Gyn Cancer
Case Presentations
Case 1

A 65 year old woman presents with gradual worsening of abdominal discomfort and swelling of several months duration. She also notes a weight gain of about 6 pounds and has no other specific complaints. PH and ROS shows her to be in excellent health with no comorbid conditions. FH is negative for any breast, colon, endometrial, or ovarian cancer.

PE: PS is 1. Abdomen is rotund with a positive fluid wave and a fullness in the LLQ. No pelvic or rectal exam was done (seen by her internist).

Lab: CBC WNL. Chemistry panel also WNL including liver tests and BUN/creatinine. CA-125 (astute internist) was 712. CT CAP shows moderate ascites, a 6 cm left adnexal mass, and multiple smaller masses throughout the abdomen. Paracentesis shows malignant cells compatible with serous carcinoma.
The patient is referred to you, the oncologist, for further management. What would you recommend for further management of this patient at this point?

a. Exploratory laparotomy, TAH-BSO, omentectomy, and aggressive debulking of peritoneal metastases by a trained gynecologic oncologist followed by systemic therapy.

b. Neoadjuvant paclitaxel/carboplatin/bevacizumab followed by an exploratory laparotomy, TAH-BSO, omentectomy, and aggressive debulking of residual metastases by a trained gynecologic oncologist.

c. Paclitaxel/carboplatin/bevacizumab.

d. Treatment with a PARP inhibitor.

e. Other - specify
Would you recommend that she undergo testing for BRCA1 and BRCA2?

a. Yes
b. No
c. Maybe
d. What is BRCA?
e. Other - specify
Case 1 (cont.)

After completion of first-line management, the patient has achieved a clinical CR and has undergone testing which reveals her to be BRCA1+. Her only residual toxicity is an improving grade 1 peripheral neuropathy involving for both hands and feet. At this point, what would you recommend?

a. Observation
b. Maintenance with paclitaxel
c. Maintenance with bevacizumab
d. Consolidation with intraperitoneal paclitaxel/cisplatin
e. Maintenance with a PARP inhibitor
f. Maintenance with cediranib
g. Other - specify
Case 2

A 68 year-old woman presents with ascites, a 5 cm left adnexal mass, and a CA-125 of 680. CT of the abdomen/pelvis showed a 5 cm mass involving the left ovary, ascites (>500 cc), and multiple scattered smaller masses throughout the abdomen. An exploratory laparotomy by a gynecologic oncologist identified stage IIIIC serous ovarian carcinoma. At the conclusion of surgery, no gross disease remained. What further management should be recommended at this point?

a. Paclitaxel/carboplatin for six cycles
b. IP chemotherapy with paclitaxel/carboplatin for six cycles
c. PLD/carboplatin for six cycles
d. Gemcitabine/carboplatin for six cycles
e. Paclitaxel/carboplatin/bevacizumab for six cycles followed by maintenance bevacizumab until progression
f. Other - specify
The National Cancer Institute in 2006 issued a Clinical Alert declaring IP chemotherapy to be the preferred treatment for patients with small-volume residual stage III ovarian carcinoma. Which of the following statements is true about intraperitoneal chemotherapy in July 2016?

a. For a cisplatin-based regimen, IP administration results in a significant reduction in serious or life-threatening toxicity.
b. The 2006 Clinical Alert summarized 8 randomized trials which together showed a >20% reduction in mortality rate for cisplatin-based IP chemotherapy vs cisplatin-based IV chemotherapy.
c. The 2006 Clinical Alert recommended none of the tested IP regimens because of lack of a survival advantage.
d. Reducing the IP cisplatin dose from 100 mg/m² to 75 mg/m² reduces toxicity without adversely impacting efficacy.
e. None of the above
Case 3

A 55 year old woman with stage IIIC large-volume residual disease and CA-125 482 is negative for BRCA1 and BRCA2. She receives 6 cycles paclitaxel/carboplatin with a resultant clinical CR and CA-125 9. With the patient on observation only following front-line therapy, the CA-125 rises to 25 after 18 months of follow-up with successive rises over the next two months to 130. H&P and CT scan of the abdomen are negative, and she is asymptomatic. What do you recommend at this point?

a. Reinstitute paclitaxel/carboplatin
b. Treat with gemcitabine/carboplatin/bevacizumab
c. Treat with an alternative agent: PLD or topotecan
d. Observation until patient is symptomatic or has other evidence of disease than a rising CA-125
e. Treat with tamoxifen
f. Other - specify
Case 4

A 59 year old woman diagnosed three years previously with a FIGO stage IIIC serous carcinoma of the right ovary had bulky disease remaining after initial surgical cytoreduction. She achieved a clinical complete response after 6 cycles of paclitaxel/carboplatin, but she recurred 18 months later with multiple peritoneal implants, ascites, and a rising CA-125. Treatment with gemcitabine/carboplatin produced a clinical complete response which lasted three months before yet another recurrence with ascites and multiple masses throughout the abdomen. Genetic testing showed that she did not have a BRCA1 or BRCA2 mutation.
At this point, which of the following treatment options offers the patient the greatest likelihood of improved progression-free survival compared to treatment with single-agent, non-platinum chemotherapy?

