



ESMO SUMMIT RUSSIA 2019

Long-term treatment of hereditary IIIc stage ovarian cancer Clinical case


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CONFLICT OF INTEREST DISCLOSURE

No conflict of interest



51 –year– old female

Ovarian cancer history from: Oct 2013

Clinical diagnosis:

C56 Ca ovarii dextrae pT3cNxM0 HG BRCA2+ (2012).
IIIC st. Progression: Mts in lateroaortal lymph nodes,
dissemination of peritoneum, Mts in pulmonum, metastatic
pleuritis.

PMH: Varicose veins. Pneumonia.

Hystology: serous ovarian carcinoma, high grade.

MEDICAL HISTORY: PRIMARY TREATMENT

Symptoms: abdominal pain, enlargement of abdomen

Ca 125: >1000 U/ml

Oct 2013 laparocentesis Pathology: serous carcinoma

Received **2 cycles PC** (Cisplatin 75 mg/m² + Cyclophosphamide 750 mg/m²)
every 3 weeks

Dec 2013 surgery: *total abdominal hysterectomy,
Bilateral salpingoophorectomy, omentectomy*

Pathology: medical pathomorphosis of ovarian cancer G3



Optimal cytoreduction

Postoperatively - 6 cycles of TC (Paclitaxel 175 mg/m² + Carboplatin auc6)
every 3 weeks (Jan 2014 – Jun 2014)

PET/CT: no signs of disease Ca 125: 14,5 U/ml

12 MONTHS LATER PLATINUM-SENSITIVE RECURRENCE 1

Progression Jun 2015: PET/CT: Mts in lateroaxillary lymph node 14 mm, dissemination of peritoneum

Symptoms: weakness Gr I. Ca 125: 280 U/ml.

Jun 2015 – Aug 2015 4 cycles of Cisplatin 75 mg/m² every 3 weeks

CT, MRT 09.2015: no signs of disease
Ca 125: 19 U/ml.



Complete response

Sep 2015 - Oct 2016 maintenance therapy (clinical trial GexMab25201 - study of humanized monoclonal antibody to tumor-specific epitope of mucin-1 (TA-MUC1)).

13 MONTHS LATER PLATINUM-SENSITIVE RECURRENCE 2

Sep 2016 CT (chest, abdominal cavity, pelvis): no signs of disease progression.

Ca 125: 715 U/ml

Nov 2016 Laparotomy. Resection of colon.

Revision: invasive colon implant Washing: carcinoma cells

Histology: serous ovarian carcinoma, high grade.

Dec 2016 – Apr 2017 6 cycles of Cisplatin 75 mg/m² every 3 weeks

!allergy reaction Grl after 3th cycle, change to Carboplatin auc 6

PET/CT: no sign of disease

Ca 125: 13 U/ml



Complete response

7 MONTHS LATER PLATINUM-SENSITIVE RECURRENCE 3

Nov 2017 CT: Mts in pulmonum.

Ca 125: 309,3 U/ml

Nov 2017 – Aug 2018 6 cycles TC (Paclitaxel 175 mg/m² + Carboplatin auc 6)
+ 10 cycles **Bevacizumab** 15 mg/kg every 3 weeks

CT (chest, abdominal cavity, pelvis)



Partial response

Ca 125: 16,4 U/ml

7 MONTHS LATER

PLATINUM-SENSITIVE RECURRENCE 4

Sep 2018 Ca 125 increase: 326 U/ml.

Patient complaints: dyspnea

CT: left-sided metastatic pleuritis. Pleurocentesis: cancer cells

Sep 2018 – Dec 2018 4 cycles AP (Doxorubicin 50 mg/m²+Cisplatin 75 mg/m²) every 3 weeks.

Ca 125 decrease Jan 2019: 107 U/ml.

CT Jan 2019



Stabilisation

GENETIC TESTING

NGS: found hereditary mutation in BRCA2 (c. G4258T)

Family history of cancer significant

Jan 2019 until now PARP- inhibitor Olaparib 800 mg p.o. daily

Control examination data:

Patient complaints: dyspnea Gr I. Status ECOG 1

Ca 125 03.2019: 47 U/ml

CT 29.04.19: new focus in pulmonum – C5 18 mm



WHAT TO DO?

- . Continue PARP - inhibitors?
- . Surgery?
- . Retreat with Carboplatin?
- . Carboplatin alone?
- . Combination with carboplatin?
- . Bevacizumab?
- . NonPlatinum?

SUMMARY

- ! Lifetime with IIIC stage primary advanced ovarian cancer - 68 month (5 years, 8 month)
- ! Status ECOG 0-1 during therapy
- ! 2 times surgical treatment
- ! 3 lines of chemotherapy, participation in clinical trial
- ! Sensitivity to platinum chemotherapy
- ! Selection of chemotherapeutic agents is saved
- ! Preventive examination of healthy relatives (hereditary mutation BRCA2)?



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Thank you for attention!

