

Accelerating Ovarian Cancer Research: Recent Victories, Current Opportunities, Future Challenges

Michael V. Seiden, M.D., Ph.D.





Translating Science to Ovarian Cancer

Young Adult

Older Adult



Diagnosis



Early Detection



Survivorship



Previvors



Mechanisms of Translational Research

- **SPORES**- Specialized Programs in Organ Research
- **EDRN**- Early Detection Research Network
- **PPACA**- Patient Protection and Affordable Care Act
- **TCGA**- The Cancer Genome Atlas
- **STRAPS**- Special Translational Research Acceleration Projects
- **Cooperative Groups**
- **Ovarian Cancer Academy**



Translating Science to Ovarian Cancer

Young Adult

Older Adult



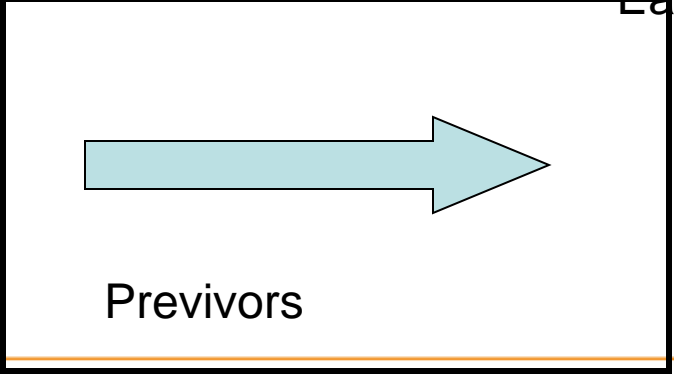
Diagnosis



Early Detection

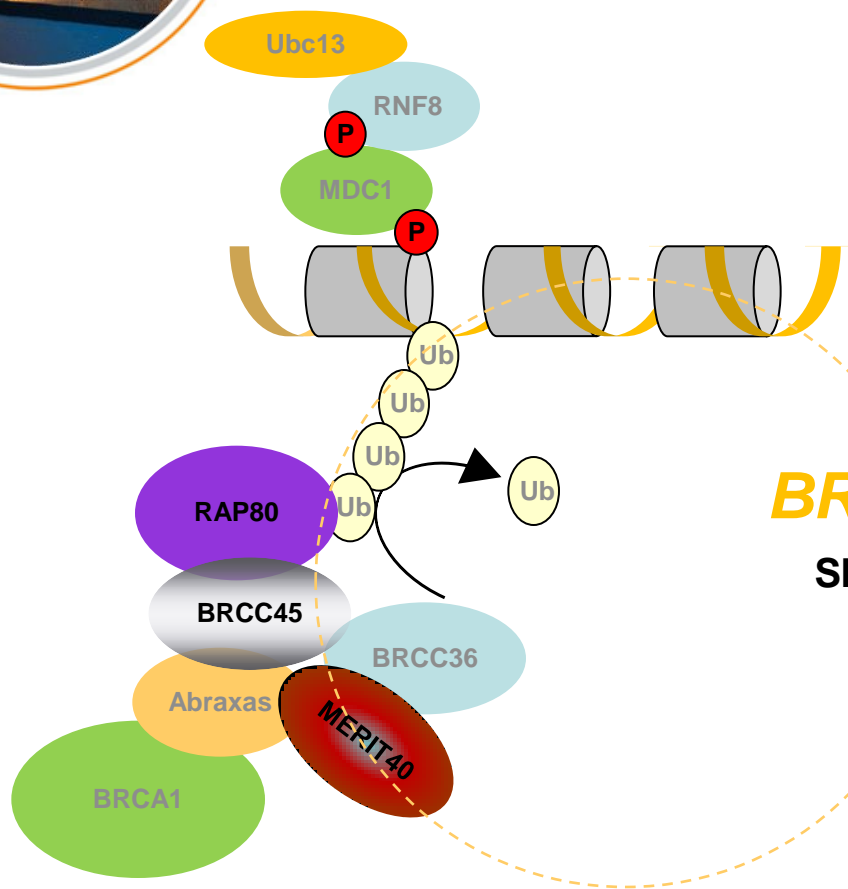


Survivorship



Previvors

Mary B. Daly
Andy Godwin
Katrina Armstrong
Susan Domchek
Nandita Mitra
Tim Rebbeck



BRCA1 Interacting Complex

Shao et al. 2009, Messick and Greenberg
2009

RAD51 and Ovarian Cancer



SNP	Allele	<i>BRCA1</i>		<i>BRCA2</i>	
		HR	95% CI	HR	95% CI
rs957603 (MAF=42%)	CT	0.82	0.62-1.08	0.87	0.55-1.37
	TT	1.00	0.71-1.40	0.38	0.19-0.76
	T	0.87	0.67-1.12	0.74	0.48-1.14



SOFT: Study of Female Teens



- Evaluating knowledge and perceptions of breast cancer risk & health behaviors among adolescent girls

**Angela R. Bradbury, M.D.
Fox Chase Cancer Center**

**Co-PI: Dr. Linda Patrick-Miller, Ph.D.
Cancer Institute of New Jersey**



Their greatest health concerns (n=25)

- None (7)
- Weight (6)
- Breast cancer (6)
 - only among high risk group
- Staying healthy NOS (6)



Perceived etiology of breast cancer (n=25)

- Any ideas how and why women get breast cancer?
- Genetic (15) or 'runs in families' (6)
- Not sure (13)



You have a different risk than other girls?

- 17/21 (65%) high risk girls said different and higher for breast or ovarian cancer.



Are there things one can do to reduce their chances of getting breast cancer?

- Women in general?
 - YES: 15/25 (60%)
 - NO: 7/25 (28%)
 - Not sure: 3/25 (12%)

- Girls your age?
 - YES: 12/25 (48%)
 - NO: 8/25 (32%)
 - Not sure: 4/25 (16%)

Screening, healthy diet,
Exercise, "staying healthy",
Avoiding tobacco & alcohol

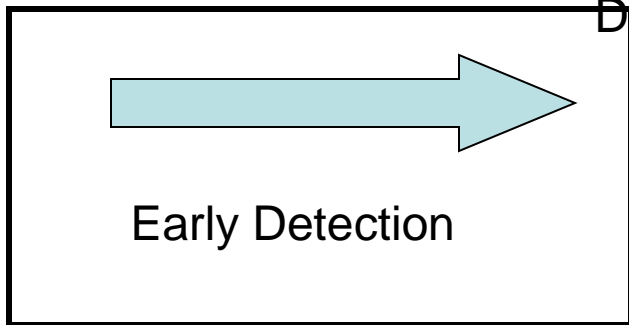
Healthy diet, exercise,
"staying healthy",
developing good health
habits, looking for signs.



