

## **NOTES**

### **Pacific Ovarian Cancer Research Consortium Physician Advisory Committee Meeting May 15, 2004**

The annual Pacific Ovarian Cancer Research Consortium (POCRC) Physician Advisory Committee Meeting was held on Saturday, May 15, 2004, on the Day Campus of the Fred Hutchinson Cancer Research Center. Dr. Nicole Urban, Principal Investigator of the Consortium, opened the meeting with a consortium overview and a discussion of the vital role of the community physician in the consortium. The agenda included updates of a number of ongoing consortium research studies and a preview of upcoming studies.

#### **Background**

In September 1999, the National Cancer Institute awarded a SPORE (Specialized Program of Research Excellence – organ specific) grant to the Fred Hutchinson Cancer Research Center. The grant funds interdisciplinary, multi-institutional, translational research in ovarian cancer. The Fred Hutchinson Cancer Research Center, under the leadership of Dr. Nicole Urban, coordinates the efforts of the Pacific Ovarian Cancer Research Consortium (POCRC), which is a collaboration of scientists and researchers from institutions throughout the Northwest and California. Recently, the Pacific Ovarian Cancer Research Consortium applied for and was awarded funds to continue an additional five years of ovarian cancer research.

#### **The Physician Advisory Committee**

The Physician Advisory Committee, part of the clinical core, has a key role in the Consortium. To achieve the mission of the consortium, the translational research has to be carried back to the physician community and to the patients. To that end the role of the committee includes the following:

- Provide clinical and scientific guidance for research protocols;
- Facilitate implementation of recruitment protocols in home institutions;
- Convey research findings back to the community;
- Provide feasibility input on implementation of research findings into clinical practice.

The committee meets yearly to advise in the development of research protocols and to comment on established protocols.

#### **Looking Ahead – Consortium Research for the Next Five Years**

Dr. Urban addressed the long-term goals of the consortium that are

- Detection of cancer early using markers that can be measure in serum;
- Treatment with minimally toxic therapies to prevent recurrence.

She outlined the four major projects that will be implemented in the next funding period. The projects are

- Early Detection – Identification of new and known biomarkers that complement CA 125; systematic evaluation of markers for their contribution to early detection of ovarian cancer.
- Risk Model – Development, validation, and evaluation of a risk model that can predict ovarian cancer diagnosis within the coming year, 5 years, or lifetime.
- Immunotherapy – Treatment of recurrence using adoptive T-cell therapy.
- Molecular Targets – Validation and refinement of a prognostic classifier and the evaluation of candidate genes as targets for therapy.

More complete information about these studies and other studies to be conducted through the consortium is included in the attached report.

### **The Symptom Study**

Screening for ovarian cancer has not yet been shown to impact morbidity or mortality. Drs. Barbara Goff and Robyn Andersen are the principal investigators of a pilot study investigating the symptoms that women seeking clinical care report to their physicians. It is hoped that these symptoms may serve as a biomarker for earlier detection of ovarian cancer. The aims of the study are

- To develop an ovarian cancer symptom index for possible use as an initial screening tool in primary care;
- To obtain pilot data on the relationship of symptoms to the results of ultrasound and surgical pathology in women;
- To determine if symptoms improve the receiver-operator curve for a valid marker of ovarian cancer.

Building on an earlier study conducted by Dr. Goff and reported in the June 9, 2004, *Journal of the American Medical Association*, the pilot study aims to address the weakness of prior studies including recall bias, selection bias, and factors (stress, negative affectivity, and depression) that could affect the report of symptoms. Symptoms data will be collected from three populations – women undergoing ovarian-related surgery at UWMC and Swedish Medical Center, women participating in the Ovarian Cancer Early Detection Study, and women undergoing ultrasound at Seattle Ultrasound Associates.

To build on the third aim, women undergoing ovarian surgery and participants in the OCEDS trial have their blood drawn for tumor markers. Women in the ultrasound population will be consented for a blood draw at the time they complete the symptom survey. The tumor markers will include CA 125 and others under investigation. Using tumor markers from cases and various controls (benign masses, the ultrasound population, and the OCEDS participants), investigators will determine sensitivity, specificity and positive predictive value of tumor markers with and without the addition of symptom data. If an ovarian cancer index with a PPV of 5% or higher can be developed an ROI will be submitted in order to test the index in a larger primary care population.

### **Updates - Ovarian Cancer Early Detection Study (OCEDS)**

Dr. Drescher, Principal Investigator of the Consortium's Clinical Core, presented updates about current and planned studies. The Ovarian Cancer Early Detection Study (OCEDS) is part of a national single arm trial. Enrollment took place over two years with FHCRRC enrolling 229 participants through October 2003. Participants will continue on the national screening protocol for a third year. The study is evaluating the performance of the Risk of Ovarian Cancer Algorithm (ROCA) in a high-risk population. Participants have quarterly CA 125 tests, annual transvaginal sonography, and were offered an optional genetics education session.

The aim of the national trial is to determine the feasibility of prospective screening studies of high-risk subjects within the CGN network and other NCI ovarian programs. The study will establish normal ranges and distributions within and between high-risk women for CA 125 values over time, with sub classification by pre and post-menopausal status, use of ERT, and whether or not the woman has a prophylactic oophorectomy. The study will obtain estimates of the specificity and positive predictive value of ROCA suitable for designing a definitive screening trial for women at high risk for ovarian cancer. Additional blood is drawn from the participants and stored in the local serum and plasma bio-repository.

Because of the interest in continuing to offer a screening protocol for high-risk women, the consortium continues to enroll and screen women in a similar protocol. To date, 55 women have been enrolled in that study. The protocol mirrors that of the national pilot study, however the CA 125 results are run using the PEB algorithm developed by Dr. Martin McIntosh.

### **Proteomics Study**

In collaboration with the NCI-FDA, the Ovarian Cancer SPOREs, and EDRN, the multi-institutional proteomic remission monitoring trial is beginning. FHCRC, the UW, and Cedars Sinai will combine to enroll 70 women into the trial. The aims of the trial are to:

- Identify serum proteomic signatures of ovarian cancer remission and relapse
- Determine the sensitivity and specificity of PS for relapse
- Compare the temporal relationship between rise in CA 125 values versus development of the PS profile of relapse and determine the sensitivity and specificity of PS combined with CA 125
- Sequence key features of protein patterns – identify critical peptides and proteins.

The eligibility criteria for the study is as follows:

- Patients with FIGO 3 or 4 EOC, FT, or PPC in first complete response defined by normal PE, CA 125, CAT or MRI scan.
- Primary therapy consisting of no more than 8 cycles of platinum-taxane based chemotherapy
- Enrolled within 9 weeks of final chemotherapy
- Cannot receive consolidation or maintenance therapy - replacement hormonal therapy is allowed but hormonal anti-cancer therapies such as Tamoxifen and Raloxifene will not be permitted while on study.
- No history of other invasive (excluding stage I endometrial cancer) within the last five years.

Every three months research participants will undergo a physical exam, routine labs, and a CA 125.

Every six months participants will undergo a CT scan of the abdomen and pelvis (plus chest if indicated).