased vision from known baseline	Severe or medically significant but not immediately sight-threatening; limiting self care ADL; decrease in visual acuity (best corrected visual acuity worse than 20/40 or more than 3 lines of decreased vision from known baseline, up to 20/200	Sight-threatening consequences; urgent intervention indicated; best corrected visual acuity of 20/200 or worse in the affected eye	–

Kim SK et al. *Gynecol Oncol* 2022;165(2):385-92.

Courtesy of Krishnansu S Tewari, MD

Oncology Today with Dr Neil Love — Thyroid Cancer and Neuroendocrine Tumors

A CME/MOC-Accredited Virtual Event

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5:00 PM – 6:00 PM

Faculty

Jonathan Strosberg, MD
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Neil Love, MD

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