

Transcript Details

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Pathways to Personalized Medicine in Endometrial Cancer

Announcer:

You're listening to *Project Oncology* on ReachMD, and this episode is sponsored by GSK. Here's your host, Dr. Charles Turck.

Dr. Turck:

Welcome to *Project Oncology* on ReachMD. I'm Dr. Charles Turck, and joining me to discuss how we can personalize our approach to endometrial cancer care is Dr. Susana Campos, who's an Assistant Professor of Medicine and the Director of Educational Activities at the Dana Farber Cancer Institute and Harvard Medical School in Boston, Massachusetts. Dr. Campos, thanks for being here today.

Dr. Campos:

Thank you for having me.

Dr. Turck:

To start us off Dr. Campos, what are the disease-related factors you consider when making a treatment decision for patients with advanced or recurrent endometrial cancer?

Dr. Campos:

Now, this is a very important question. There are many treatment-related factors. One, of course, is histology. One is surgical stage.

The histology is actually quite important. Many years ago, we used to actually think that endometrial cancer was just endometrial cancer, but it's not. In a way that's quite analogous to breast cancer, we started to break down endometrial cancer into histologies. And we've learned that different histologies have different outcomes. For example, the most common is the endometrioid. Secondly, then we have uterine pap serous, we have clear cell, we have carcinosarcoma. And these histologies actually behave very, very different clinically. And also, in terms of management, we have different management strategies for each of these different histologies in part.

Also, treatment-related factors, and this is something of the past, is that we've started to characterize uterine cancer differently. We've started to characterize it in a molecular sense. There, you know, we've grown into knowing that there are different categories of uterine cancer. For example, those that have a POLE mutation that behave very well, actually, those that are MSA high, those that are copy number high, and those that are nonspecific. So not only can we look at uterine cancer, endometrial cancer histologically stage, we now have the ability to look at it on a molecular level. And that's changing how we treat individuals. In a sense, that means either escalating treatment, or in times de-escalating treatment. So, there are many factors that actually help with that.

Dr. Turck:

Well, what are some patient-specific factors you incorporate into your treatment decision-making?

Dr. Campos:

That's also very quite important, because not every patient is the same. And patients have different emotional needs and different physical needs. And also, they have different comorbidities. And that is exceptionally important. There are individuals perhaps, who have diabetes or hypertension, cardiovascular disease. There are individuals that are not surgically good candidates for many, many reasons. So, we take all of those into account when we try to make treatment decisions. And those treatment decisions are not only systemic therapies, but they can be surgical interventions, whether the patient is a candidate for radiation therapy. And clearly they factor in when we try to propose a systemic therapy if a systemic therapy is actually needed. So that is equally as important to the characteristics of the tumor that they bear.

Dr. Turck:

Now with all that being said, are there any obstacles to individualizing our treatment approach? And if so, how can we overcome those challenges?

Dr. Campos:

I think the biggest obstacle is the type of education. And I think that if we have more educational tools for the physician to explain things to patients, for patients to independently read about it and understand, I think that that obstacle can be easily dismissed.

But I think the biggest obstacle at times is education. The more practical obstacles are can the patient come to the clinic on time for appointments? Can they get a ride? What about financial considerations? Does the patient have to take time off of work to come to the clinic? So, these are obstacles, but I think they can be overcome with a little bit of help.

Dr. Turck:

For those just joining us, this is *Project Oncology* on ReachMD. I'm Dr. Charles Turck, and I'm speaking with Dr. Susana Campos about personalizing our approach to endometrial cancer care.

So, Dr. Campos, would you tell us about the importance of the doctor-patient relationship when individualizing treatment for those with advanced or recurrent endometrial cancer?

Dr. Campos:

Absolutely. It's really of paramount importance. I think that the patient needs to be able to understand the dialogue that you are sharing with her. I think the patient has to feel trusted. I think the patient needs to feel as though that you have a vested interest in her wellbeing. The patient has to feel as though she is heard. So that relationship, that bidirectional relationship, is of utmost importance. I think that it allows patients to have the physical as well as the emotional needs that they actually need when going through a very difficult time.

Dr. Turck:

And what counseling strategies do you use to help guide treatment decisions for your patients?

Dr. Campos:

So, the counseling comes in many different forms, actually. The counseling comes in terms of education, sitting down with the patient and explaining what the disease is, what the treatment entails, and the like. Other than just the educational component of it comes, bringing in other disciplines, for example, the nursing staff and nursing navigators very importantly, the social work and other psychosocial support, colleagues and the like. So, counseling really takes in many different factors, not simply the education about the disease, the treatment elements, but what it's going to mean to their everyday life, what it's going to mean to the individuals that support them at home. And so it's really kind of a multidisciplinary approach. It's really kind of a bit of a little village that goes into every particular patient's care.

Dr. Turck:

So, what kind of impact might shared decision-making have on our patients' outcomes?

Dr. Campos:

It's a great question that should be studied prospectively. I think if given the peace of mind, I think that patients when they feel as though they're heard, they're confident, they will listen more clearly. They may make better choices for themselves, whatever choices that may be, but they make better choices for themselves. But I think both physically as well as emotionally it gives the patient the peace that they need as they walk through this journey of cancer. So I think it could have tremendous benefit, but it should absolutely be studied in longitudinally, in outcomes research and the like. I think it's a very important question.

Dr. Turck:

Lastly, Dr. Campos, do you have any final thoughts about advanced or recurrent endometrial cancer you'd like to share with our audience?

Dr. Campos:

Yes, we could do that for a long time. There's going to be some very inviting data presented at the SGO in Florida in a couple of weeks, looking at some very important trials. One is a trial called the RUBY-1 trial, another trial is called the NRG-018. And these particular trials look at the role of immunotherapy in patients with stage III, IV, and recurrent endometrial cancer. And as outlined by the press release, there's going to be some very inviting data. The data will be presented at this meeting. So, I think it's going to change the landscape of how we treat women with advanced uterine cancer, which I think is monumental. We can improve their progression-free survival, and in turn, hopefully improve their overall survival. We've made a dent in this disease.

But the improvement is not only simply in immunotherapy. There are several clinical trials looking at different hormonal manipulations plus drugs that target the CDK4 and 6 target, drugs that specifically look at particular histologies. For example, the uterine pap serous,

there have been trials with WEE1 inhibitors immunotherapy with clear cell. I think there's been a tremendous outpouring of interest in uterine cancer. And these trials have taken hold. And I think we've gotten some very interesting data that will really change the management of women with advanced uterine cancer, something that we did not have several years ago. So, it's quite inviting.

Dr. Turck:

Well, with those final thoughts in mind, I want to thank my guest, Dr. Susana Campos, for joining me to talk about how we can personalize endometrial cancer care. Dr. Campos, it was great having you on the program.

Dr. Campos:

Thank you very much.

Announcer:

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