

# Ovarian Cancer: KOL Insight

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## Abstracts

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

PARP inhibitors are firmly entrenched in the treatment algorithm for ovarian cancer, and their role continues to diversify. How will oncologists choose between AstraZeneca/Merck & Co.'s Lynparza, Tesaro/Merck & Co.'s Zejula and Clovis' Rubraca which are now all indicated for the maintenance treatment of recurrent tumours and will the role of BRCA mutation testing diminish? Furthermore, as competition gravitates towards the first-line setting, how do KOLs compare and contrast the multitude of combination regimens vying for approval in this lucrative indication? Immunotherapies are still lagging behind in ovarian cancer, compared with certain other malignancies, but which key trials could finally place them on map? Meanwhile, what opportunities and threats lie ahead for Roche's Avastin, a well-established standard of care? And could ImmunoGen's mAb-drug conjugate mirvetuximab soravtansine also play a role? Twelve of the world's leading KOLs from the US and Europe offer candid insights on four marketed therapies and nine Phase III 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

Could first-line treatment become the next battleground for novel treatment strategies in ovarian cancer? With a number of companies investing in multiple combination regimens, who could emerge victorious?

What potential do immune checkpoint inhibitors hold in the future treatment of ovarian cancer? Roche, Merck Group and Pfizer are heavily invested in this area, but how do KOLs rate the prospects for combination regimens containing avelumab or atezolizumab?

PARP inhibitors comprise a cornerstone of treatment for advanced ovarian cancer? How do KOLs see their use evolving?

AstraZeneca/Merck & Co.'s Lynparza is well established in relapsed disease. But is increasing competition, or the outcome of the PAOLA-1 trial, likely to impact its use?

As the treatment paradigm matures and PARP inhibitors gain a broader role, what do KOLs see as the key threats and opportunities for Tesaro/Merck & Co.'s Zejula and Clovis' Rubraca?

Roche's Avastin is firmly entrenched in the treatment algorithm for ovarian cancer. But what opportunities and threats lie ahead?

Allergan/Amgen's Mvasi is making headlines as the first bevacizumab biosimilar to gain approval. How well accepted will it be among oncologists who treat ovarian cancer and how is pricing likely to influence uptake?

Could ImmunoGen's antibody-drug conjugate IMGN853 have a potential role in ovarian cancer? KOLs debate the potential advantages and pitfalls to this novel approach to treatment.

Gradalis' therapeutic vaccine, Vigil, could lead the way in personalised medicine for ovarian cancer. Do KOLs anticipate that its therapeutic benefit will outweigh logistical challenges and potentially high costs?

## Quotes

“If we have three negative trials, let's say - JAVELIN 200, JAVELIN 100, the ATALANTE trial - people are going to really begin questioning if immunotherapy has a role. Then we have the next wave of trials with checkpoint and PARP together.” US Key Opinion Leader

“Now we've got choices. The issue will be what's the optimal use of some of these agents? So, we use PARP inhibitors up front? If we do, is it for germline or is it somatic? Or do we use HRD assays? When do we use bevacizumab? Ovary is finally getting to where lung and breast cancer have been for quite a while.” US Key Opinion Leader

## Sample of therapies covered

### Marketed Therapies

Lynparza (olaparib; AstraZeneca/Merck & Co.)

Zejula (niraparib; Tesaro/Merck & Co.)

Rubraca (rucaparib; Clovis)

Avastin (bevacizumab; Roche)

### Phase III Therapies

Veliparib (ABT-888; AbbVie)

Atezolizumab (Tecentriq; Roche)

Avelumab (Bavencio; Merck Group/Pfizer)

Vigil (autologous tumour cell vaccine; Gradalis)

Nintedanib (Vargatef; Boehringer Ingelheim)

Ofranergene obadenovec (VB-111; VBL Therapeutics)

Mvasi (bevacizumab biosimilar; Allergan/Amgen)

Masitinib (AB Science)

Mirvetuximab soravtansine (IMGN853; ImmunoGen)

#### KOLs interviewed

#### KOLs from North America

Ronald Alvarez, Professor and Chairman of the Department of Obstetrics & Gynaecology, Vanderbilt University Medical Centre, Nashville, TN.

Michael J. Birrer, Professor and Director, Gynaecologic Medical Oncology Massachusetts General Hospital Leader, DF/HCC Gynaecologic Cancers Program, Boston, MA.

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

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

Thomas Herzog, Deputy Director of the University of Cincinnati Cancer Institute, Professor of Obstetrics & Gynaecology at the University of Cincinnati Cancer Institute, Cincinnati, OH

Bradley J. Monk, Professor and Director of the Division of Gynaecologic Oncology, Creighton University School of Medicine, St. Joseph's Hospital and Medical Centre, Phoenix, AZ.

#### 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.

Jean-Emmanuel Kurtz, Professor and hospital practitioner at the University of Strasbourg/ University Hospital Strasbourg, Strasbourg, France.

Christian Marth, Director of Obstetrics and Gynaecology, University Hospital Innsbruck, Innsbruck, Austria.

Sandro Pignata, Head of Uro-Gynaecological Department, Division of Medical Oncology, IRCCS National Cancer Institute, Naples, Italy.

Isabelle Ray Coquard, Professor of Medical Oncology and President of the GINECO group, University Claude Bernard, Lyon, France.

Leading German KOL, Clinic Director at a major university hospital, Germany.

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