Translating Science to Ovarian Cancer

Young Adult

Older Adult



Diagnosis

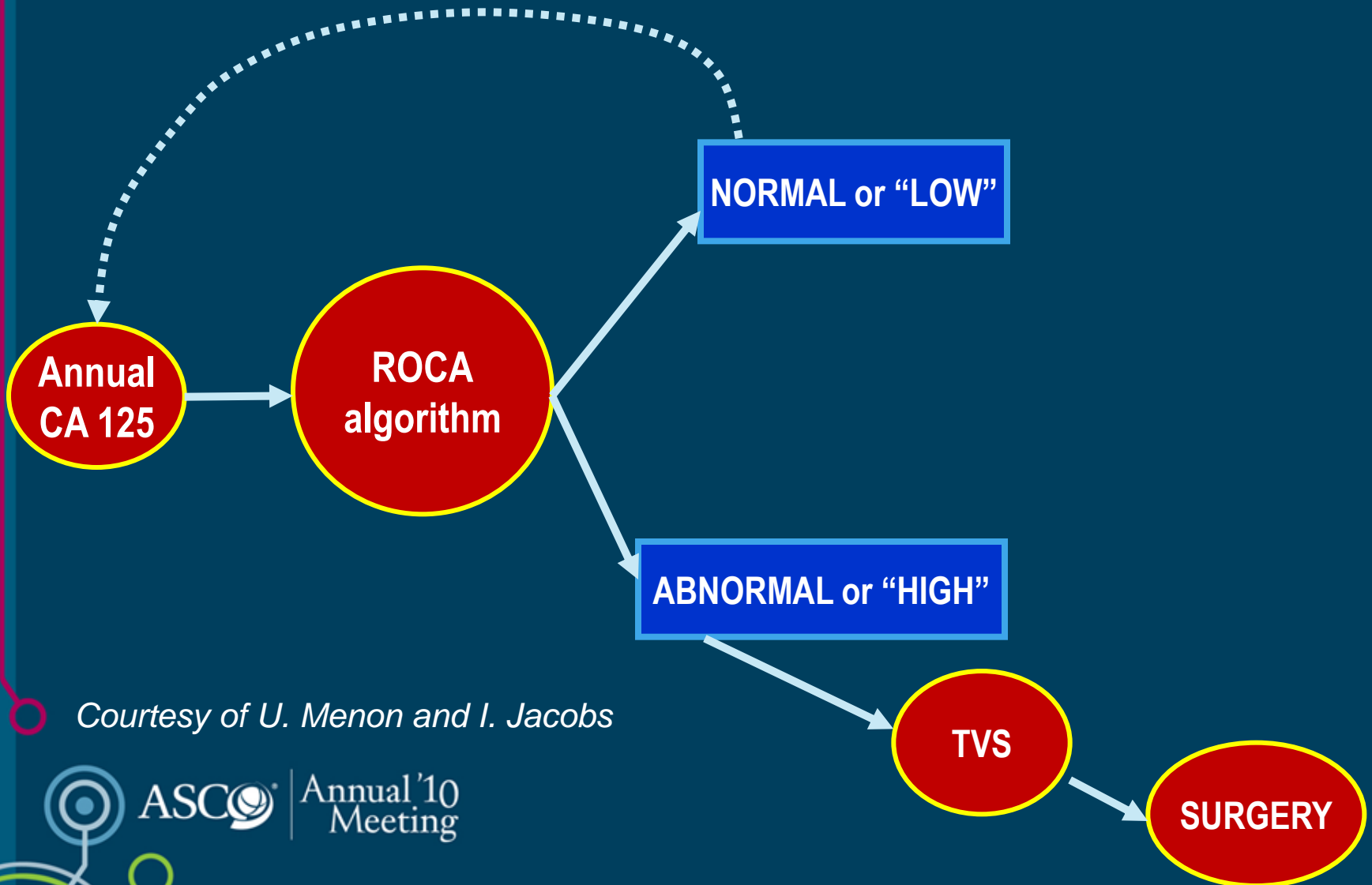


Survivorship



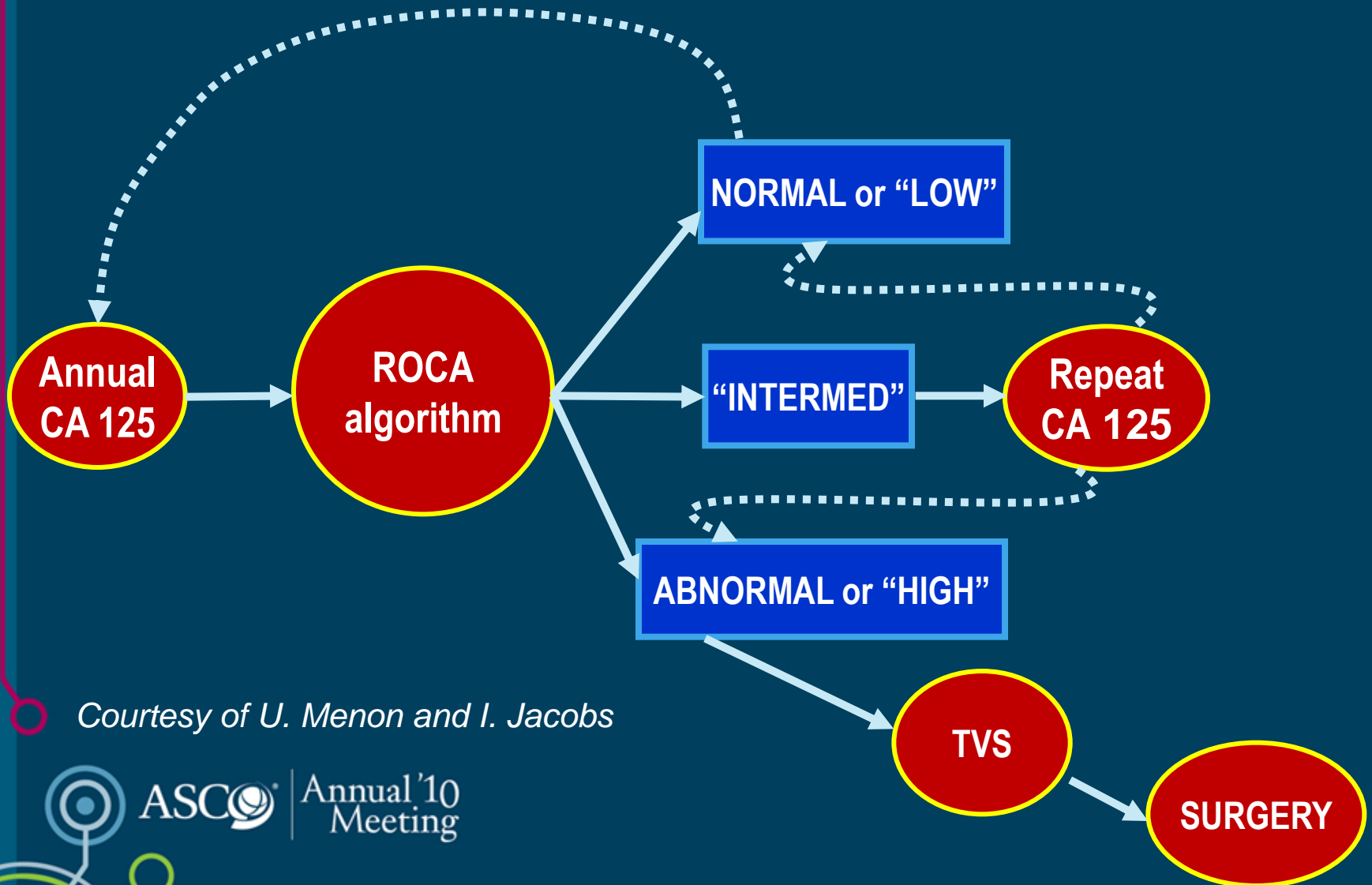
Previvors

Two stage screening



Courtesy of U. Menon and I. Jacobs

Two stage screening



Courtesy of U. Menon and I. Jacobs

Purpose

- The purpose of this study was to assess the **specificity** and **positive predictive value (PPV)** of a 2-stage screening strategy to detect ovarian cancer in post-menopausal women :
 - Tailored to each individual woman's baseline
 - Only a small fraction of women referred to transvaginal sonography (TVS) and clinical evaluation

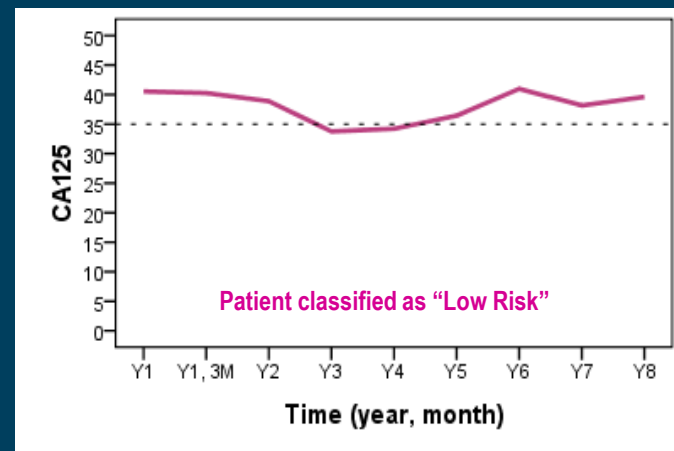
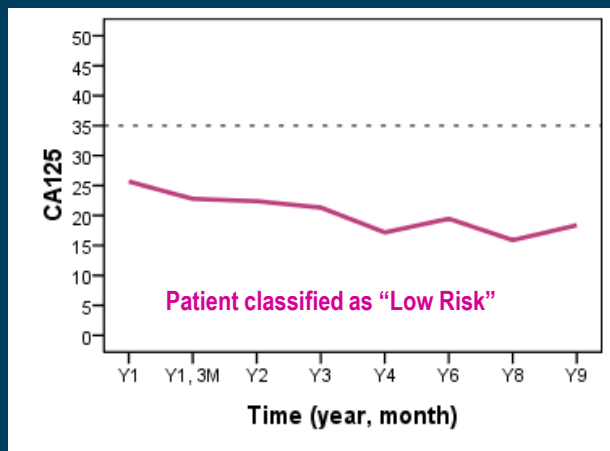
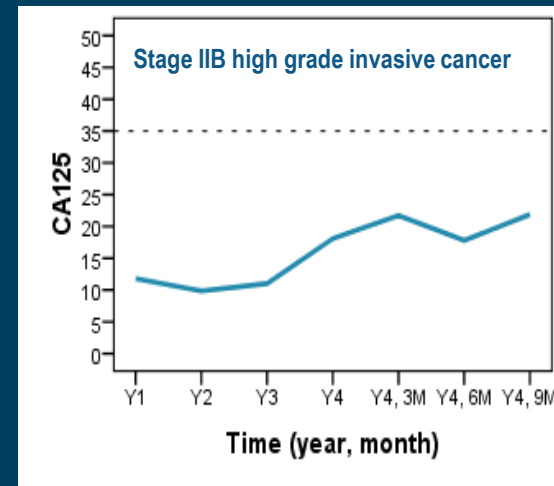
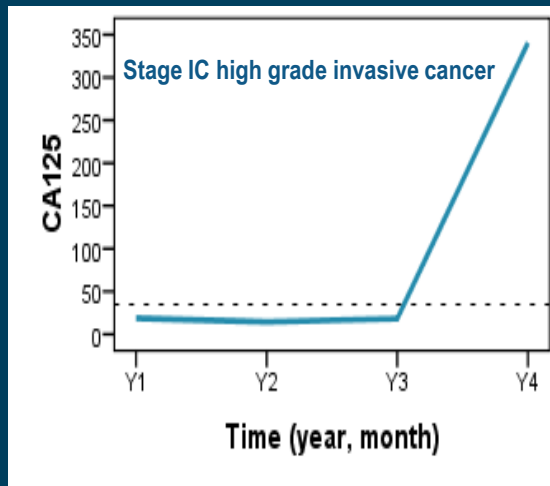
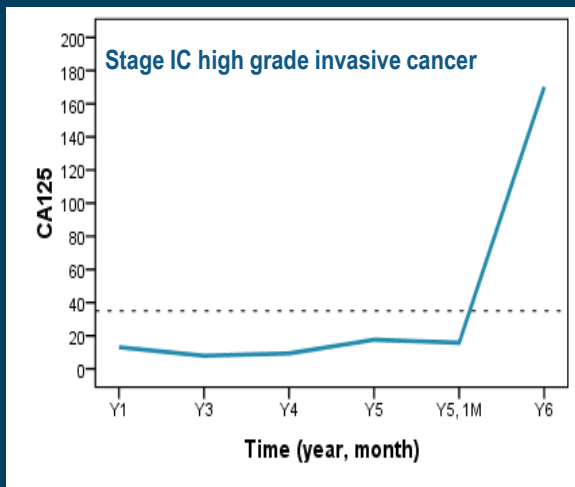
Methods