a. A carboplatin-based chemotherapy doublet such as pegylated liposomal doxorubicin plus carboplatin
b. A non-platinum-based chemotherapy doublet such as docetaxel/gemcitabine
c. An intraperitoneal platinum-based regimen
d. Dose-dense (weekly) paclitaxel plus bevacizumab
e. Tamoxifen
f. Other - specify
Case 5

A 65 year old woman with no family history of ovarian or breast cancer developed 3.5 years ago a FIGO stage IIIC serous carcinoma of the right ovary manifested as multiple peritoneal implants, ascites, and a CA-125 of 450. She had bulky disease remaining after the completion of her surgery. She received six cycles of paclitaxel/carboplatin and achieved a clinical complete response. After 18 months, she developed a rising CA-125, multiple peritoneal implants, and ascites again. Retreatment with paclitaxel/carboplatin resulted in a second clinical complete response. Fourteen months after completing treatment, she again relapsed and received gemcitabine/carboplatin with a complete response after 6 cycles. She progressed again 10 months after completing gemcitabine/carboplatin with a rising CA-125 and progression by CT scan with multiple masses in the abdomen and pelvis. Except for residual neurotoxicity, she remains asymptomatic with PS 0. Testing at this point shows her to be positive for BRCA2.
Case 5 (cont)

Which of the following statements describes best what should be done at this point?

a. The chances of the patient’s benefitting from further therapy are sufficiently poor that hospice should be recommended.

b. An exploratory laparotomy to attempt secondary debulking of her cancer should precede any further systemic therapy.

c. The patient treated again with a carboplatin-based doublet plus bevacizumab.

d. The patient’s cancer should be tested for in vitro sensitivity to active non-platinum agents other than paclitaxel or gemcitabine.

e. The patient should receive a PARP inhibitor.

f. The patient should be treated with bevacizumab plus weekly paclitaxel

g. Other - specify
Case 6

A 61 year old woman presents with postmenopausal bleeding and, on the basis of an endometrial biopsy, is diagnosed with a grade 3 endometrioid endometrial carcinoma. She undergoes a laparotomy which reveals that the carcinoma penetrates through to the serosa of the uterus and has involved pelvic lymph nodes. All gross disease is completely resected. At a minimum, which of the following should be a part of her management after she has recovered from her surgery?

a. Abdominopelvic radiation
b. Platinum-based chemotherapy
c. Megestrol acetate
d. Volume-directed radiation
e. Bevacizumab
f. A PARP inhibitor
g. Other - specify
A 46 year-old woman with previous treatment with concurrent cisplatin-based chemoradiation for a stage IIIB poorly differentiated squamous cell carcinoma of the uterine cervix two years ago presents with no symptoms but, on imaging, a pelvic mass and three pulmonary nodules in the left lung. Biopsy of both the pelvic mass and one of the pulmonary nodules shows poorly differentiated squamous cell carcinoma. Past medical history shows her to be a non-smoker. Assuming she has recurrent carcinoma of the cervix, no significant co-morbid conditions, PS=0, and normal marrow, renal, and hepatic function, what should be your management recommendation?

a. Systemic therapy with topotecan and cisplatin
b. Referral to hospice
c. Resection of the pelvic mass and the three pulmonary nodules
d. Systemic therapy: paclitaxel, cisplatin, and bevacizumab
e. Observation until her disease becomes symptomatic
f. Other - specify
Z.M., a 54 year old woman with vaginal bleeding, was diagnosed with a carcinosarcoma of the uterus stage IIIA based on invasion of the uterine serosa. She has no other serious medical problems. Surgery resected all gross disease. What are your recommendations for further management?

a. Pelvic radiation
b. Chemotherapy consisting of gemcitabine/docetaxel
c. Targeted therapy with bevacizumab/erlotinib
d. Observation
e. Chemotherapy consisting of ifosfamide/paclitaxel
Case 9

A 23 year-old woman is found to have a 6 centimeter solid mass on her right ovary without involvement of the other ovary. She undergoes a right salpingo-oophorectomy and staging including peritoneal washings and biopsies and careful inspection. The mass is a grade 1 immature teratoma without any other evidence of disease than the ovarian mass and without elevation of alpha-fetoprotein and HCG. The patient is referred to you for adjuvant therapy. You recommend:

a. Three cycles of BEP (bleomycin, etoposide, cisplatin)
b. Four cycles of BEP (bleomycin, etoposide, cisplatin)
c. Observation
d. Pelvic radiation
e. Three cycles of VAC (vincristine, actinomycin D, and cyclophosphamide)
f. Other - specify
Case 10

A 46 year old woman presents with pelvic discomfort and a mass of the right ovary. A gynecologic oncologist removes a 10 centimeter mass from the right adnexa, completes a TAH-BSO, and performs staging procedures including peritoneal washings and biopsies and careful inspection. The right ovarian mass proves to be a malignant granulosa cell tumor confined to the ovary with no other evidence of disease. You recommend:

a. Three cycles of BEP
b. Leuprolide
c. Pelvic radiation
d. Observation
e. Four cycles of BEP
Good Question 1

Who will finish in second place in the SEC West in football this year?

a. Alabama
b. Auburn
c. Arkansas
d. LSU
e. Mississippi State
f. Texas A&M