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Patient Case: How Do HER2-Directed Therapies Fit Into the Ovarian Cancer Treatment Landscape?

Announcer:
Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Salani:
This is CME on Reach MD, and I'm Dr. Ritu Salani.

Let's start our discussion by looking at a case.

So our patient is 47 years old and very healthy. She was diagnosed with stage IIIC high-grade serous ovarian cancer. She had undergone surgery with a complete resection of her disease. Genetic testing was performed and she was noted to be negative, and tumor testing revealed that she was BRCA wild-type, HRD test negative, but did have a p53 mutation.

From December of 2019, at the time of her original diagnosis, to April 2020, she underwent 6 cycles of carboplatin and paclitaxel and achieved a complete response. Because of her tumor profile and genetic testing, she opted for surveillance and did not undergo any maintenance strategy.

In May of 2021, she was noted to have an elevated CA-125. She also had a CT scan which demonstrated carcinomatosis consistent with cancer recurrence. In June of 2021 she was started on carboplatin, liposomal doxorubicin, and bevacizumab, and her best response was stable disease. She then underwent treatment with maintenance bevacizumab. In November of 2022, she underwent imaging and was found to have disease progression. She's still noted to be platinum sensitive, and so she opted for treatment with carboplatin and gemcitabine. However, after 4 cycles, she was noted to have a rising CA-125 and disease progression was confirmed.

We're now in February 2023, and she opted to have a repeat biopsy done and underwent additional tumor testing. One thing her tumor was tested for was alpha folate receptor expression. This was designated as high in her tumor at 80%, with high being defined as 75% or greater. This made her a candidate for mirvetuximab, which is one of the most effective therapies in the platinum-resistant setting. She underwent 8 cycles of this therapy from February of 2023 to September of 2023. Her best response was a partial response, but ultimately her disease progressed. Based on new and exciting data, her tumor was then tested for HER2 status, and she was noted to be 3+.

So in November of 2023 to May of 2024, she underwent trastuzumab deruxtecan and her best response was a partial response. She tolerated therapy well and was excited to undergo a new treatment option.

This case highlights several important issues. First, patients with ovarian cancer should undergo germline and tumor testing. This is supported by most society recommendations and can really be informative in regards to treatment options for our patients, particularly maintenance strategies for patients with HRD positivity or BRCA mutations. It's also important to note that many patients will be platinum sensitive, and rechallenge with platinum therapies can be really key. It can also allow for prolonged responses to therapy.

Different combinations of platinum doublets are supported by the NCCN recommendations, and the incorporation of bevacizumab can also be a useful agent that can prolong progression-free survival.

When patients become platinum resistant, or platinum refractory, additional therapies should be explored. In this case, the patient was tested for alpha folate receptor and she was noted to be positive. Mirvetuximab, which targets alpha folate receptor expression, was just recently FDA-approved and provided this patient with a prolonged duration of response to therapy.

Most importantly, it's important to stay current with the emerging data. This patient was tested for HER2 expression based on recent data that had emerged earlier that year, and she was noted to be positive and derived benefit from trastuzumab deruxtecan based on accelerated FDA approval.

The changing landscape of ovarian cancer can sometimes be challenging to keep up with but really can provide exciting opportunities of treatment for our patients.

With that, my time is up. I hope this was a useful case review. Thanks so much for listening.

Announcer:
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