- **Eligibility criteria**
 - **Post-menopausal women ages 50-74**
 - **Have at least 1 ovary**
 - **No significant family history of breast or ovarian cancer**
 - **Cancer-free and no treatment in past 12 mos, aside from hormonal adjuvant therapy**

Results

- Total number of participants = **3,252 women**
- Total number of screen years = **10,679 years**
- Average number of screen years per woman = **3.3 years**
- Median age 59, with a range of 50-74

Examples of CA 125 trends



Results

Average annual rates:

- Normal risk “return in 1 year” = 92.6%
- Intermediate risk “repeat CA-125 in 3 mos = 6.5%
- High risk “TVS + referral” = 0.9%

Overall:

- Normal risk “return in 1 year” , n= 2666 (82%)
- Intermediate risk “repeat CA-125 in 3 mos, n= 501 (15.4%)
- High risk “TVS + referral” , n=85 (2.6%)

Study-directed surgeries

Study Directed Surgeries (n=8)

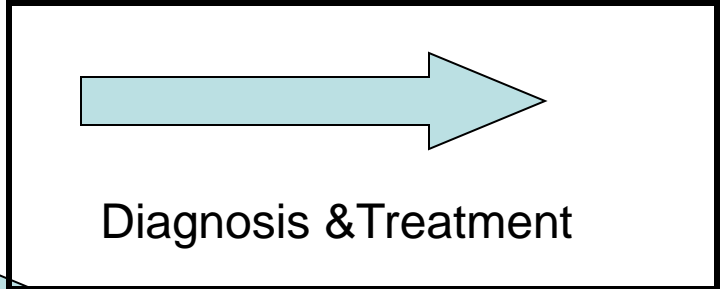
Pt	Age at entry	1 st CA125	# annual CA125	CA 125 resulting in "High Risk"	TVS results	Symptoms	Findings at surgery
1	68	29	1	74	abnormal	No	Stage 1 serous LMP
2*	64	9	6	15	abnormal	No	Stage 1 serous LMP
3*	63	12	2	24	abnormal	No	Benign (cystadenoma)
4*	55	12	3	22	abnormal	No	Stage IIB high grade invasive cancer
5*	53	13	3	18 170	#1: normal #2: abnormal	GI	Stage IC high grade invasive cancer
6	69	75	0	75	abnormal	No	Benign (cystadenoma)
7	65	19	3	340	abnormal	No	Stage IC high grade invasive cancer
8	60	45	0	59	abnormal	No	1 st surgery: no ovarian disease (sigmoid nodule with necrotic component); 2 nd surgery: endometrial cancer



Translating Science to Ovarian Cancer

Young Adult

Older Adult




Early Detection



Survivorship



Previvors



Phase III Trial of Bevacizumab in the Primary Treatment of Advanced Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Cancer: A Gynecologic Oncology Group (GOG) Study



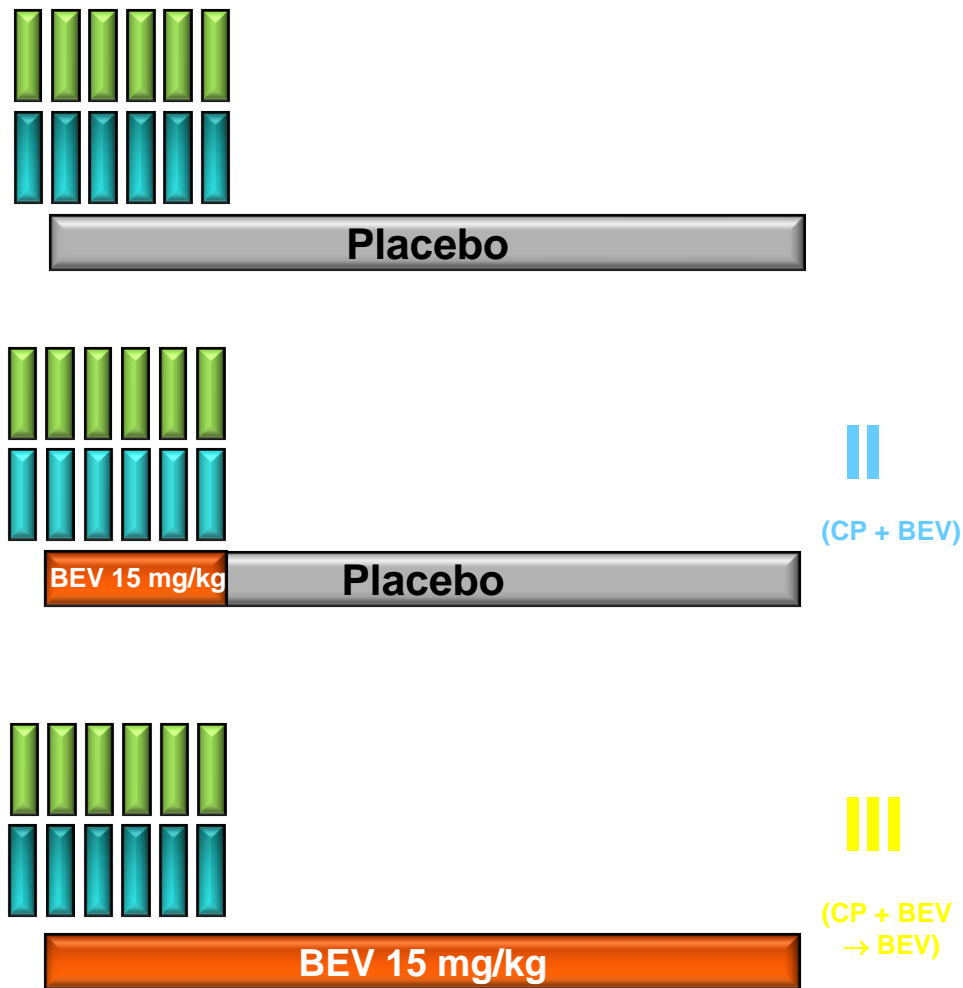
Gynecologic Oncology Group

Front-line:
Epithelial OV, PP
or FT cancer

- Stage III optimal (macroscopic)
- Stage III suboptimal
- Stage IV

n=1800 (planned)

R
A
N
D
O
M
I
Z
E





Preliminary Results from the Ovarian TCGA Pilot Program

Thanks to Douglas A. Levine, MD
On Behalf of the TCGA investigators
Memorial Sloan-Kettering Cancer Center

TCGA Pilot Project Network

Development of New Analyses



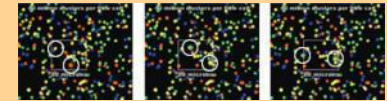
- Tools
- Views

Data Management, Bioinformatics, and Computational Analysis



- Data Coordinating Center, DCC
- Analyses of data

Technology Development



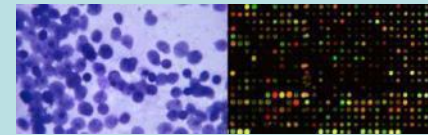
- Increased sensitivity of molecular characterization platforms
- Analysis of biomolecules from 1000 cells or less

