

LOW-GRADE SEROUS OVARIAN CARCINOMA: IDENTIFYING VARIATIONS IN PRACTICE PATTERNS

John Siemon, MD¹, David Gershenson, MD², Brian Slomovitz, MD, MS³, Matthew Schlumbrecht, MD, MPH³

S1: Distributed Survey

Demographics:

Which of the following best describes you?

- Board-Certified GYN Oncologist
- Board-Eligible GYN Oncologist
- Board Certified Medical Oncologist
- Board-Eligible Medical Oncologist
- Other (please specify)

In which State did you complete your Fellowship Training?

- Pull Down Menu (50 states and District of Columbia)

In what Year did you complete your Fellowship Training?

- Pull Down Menu (1940-2017)

In which State do you Currently Practice?

- Pull Down Menu (50 states and District of Columbia)

How would you describe your Current Practice?

- University-Based
- Community-Based
- Combination of University-Based and Community-Based

Approximately how many patients with Ovarian Cancer (all types) have you treated in the past 12 Months?

- <10
- 10-24
- 25-49
- 50-99
- ≥100

Approximately how many patients with Low-Grade Serous Ovarian Carcinoma have you treated in the past 5 Years?

- 0
- 1-2
- 3-4
- 5-9
- 10-14
- 15-19
- 20-24
- ≥ 25

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Clinical Practice:

In your practice, for patients with Low-Grade Serous Carcinoma and Elevated CA-125 at the time of diagnosis, do you follow CA-125 levels during treatment?

- Always
- Often
- Rarely
- Never

While treating a patient with Low-Grade Serous Ovarian Carcinoma, when would you normally recommend Somatic Tumor Testing for genetic aberrations?

- On initial diagnosis
- After 1st Recurrence
- After 2nd Recurrence
- I Do Not Recommend Genomic Tumor Testing/Next Generation Sequencing

How often do you recommend patients with Low-Grade Serous Ovarian Carcinoma be referred for Germline Genetic Testing/Genetic Counseling?

- Always
- Often
- Rarely
- Never

A 50y/o female without medical comorbidities presents to your office following an *Optimal* Cytoreduction with no gross residual disease for Stage IIIC Low-Grade Serous Ovarian Carcinoma.

What is your preferred next step in management?

*Do not include any medications you may use for consolidation

*May select more than 1 if you would use a combination regimen

- Observation
- Adjuvant Platinum-Based IP/IV Chemotherapy (e.g. Cisplatin/Paclitaxel)
- Adjuvant Platinum-Based Standard-Regimen q3 week IV Chemotherapy (e.g. Carboplatin/Paclitaxel)
- Adjuvant Platinum-Based Dose-Dense Chemotherapy (e.g. Carboplatin/Paclitaxel)
- Adjuvant Hormonal Therapy (e.g. letrozole)
- Adjuvant MEK Inhibitor (e.g. selumetinib)
- Adjuvant VEGF Inhibitor (e.g. bevacizumab)
- Other (please describe)

A 50y/o female without medical comorbidities presents to your office following a *Suboptimal* Cytoreduction for Stage IIIC Low-Grade Serous Ovarian Carcinoma.

What is your preferred next step in management?

*Do not include any medications you may use for consolidation

*May select more than 1 if you would use a combination regimen

- Observation
- Adjuvant Platinum-Based IP/IV Chemotherapy (e.g. Cisplatin/Paclitaxel)
- Adjuvant Platinum-Based Standard-Regimen q3 week IV Chemotherapy (e.g. Carboplatin/Paclitaxel)
- Adjuvant Platinum-Based Dose-Dense Chemotherapy (e.g. Carboplatin/Paclitaxel)
- Adjuvant Hormonal Therapy (e.g. letrozole)
- Adjuvant MEK Inhibitor (e.g. selumetinib)
- Adjuvant VEGF Inhibitor (e.g. bevacizumab)
- Other (please describe)

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A 45 y/o female with Stage IIIC Low-Grade Serous Ovarian Carcinoma who underwent an *Optimal* Cytoreduction with no gross residual disease has completed six cycles of Adjuvant Carboplatin and Paclitaxel. By exam, labs, and imaging, she is no evidence of disease.

