

CERVICAL AND OVARIAN CANCERS





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38 Cervical Cancer

Sentinel Node Biopsy for Early-Stage Cervical Cancer (p 38)

Sentinel node biopsy may be as effective as surgery for finding out whether cancer has spread.

40 Ovarian Cancer

CA125 Levels and Resistant Ovarian Cancer (p 40)

By safely delaying treatment until symptoms of recurrence develop, women can avoid frequent blood tests.

Combination Treatments for Relapsed Ovarian Cancer (p 41)

A new carboplatin combination shows benefits and fewer side effects than the standard carboplatin treatment.

42 On the Horizon

BIBF 1120 for Relapsed Ovarian Cancer (p 42)

A new drug with triple action may delay the growth of cancer.

Every year in the United States, approximately 11,300 women are diagnosed with cervical cancer and 21,500 are diagnosed with ovarian cancer. In this chapter, we discuss early-stage cervical cancer, in which tumor cells are still confined to the cervix, and ovarian cancer that has returned.

As with all cancers, it's best to find gynecologic cancers early, when treatment can be most effective. The use of the Pap smear has greatly reduced the risk of cervical cancer for many women. As you will read, when this cancer begins to spread, there is now a less extensive surgery that can be used to find the spread. For ovarian cancer, doctors have identified symptoms that serve as warning signs that this cancer has come back. We list those symptoms on page 41.

Cervical Cancer

SENTINEL NODE BIOPSY FOR EARLY-STAGE CERVICAL CANCER

Sentinel node biopsy may be as effective as surgery for finding out whether cancer has spread.

According to a recent clinical trial, most women with early-stage cervical cancer can safely have a sentinel node biopsy, in which only one or two lymph nodes are removed, instead of having pelvic lymph node surgery, in which many lymph nodes are removed.

Lymph nodes are a linked system of small bean-shaped structures throughout the body that filter out and destroy bacteria and other harmful substances. Tumor cells often travel to lymph nodes first before spreading from there to other parts of the body. By removing and checking the lymph nodes, doctors can tell whether the cancer is starting to spread.

The standard approach for women with early-stage cervical

cancer has been to remove many lymph nodes in the pelvis. But this surgical procedure can lead to complications such as lymphedema, which causes the limbs—in this case, the legs—to swell, sometimes permanently.

Research now shows that doctors can examine the first, or “sentinel,” lymph node to which cells from a particular tumor are likely to travel. If the sentinel node is free of cancer cells, usually there is no need to remove and check more lymph nodes.

This information came from a clinical trial that looked at records from 128 women with early-stage cervical cancer. Researchers found that the more-involved pelvic lymph node surgery could have been avoided in more than 80 percent of these women by doing a sentinel node biopsy first. What’s more, in nearly 40 percent of women in this group, the sentinel node biopsy would have provided even more important information about the cancer’s growth than the extensive surgery did.

Researchers believe that a sentinel node biopsy may be just as useful as pelvic lymph node removal for identifying even small amounts of cancer cells that have spread to lymph nodes and may also reduce the risks of complications from surgery.

In the future, sentinel node biopsy may become a new standard of care for early-stage cervical cancer. But for now, doctors say, it should only be performed in a clinical trial.



Ovarian Cancer

CA125 LEVELS AND RESISTANT OVARIAN CANCER

By safely delaying treatment until symptoms of recurrence develop, women can avoid frequent blood tests.

Women who have completed treatment for ovarian cancer usually have frequent blood tests in hopes of detecting any relapse (return of cancer symptoms) early. If the results of a blood test show a relapse, chemotherapy may then be started immediately. However, a recent clinical trial has shown that early treatment based on these blood test results does not seem to benefit these women any more than delayed treatment given only when symptoms develop.

The blood tests measure CA-125, a substance that may be found in high amounts in the blood of patients with certain



types of cancer, such as ovarian cancer. CA-125 levels may also indicate whether cancer has returned after treatment. Women who have been treated for ovarian cancer often have their CA-125 levels tested every three months for

several years. Among women who have received treatment for ovarian cancer, CA-125 levels often rise several months before symptoms of a relapse occur.

A group of women who were treated for relapse of ovarian cancer based on the CA-125 blood test took part in a clinical trial. Half of the women received immediate treatment when

their CA-125 blood levels rose, suggesting a possible relapse. The other half received treatment only when they developed symptoms. The study showed there was no benefit to receiving earlier treatment based on the CA-125 test results.

Based on these findings, women may choose to avoid the inconvenience and distress associated with frequent blood tests for CA-125 levels, as well as the possible side effects of early treatment. However, researchers emphasized the importance of immediately reporting any of the following symptoms if they occur almost daily for more than a few weeks:

- bloating
- pelvic or abdominal pain
- difficulty eating
- feeling full quickly
- urinary symptoms (the need to urgently or frequently urinate)

COMBINATION TREATMENTS FOR RELAPSED OVARIAN CANCER

A new carboplatin combination shows benefits and fewer side effects than the standard carboplatin treatment.

For women with ovarian cancer that has returned, the standard of care has been the combined use of paclitaxel (Taxol and others) and the platinum-containing drug carboplatin (Paraplatin and others). However, researchers are impressed with the early results of using a new combination treatment—a version of the anti-cancer drug doxorubicin (Doxil) combined with carboplatin. If the promise of this newer combination is confirmed in the final clinical trial results, it may change the way doctors treat women with ovarian cancer that responds to these types of drugs (platinum-sensitive ovarian cancer).

Nearly 1,000 women with platinum-sensitive ovarian cancer took part in the CALYPSO study, the largest international clinical trial of patients with this type of cancer. Women who received the new combination went a longer time without their cancer continuing to grow (just over 11 months) compared with women who received the standard drug combination (less than nine-and-a-half months).

Women who were treated with the new combination also had fewer severe side effects than women who did not



receive the new combination. Side effects such as pain, numbness, and tingling in different parts of the body and loss of hair often cause patients to stop their treatment or reduce the dose of the drug they take. Stopping or reducing treatment can lessen the chance

that the treatment will be successful. A drug combination with fewer side effects, then, may help more women gain the full benefit of their cancer treatment.

On the Horizon

BIBF 1120 FOR RELAPSED OVARIAN CANCER

A new drug with triple action may delay the growth of cancer.

A new targeted treatment called BIBF 1120 may be able to delay the growth of ovarian cancer in women who have already responded to chemotherapy, according to the early

results of a clinical trial. This study is said to be the first clinical trial for women with ovarian cancer to show a benefit of this type of drug compared with a placebo (a look-alike pill containing no active ingredient). Placebos are only used in cancer clinical trials when there is no standard treatment against which a new treatment can be compared.

Targeted treatments help stop cancer by blocking cancer cell receptors. Receptors are structures on the cell surface that work like docking stations or doorways for specific substances to enter and encourage the cell to grow and divide. Some targeted treatments block receptors known as VEGF and PDGF, which play an important role in the growth of new blood vessels that feed tumors. What makes BIBF 1120 effective is that it not only blocks these two receptors but also a third receptor known as FGF.

Researchers found that, compared with women who received a placebo, those with relapsed ovarian cancer who were treated with BIBF 1120 went longer before their cancer continued to grow (nearly five months) than those who received a placebo (nearly three months). A large clinical trial is needed to confirm these early results.

Please note: *Although the treatments discussed in this chapter are showing promise, most are still in clinical trials—some in earlier phases of research—and may not be available yet to the general public. Your doctor can help guide you as to which new medications could be right for you and whether you are eligible to take part in the clinical trials of these new treatments.*