Genome Sequencing Centers



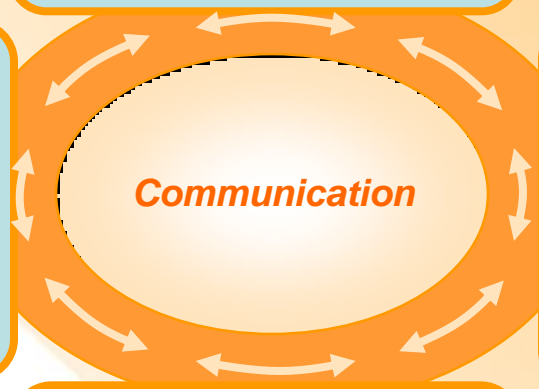
High throughput sequencing of genes and genomic regions identified through cancer characterization

Cancer Genome Characterization Centers



- Identification of expression alternation
- Detection of DNA fragment copy number changes and LOH
- Epigenetics

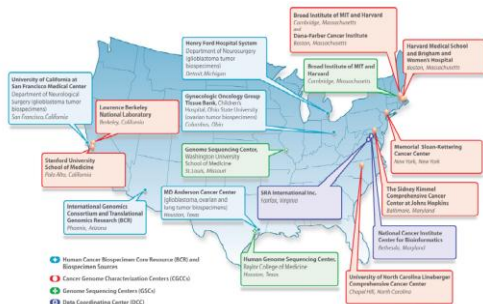
Communication



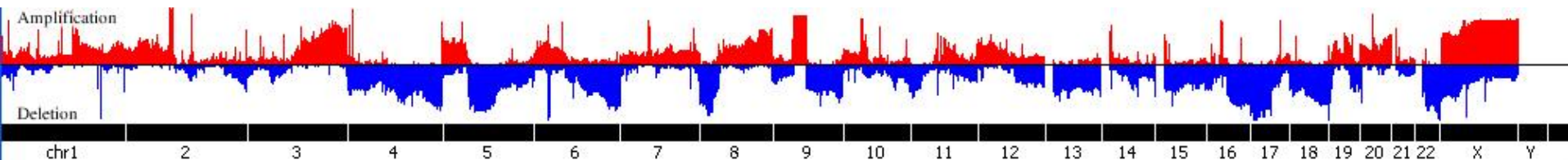
Human Cancer Biospecimen Core Resource



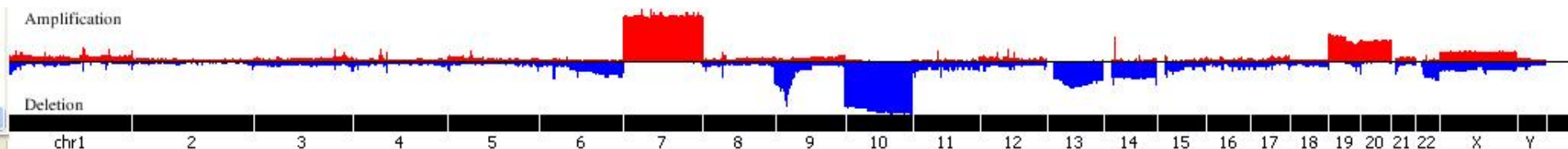
Biospecimens-related data storage
Histopathology confirmation performed
Biomolecules isolated, QC'ed and distributed



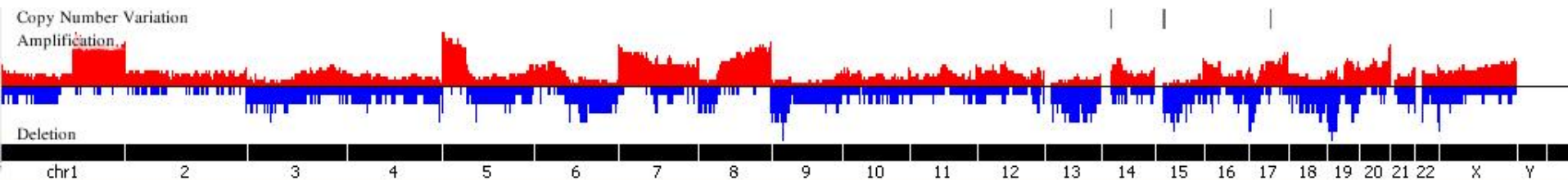
➤ Ovarian - TCGA



➤ GBM - TCGA



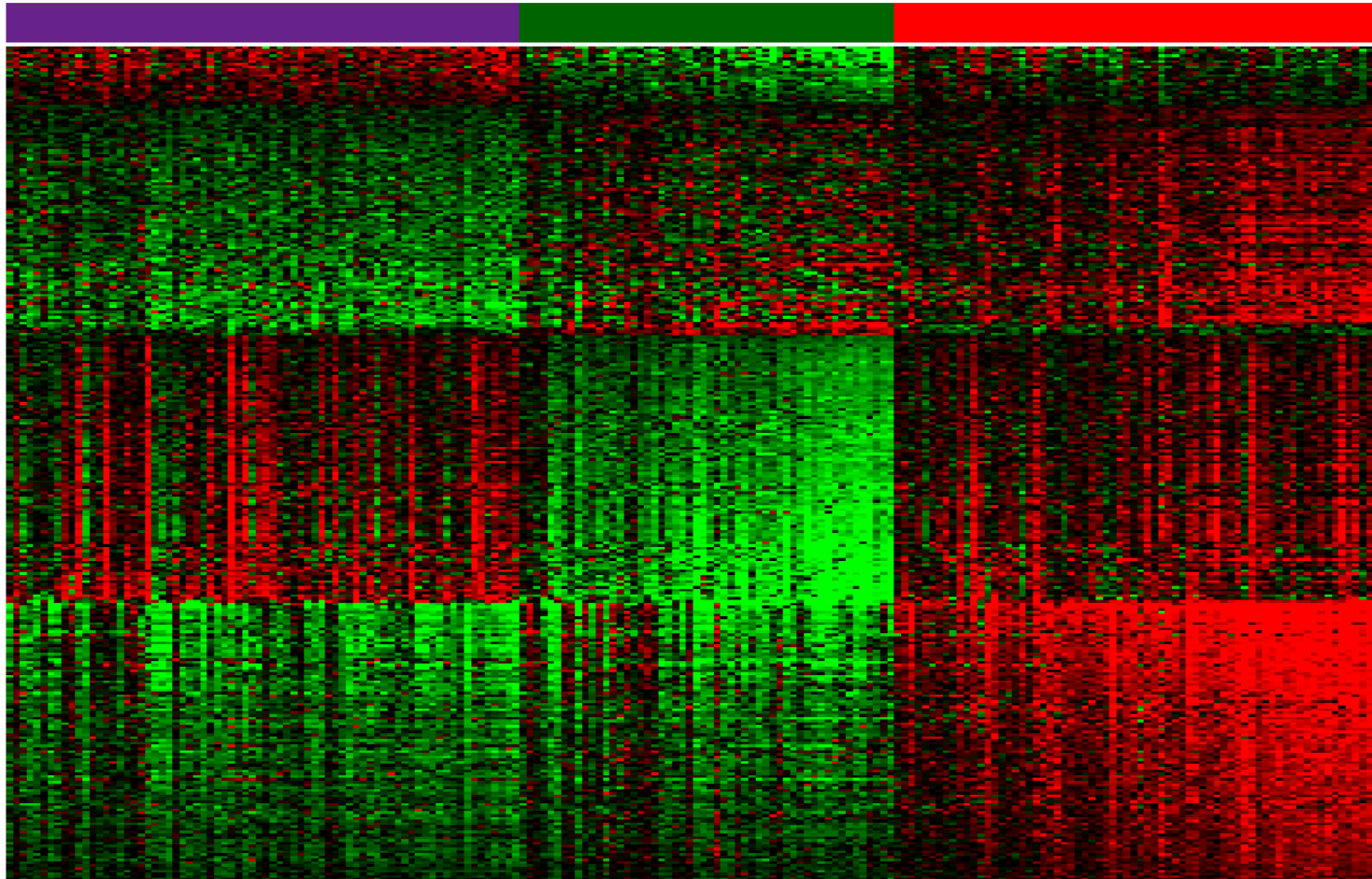
➤ Lung - TSP



Immunoreactive*

Mesenchymal*

Desmoplastic*





Technology and the Human Genome

- Human genome consists of nearly 4 billion chemical subunits (base-pairs) of DNA
- These subunits comprise approximately 20,000 genes
- Effort and cost
 - Ten years-to sequence 4B base pairs
 - 3 dollars per base pair = \$10B
 - Cost in 2012 will be <\$10K (>1 million fold reduction!)
 - Anticipated sequence information in 2010 estimated to be 150T bp= 150,000 billion!

