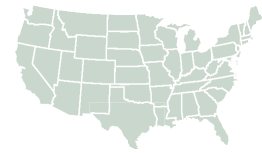
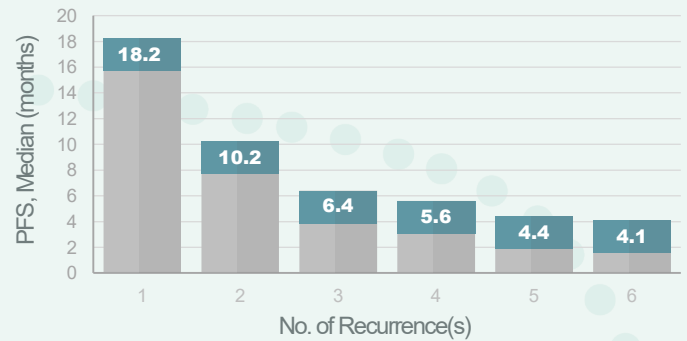


# TREATMENT OPTIONS FOR RECURRENT PLATINUM-SENSITIVE OVARIAN CANCER ARE EVOLVING



of advanced ovarian cancers will **RECUR** during or after first-line treatment<sup>1</sup>

With watch and wait, median PFS was shown to decrease with each recurrence<sup>1</sup>

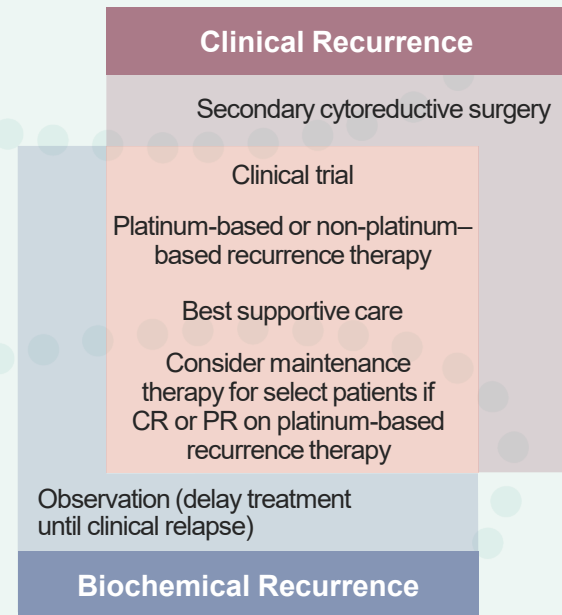


**PLATINUM-FREE INTERVAL** defines platinum sensitivity and may help predict response to subsequent chemotherapy<sup>2</sup>



- Options for treatment of clinical relapse may include one or more of the following:
- Secondary cytoreductive surgery<sup>4,a</sup>
  - Platinum-based or non-platinum-based systemic treatment<sup>4,a</sup>
  - Maintenance following recurrence therapy: Select anti-angiogenic agent or select PARPi in certain patients<sup>4,a</sup>
  - Clinical trial<sup>4,a</sup>
  - Best supportive care<sup>4,a</sup>
  - Under evaluation: Anti-angiogenic agent + PARPi combination therapy<sup>5</sup>

**Treatment Options for PSOC Differ for Clinical vs Biochemical Recurrence<sup>4,a</sup>**



Patients with ovarian cancer in complete remission for ≥6 months after completion of platinum-based chemotherapy are considered to be platinum-sensitive<sup>3</sup>

Select combination platinum-based chemotherapy regimens are among the preferred options for treatment of recurrent PSOC<sup>4,a</sup>

Secondary cytoreductive surgery may be an option for some patients with recurrent PSOC<sup>4,a</sup>

Maintenance with select targeted therapies is a recommended option for select patients who respond to combination platinum-based chemotherapy for recurrent PSOC<sup>4,a</sup>

For additional content on this topic, please visit [www.GemstoneOncology.com](http://www.GemstoneOncology.com)



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<sup>a</sup> For detailed recommendations (including recommended regimens for treatment of recurrent disease), see the complete version of the NCCN Guidelines for Ovarian Cancer.

CR, complete response; PARPi, poly ADP ribose polymerase inhibitor; PFS, progression-free survival; PR, partial response; PSOC, platinum-sensitive ovarian cancer.

References: 1. Hanker LC, et al. *Ann Oncol.* 2012;23(10):2605-12. 2. Stuart GC, et al. *Int J Gynecol Cancer.* 2011;21(4):750-5. 3. Wilson MK, et al. *Ann Oncol.* 2017;28(4):727-32. 4. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines<sup>®</sup>) for Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer V.2.2018. © National Comprehensive Cancer Network, Inc. 2018. All rights reserved. Accessed January 18, 2019. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. 5. Dréan A, et al. *Crit Rev Oncol Hematol.* 2016;108:73-85.