

Ovarian Cancer [2017]

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Abstracts

How will new combination regimens impact the ovarian cancer treatment landscape?

Competition is intensifying in the PARP inhibitor space due to the recent approval of Clovis' Rubraca and Tesaro/Merck & Co.'s Zejula. How will AstraZeneca's Lynparza fare in the rapidly growing PARP inhibitor market and will the newer therapies in this class prove their worth? Furthermore, a multitude of novel combinations are being evaluated in Phase II and III trials and KOLs debate the prospects for multiple combinations such as AstraZeneca's cediranib and Lynparza (Phase II/III COCOS trial) and Roche's Tecentriq in combination with Avastin and platinum-based chemotherapy (Phase III ATALANTE trial). In addition, as immunotherapies move into late-stage development, KOLs discuss their potential to reform treatment options.

In this 6 US and six EU KOLs offer their candid insights on 4 marketed therapies and nine pipeline drugs.

Take a tour of the report now:

The table of contents

The key business questions answered

The key KOL quotes

See the therapies covered

Find out who the 6 EU & 6 US KOLs are

Review an extract from the report - 1 drug profile

Top Takeaways

How will Lynparza fare in the rapidly growing PARP inhibitor market?

How do KOLs view the ARIEL4 trial and the potential for Rubraca to become an alternative to chemotherapy in the treatment of relapsed BRCA-mutated high-grade ovarian cancer?

How will recently approved Zejula compete with the existing PARP inhibitors and how do KOLs interpret the results from the Phase III NOVA trial?

How strong is the scientific rationale behind the combination of Tecentriq with Avastin and chemotherapy, under evaluation in the ATLANTE trial?

How do KOLs view the overall design and likely outcomes of the JAVELIN 100 and 200 trials of avelumab?

What results are KOLs expecting from the KEYNOTE-162 trial of Keytruda and Zejula and how strong is the scientific rationale behind this combination?

How do KOLs view the near-to-medium term outlook for Avastin in ovarian cancer?

How do KOLs view the combination of cediranib with Lynparza as a treatment for recurrent ovarian cancer?

Quotes

“Some of these drugs will compete in the same indications. It's possible that we will see the PARP inhibitors in first line and immunotherapy in second line. Cost and economy will also play an important part.” EU Key Opinion Leader

“There's a compelling rationale to use an anti-VEGF drug and an immune modulator like a PD-L1 inhibitor. It's definitely logical. The thing that doesn't make sense to me is that they're not continuing Avastin as part of the maintenance strategy [in the ATALANTE trial].” US Key Opinion Leader

“PRIMA's a smart study because it only includes patients with residual disease. The highest curability is in patients that have complete resection and are BRCA or HRD positive, and the SOLO-1 trial includes a lot of those patients, whereas PRIMA doesn't include the best prognosis patients because they may never recur.” US Key Opinion Leader

Sample of therapies covered

Marketed Therapies

Lynparza (olaparib; AstraZeneca)

Rubraca (rucaparib; Clovis Oncology)

Plus 2 more - download the full list now >

Phase III

Veliparib (ABT-888; AbbVie)

Atezolizumab (Tecentriq; Roche)

Avelumab (Bavencio; Merck Group/Pfizer)

Vigil (autologous tumour cell vaccine; Gradalis)

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Phase II

Pembrolizumab (Keytruda; Merck & Co.)

Sample of KOLs interviewed

KOLs from North America

Ronald Alvarez, Professor and Chairman of the Department of Obstetrics & Gynecology, Vanderbilt University Medical Center, Nashville, TN

Robert A. Burger, Professor of Obstetrics & Gynecology, Director of Clinical Research and Fellowship Program in Gynecologic Oncology, Hospital of the University of Pennsylvania, Philadelphia, PA

Robert L. Coleman, Professor, Vice Chair of Clinical Research and Ann Rife Cox Chair in Gynecology, Department of Gynecologic Oncology and Reproductive Medicine, The University of Texas MD Anderson Cancer Center, Houston, TX

KOLs from Europe

Stan Kaye, Professor and Consultant Medical Oncologist, Head of the Division of Clinical Studies at the Institute of Cancer Research, London, UK

Jonathan Ledermann, Professor of Medical Oncology in the University College London (UCL) Cancer Institute and Director of Cancer Research UK and the UCL Cancer Trials Centre, London, UK

Christian Marth, President of the Austrian Association for Gynaecologic Oncology and Director of Obstetrics and Gynaecology, University Hospital Innsbruck, Innsbruck, Austria

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