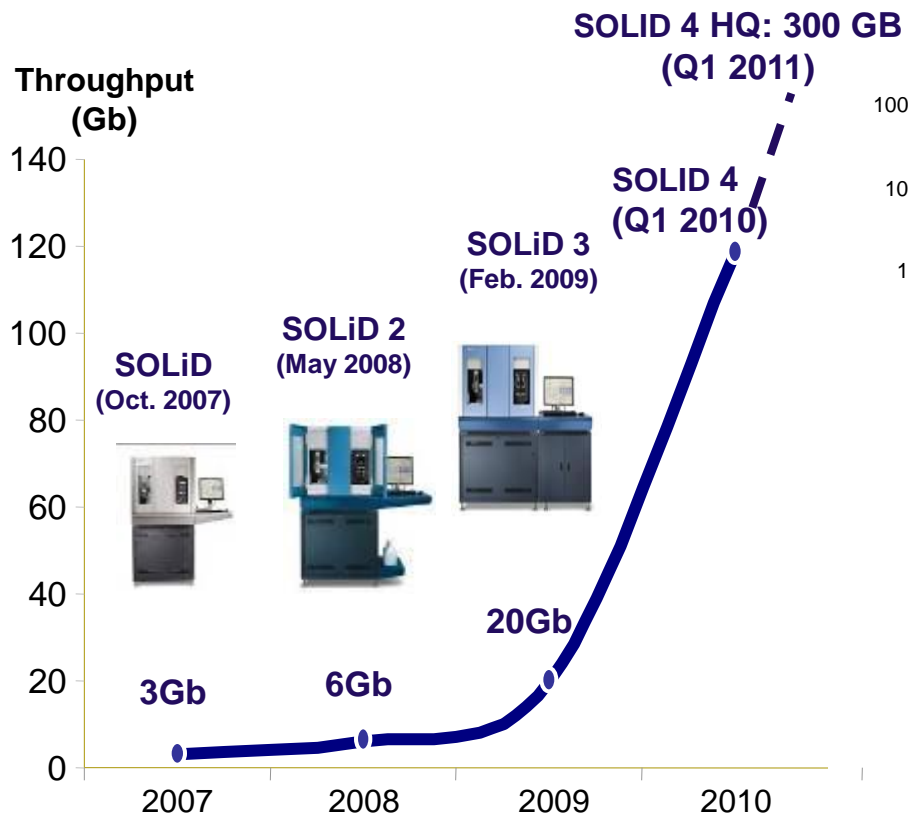


Technology and the Human Genome

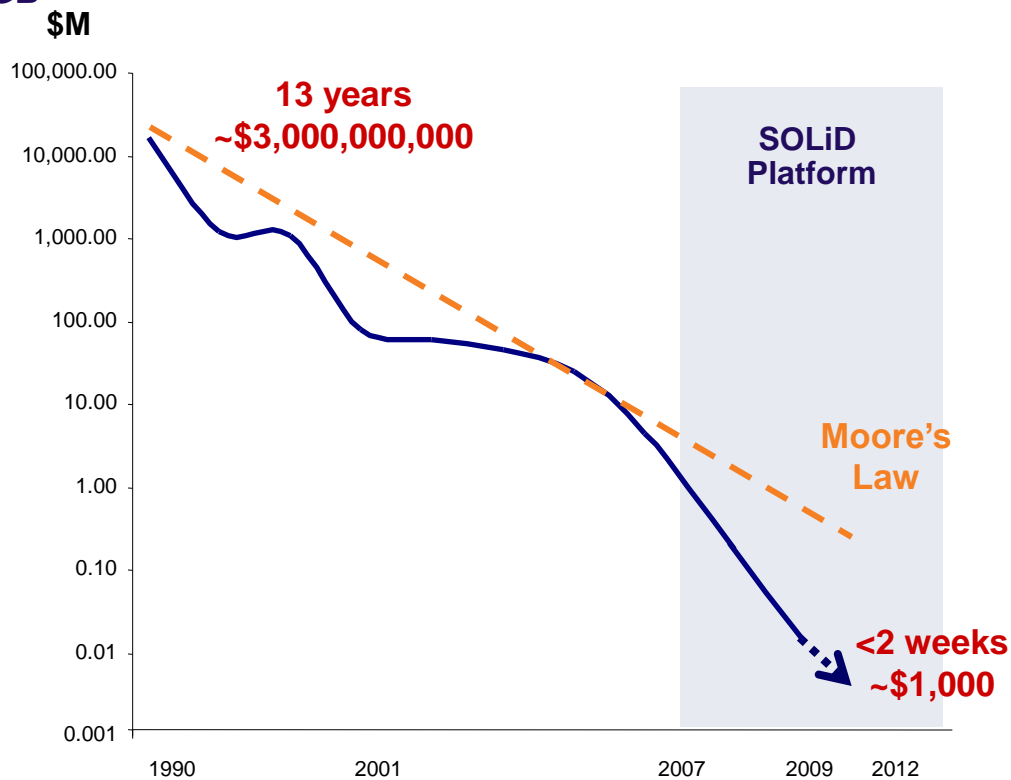
- Human genome consists of nearly 4 billion chemical subunits (base-pairs) of DNA
- These subunits comprise approximately 20,000 genes
- Effort and cost
 - Ten years-to sequence 4B base pairs
 - 3 dollars per base pair = \$10B
 - Cost in 2012 will be <\$10K (>1 million fold reduction!)
 - Anticipated sequence information in 2010 estimated to be 150T bp= 150,000 billion!