Which of the following options would you favor most?

- Standard surveillance with serial assessment of CA125 at regular intervals, but no consolidation or maintenance therapy
- Consolidation/maintenance with paclitaxel
- Consolidation/maintenance with bevacizumab
- Consolidation/maintenance with estrogen-antagonizing agents, such as letrozole or tamoxifen
- Other (please describe)

A 45y/o female without medical comorbidities presents to your office with *Recurrent* Low Grade Serous Ovarian Carcinoma 24 Months after completion of Adjuvant Chemotherapy with Standard-Regimen q3 week IV Carboplatin/Paclitaxel.

What is your preferred next step in management?

*May select more than 1 if you would use a combination regimen

- Secondary Cytoreductive Surgery (if surgically resectable)
- Standard-Regimen Carboplatin/Paclitaxel
- Standard-Regimen Carboplatin/Docetaxel
- Standard-Regimen Carboplatin/Doxil
- Standard-Regimen Carboplatin/Gemcitabine
- Dose-Dense Carboplatin/Paclitaxel
- Hormonal Therapy (e.g. letrozole)
- MEK Inhibitor (e.g. selumetinib)
- VEGF Inhibitor (e.g. bevacizumab)
- Other (please describe)

A 45y/o female without medical comorbidities presents to your office with *Recurrent* Low Grade Serous Ovarian Carcinoma 4 Months after completion of Adjuvant Chemotherapy with Standard-Regimen q3 week IV Carboplatin/Paclitaxel.

What is your preferred next step in management?

*May select more than 1 if you would use a combination regimen

- Secondary Cytoreductive Surgery (if surgically resectable)
- Platinum-Based Standard-Regimen IV Chemotherapy (e.g. Carboplatin/Paclitaxel)
- Doxil
- Gemcitabine
- Topotecan
- Paclitaxel
- Docetaxel
- Etoposide
- Hormonal Therapy (e.g. letrozole)
- MEK Inhibitor (e.g. selumetinib)
- VEGF Inhibitor (e.g. bevacizumab)
- Other (please describe)

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A 35 y/o female who desires fertility undergoes exploratory laparotomy for a pelvic mass, which is removed unruptured. Washings are negative, and final histopathology notes a Low-Grade Serous Carcinoma of the Ovary, no lymphovascular space invasion, and no surface capsular involvement.

#Which of the following would be your initial preferred management of this patient?

- Return to the operating room for Hysterectomy/USO, Omentectomy, and Staging
- Standard-Regimen Carboplatin/Paclitaxel
- Carboplatin with Dose-Dense Paclitaxel
- Hormonal Therapy (e.g. tamoxifen)
- Observation with close follow-up
- Other (please describe)

A 55 y/o female with Low-Grade Serous Carcinoma of the Ovary presents to your office after failing Carboplatin/Paclitaxel as the first-line treatment for Recurrent Disease, now making her Platinum-Resistant. Genomic testing indicates the patient has a BRAF Mutation.

#What is your preferred next step in management?

- Secondary Cytoreductive Surgery (if surgically resectable)
- AURELIA regimen with taxol, liposomal pegylated doxorubicin, or topotecan in combination with bevacizumab
- Bevacizumab as a single agent
- Hormone antagonism therapy (e.g. letrozole, tamoxifen)
- MEK Inhibitor (e.g. selumetinib)
- BRAF Inhibitor (e.g. vemurafenib)
- Other (please describe)

#A 45y/o patient without medical comorbidities presents to your office after a Primary Optimal Cytoreduction, to include BSO, for Low-Grade Serous Carcinoma with no gross residual disease. She has read about a clinical trial with three treatment arms, as follows:

1. Observation
2. Platinum/Taxane chemotherapy followed by Letrozole maintenance
3. Letrozole monotherapy

Would you encourage her to participate in this trial?

-Yes

-No (please provide reason)