

MEET OUR EXPERT



Robert L. Coleman, MD, FACOG, FACS, is a gynecologic oncologist at Texas Oncology, chief scientific officer at The US Oncology Network, and cochair of the Physicians' Education Resource® (PER®) 14th Annual International Symposium on Ovarian Cancer and Other Gynecologic Malignancies™.

Advancement Continues in 'Go-to' Strategies for Gynecologic Cancer

"Even in well-resourced countries, there are disparities in exposure to treatments; some of these are rooted deeply in social determinants of health and represent a very complex problem of providing equal access."

Future research efforts in the gynecologic cancer space should center on diversity in clinical trials, combined modality types, and surgical research, according to Robert L. Coleman, MD, FACOG, FACS.

In an interview with *ONCOLOGY*®, Coleman discussed the future of gynecologic cancers and the importance of attending and engaging in meetings such as the 14th Annual International Symposium on Ovarian Cancer and Other Gynecologic Malignancies. Additionally, he touched upon the need for multidisciplinary care in the space and the barriers that need to be overcome before patients can receive the best possible care.

Q: What are the major trends in gynecologic cancer, and what do you think will be the overarching theme for the year?

COLEMAN: As in most years, [we will focus on the] continued evolution of more customized drug development as [new] treatments continue to populate the landscape of all our major diseases. I wouldn't want to diminish the other types of research that are ongoing right now, such as diversity and inclusion-type research, surgical research, and combined modality research. With respect to surgery, a lot of what we're doing is deescalating.

[With] the evolution of the PARP inhibitors, along with bevacizumab [Avastin] in ovarian cancer and cervical cancer, and then the arrival of immunotherapy for cervical cancer, we've seen a dramatic change in the

way we approach these diseases. At the meeting, we'll have an opportunity to highlight new compounds and new approaches as we look at the antibody-drug conjugates, oncological viruses, and other more targeted, directed approaches based on genomic sequencing.

Q: How will newly approved agents in this space factor into testing and multidisciplinary approaches to care?

As [far as] testing goes, we do a poor job as a global medical community. For those of us who are close to this, it's hard to understand why patients don't [undergo] comprehensive genomic sequencing for every disease in every state setting.

In ovarian cancer, we've known for years that *BRCA* mutations such as *BRCA1/2* are important for familial-associated breast, ovarian, and prostate cancer, and maybe some other tumors such as pancreatic [cancer]. Even in the United States in 2023, we still know that a significant chunk of patients are not being tested [upon receiving] a new diagnosis. We have our work cut out for us.

Fortunately, education opportunities such as this [symposium] give us another venue [in which] to get in front of practitioners. I mean [all] practitioners: not just the doctors, but also the office staff and the nursing team, because frequently they're the ones on the front lines making a lot of recommendations and decisions on the approach to care for patients.

Q: What are some current barriers impeding access to optimal care?

Even in well-resourced countries, there are disparities in exposure to treatments; some of these are rooted deeply in social determinants of health and represent a very complex problem of providing equal access. We know that equal access does not occur, and there's not just 1 reason why that's the case.

In resource-constrained areas, where patients [do not] have access to those additional therapies after progression, it makes it very difficult to understand the long-term treatment effect for

something that happened very early in the treatment [time span].

Q: Why should clinicians attend meetings such as the Ovarian Cancer Symposium?

The landscape is changing fast. One of the most important things we can do is to identify the knowledge and treatment gaps that exist. A lot of what we thought was the norm—the go-to strategies—are changing. Understanding the rationale for ongoing trials, understanding the implication of newly reported results, and understanding how clinical trials are constructed are

all components of a conference that you can't get by reading a book; you need to hear the discussion.

That's what's beautiful about this meeting; there's an opportunity for experts to disagree on things that happen all the time in our group. At the Gynecologic Oncology Group Foundation, we frequently have conversations where we don't agree. [At these conferences,] we weigh the individual components outlined in a specific trial result, and [you] just can't get that [granularity] outside of venues [such as this] where you can have that kind of interaction. ■

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