Whole Genome Sequence Analysis Is Becoming Affordable

Innovation of SOLiD throughput

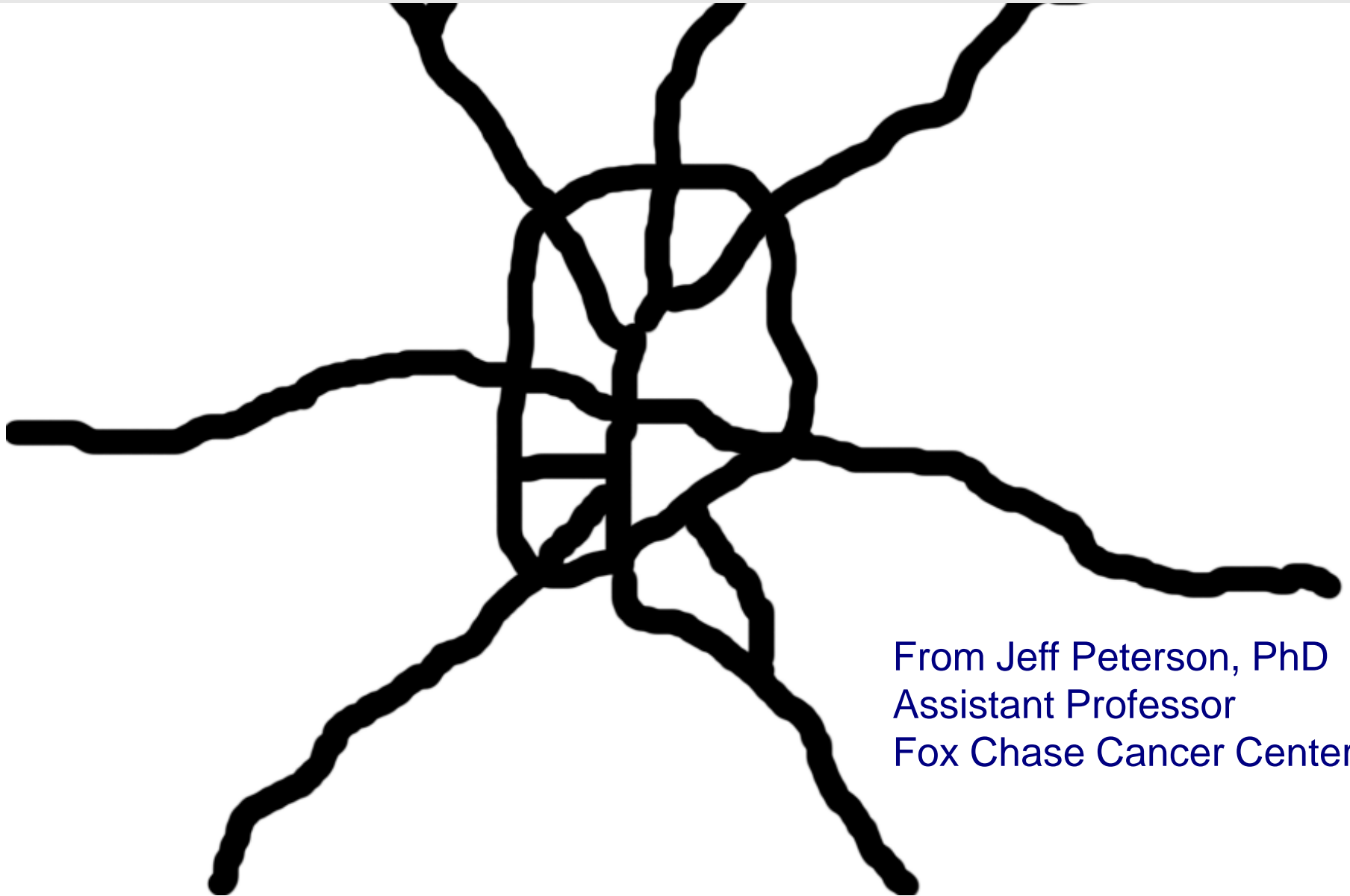


Cost per Human Genome

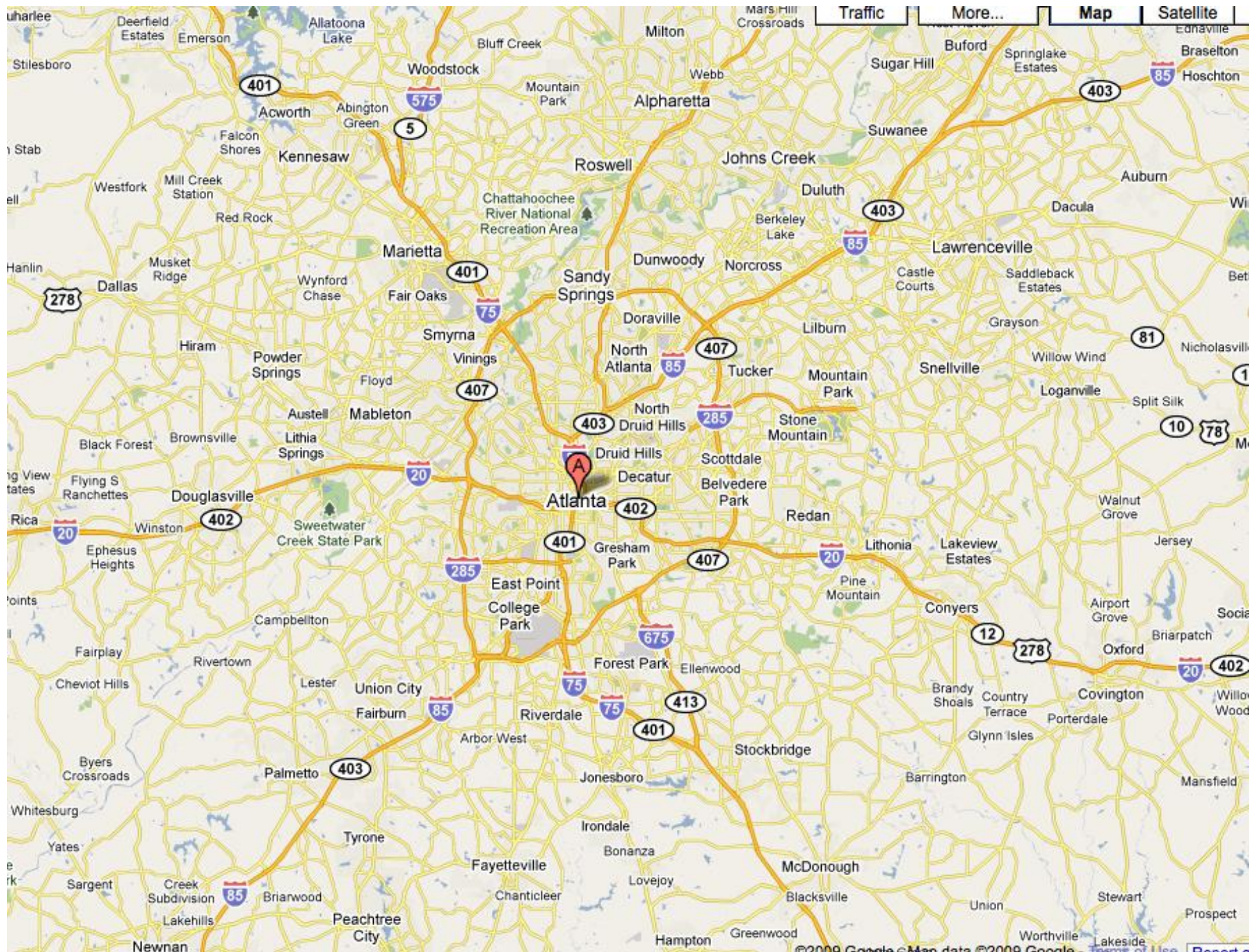


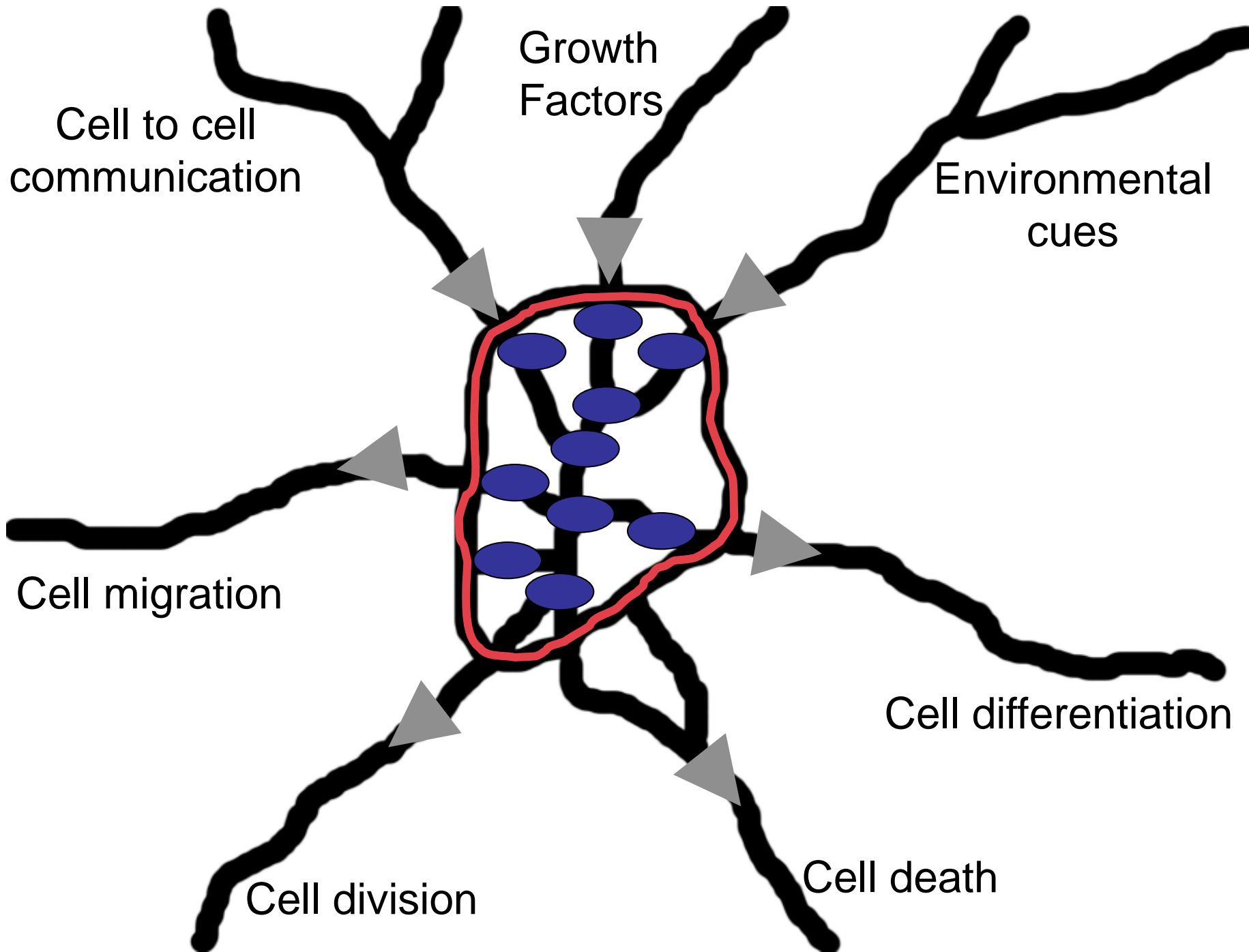
Capability, ease of use, and cost improvements make life science tools realistic for applied use

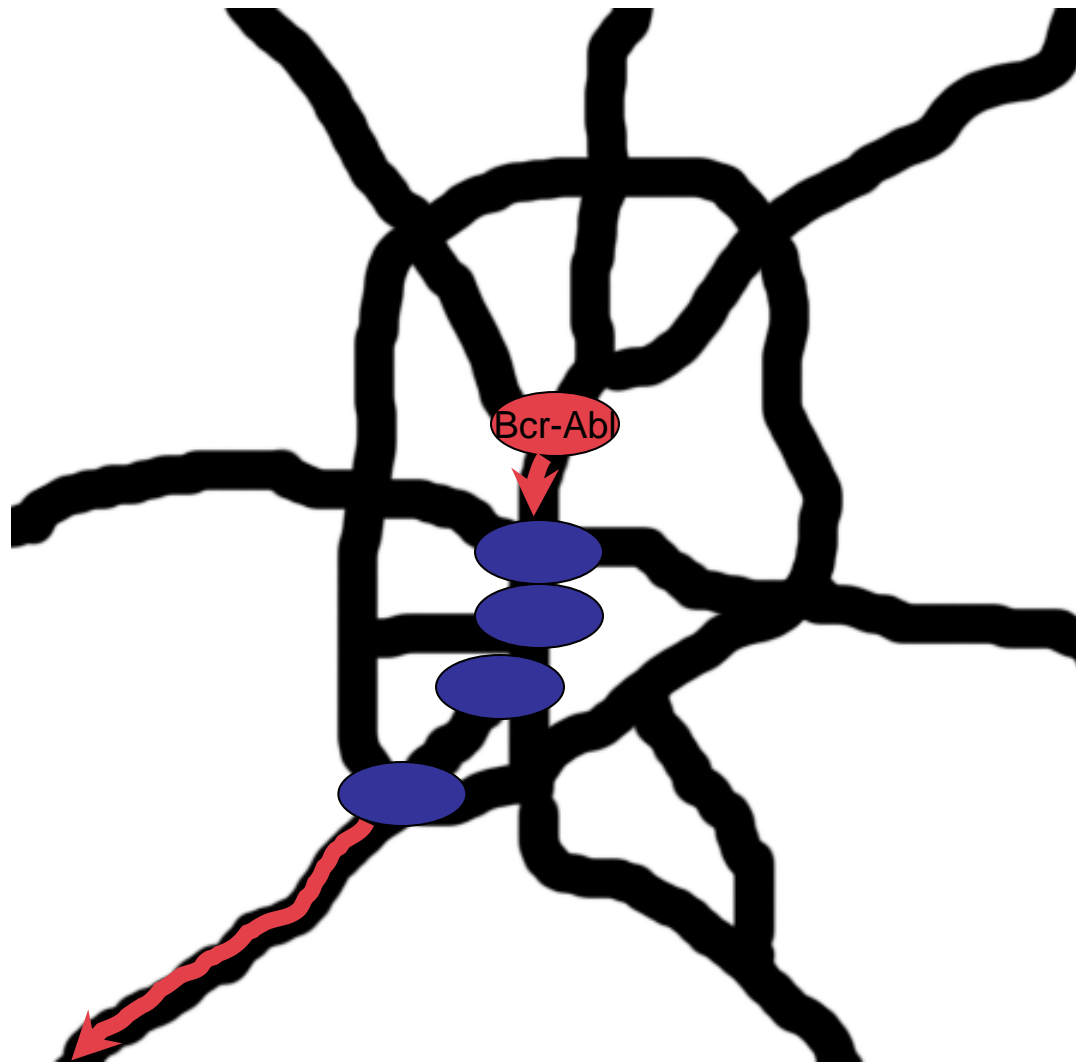
Cancer Signaling Perhaps Another Reason Why it is Hard to Cure Ovarian Cancer!



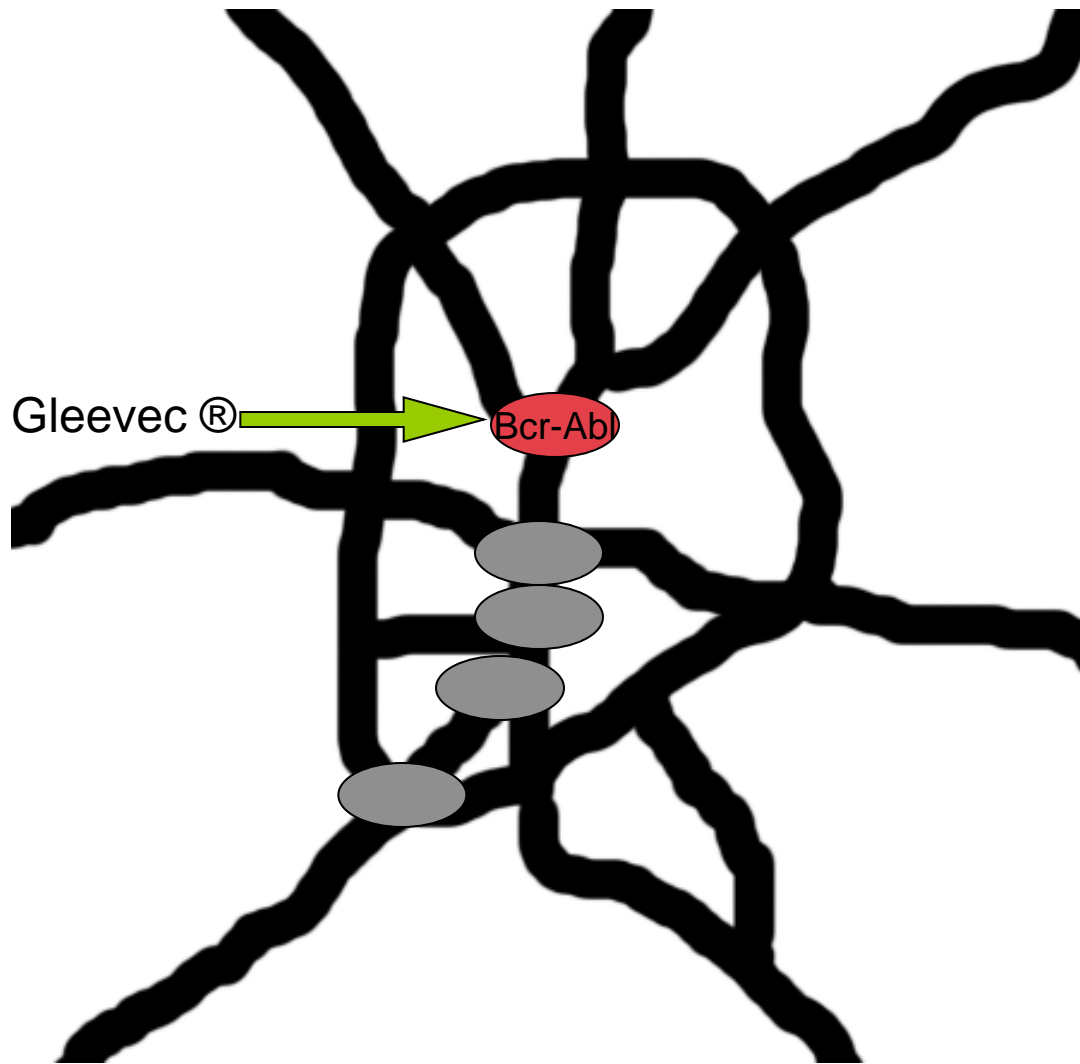
From Jeff Peterson, PhD
Assistant Professor
Fox Chase Cancer Center



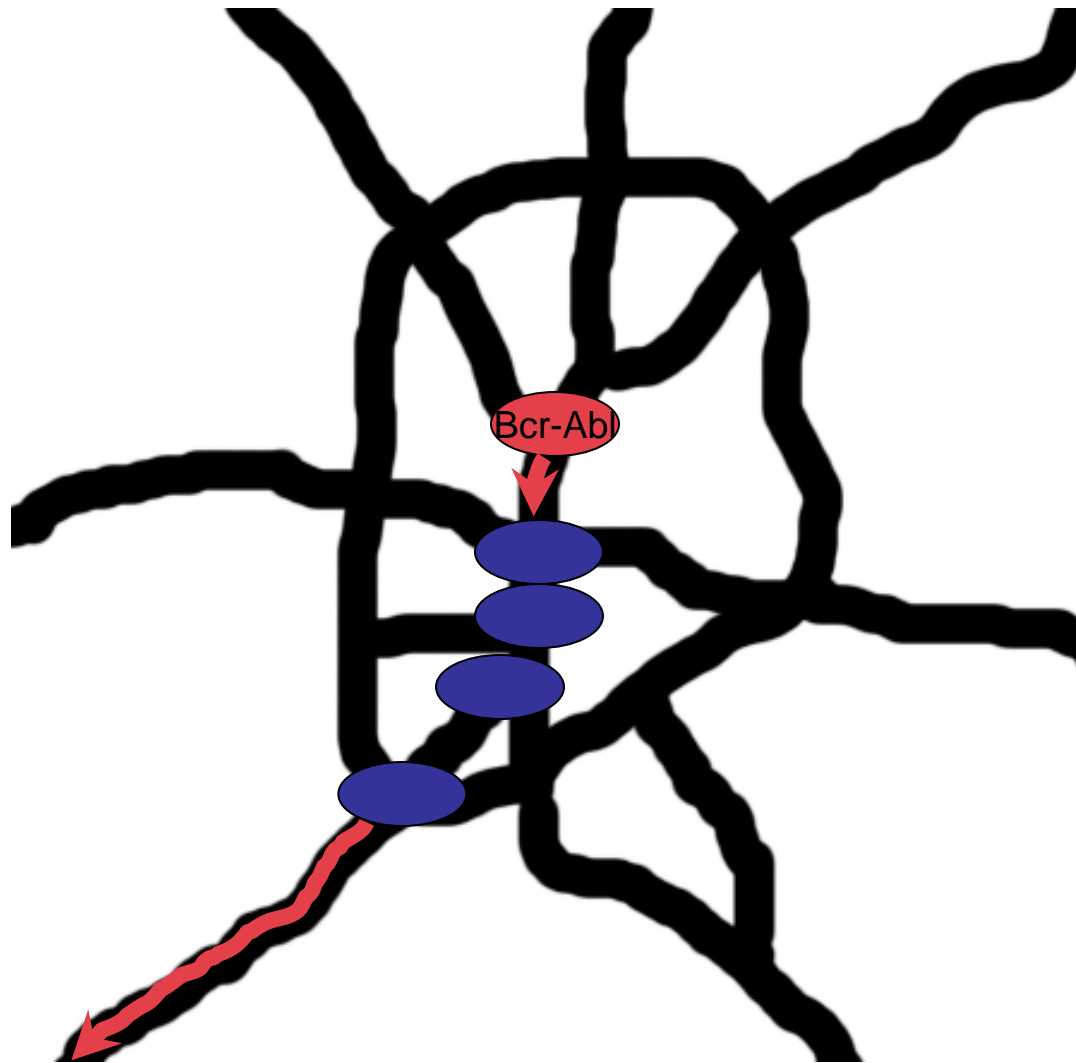




Cell division



Cell division



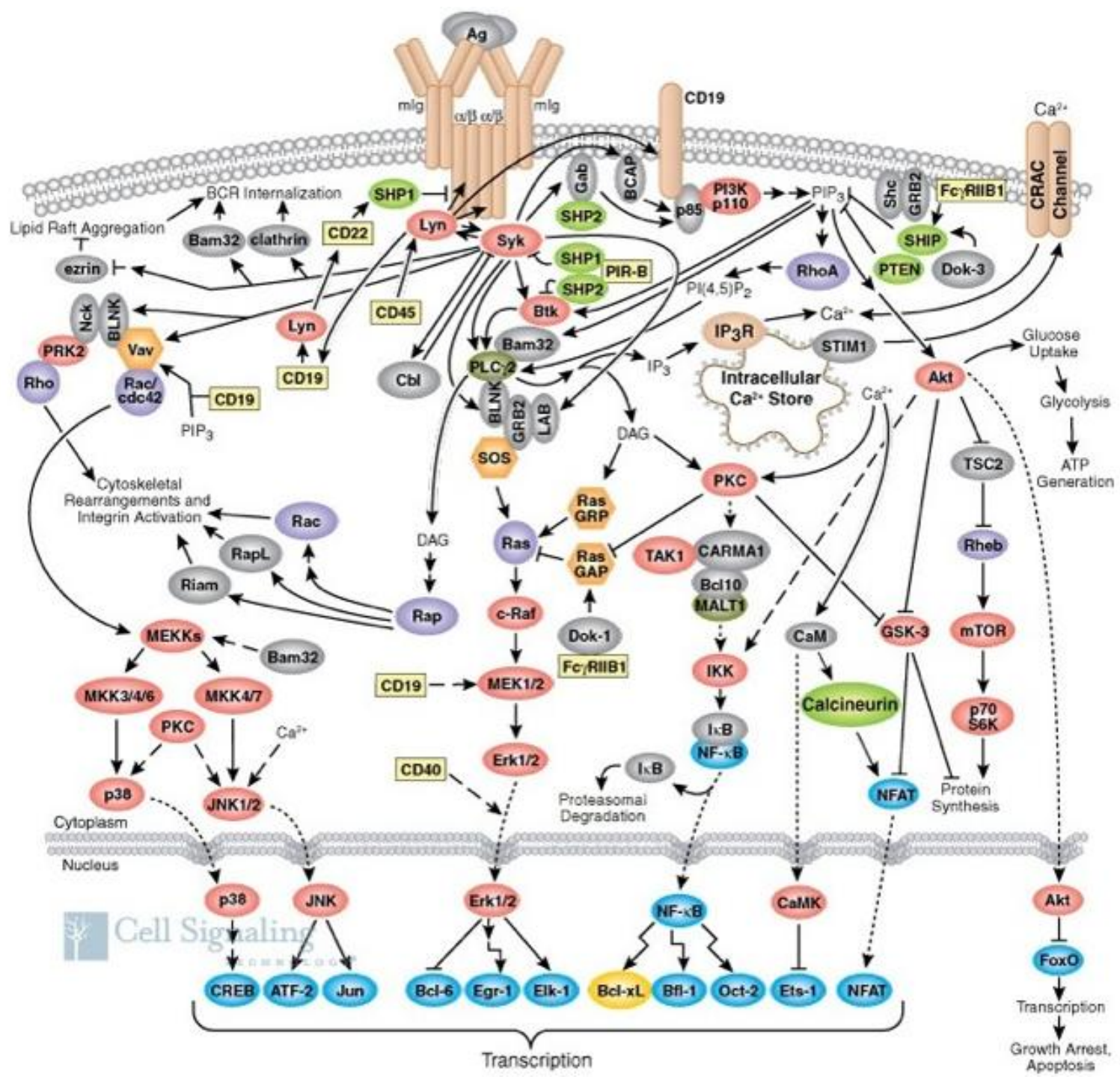
Cell division



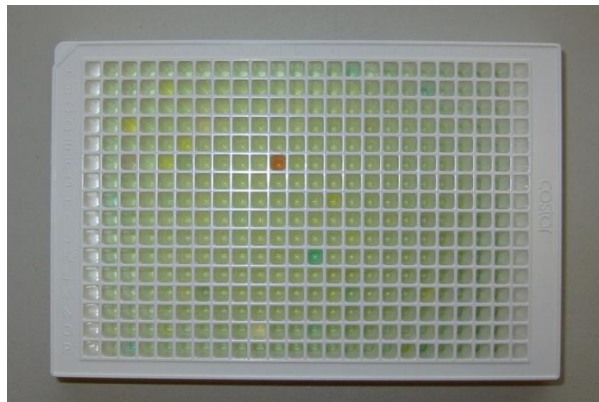
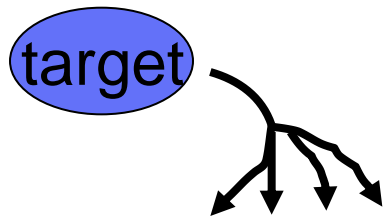
Gleevec ®

Bcr-Abl

Cell division



Moving from targets to therapies



Events in History



- 100,000 BC-Homo Sapiens
- December 24, 1809 Ephraim McDowell
- October 1846-Ether Anesthesia
- 1950's Radioactive Gold and Cobalt for ovary cancer
- 1953-Structure of DNA
- 1960's single agent chlorambucil and cyclophosphamide
- 1976 Cisplatin in ovarian cancer
- 1989 Taxol in ovarian cancer
- 1994 BRCA-Identified
- 1995 BRCA-2 Identified
- 2001 Report of Sequencing Human Genome
- 2005-Bevacizumab in ovarian cancer
- 2009-Parp inhibitors in ovarian cancer

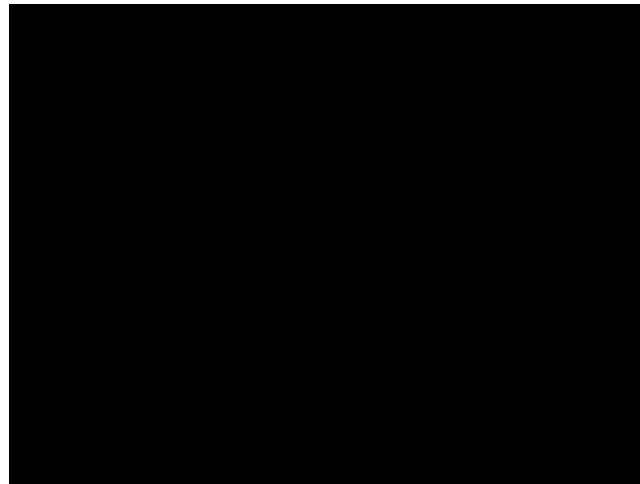


Timeline





Did You Know





Why is Translational Research Hard?

- Requirements
 - Trained scientists and clinical investigators working as teams
 - Patients willing to participate
 - Funding
 - Often additional regulatory work and regulations
 - Some ideas are not yet ready to translate

The image shows the exterior of the Fox Chase Cancer Center building at dusk. The building is a multi-story structure with a light-colored, textured facade. Numerous windows are illuminated from within, casting a warm glow. The entrance area is prominent, featuring large glass doors and windows. Above the entrance, the name "FOX CHASE CANCER CENTER" is displayed in large, dark letters. A sign above the glass entrance reads "West Building" and "Outpatient Department". To the right of the entrance, there is a small signpost with a map and the text "West Building". The sky is a deep blue, and the overall atmosphere is calm and professional.

FOX CHASE CANCER CENTER

West Building

Outpatient Department

West Building

