



Asian Society of
Gynecologic Oncology

When to Stop Chemotherapy for Gynecologic Cancer Patients?

ASGO Webinar Series # 45 Discussion

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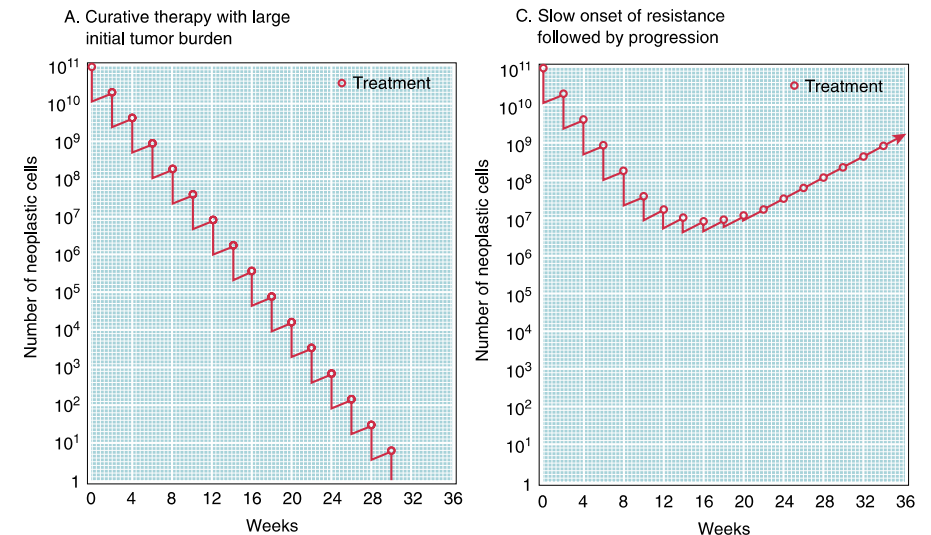
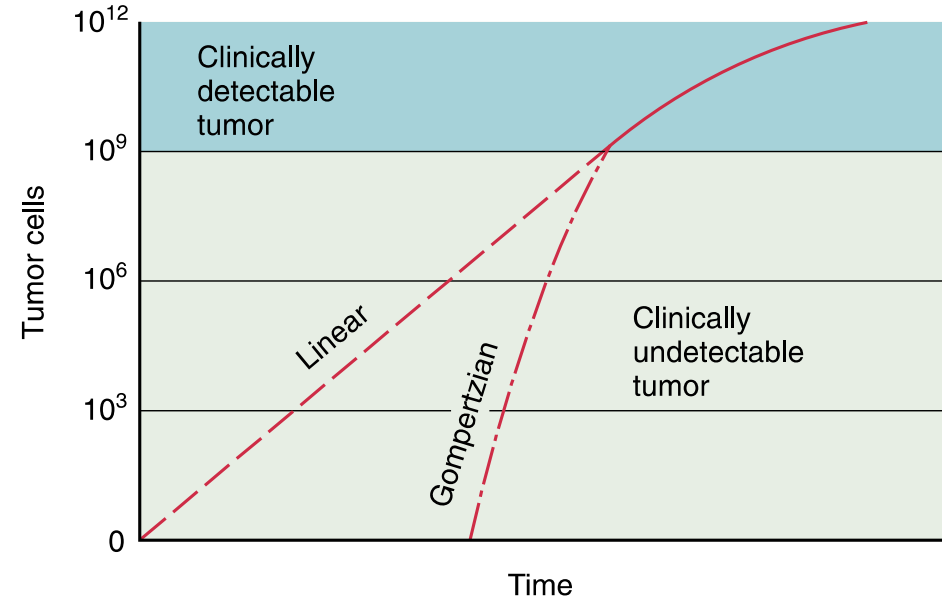
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Question unanswered...

- Post-operative chemotherapy
 - R1 resection: 10^8 - 10^9 tumor cells left
 - Each cycle: 10^2 - 10^3 cell decline
 - STM negative: 3-4 more cycles
 - Usually a total of 6 cycles at initial Tx

- Recurrent/Refractory disease?

More complicated!



Ask ChatGPT!



ChatGPT

Deciding when to stop chemotherapy in an ovarian cancer patient is a complex decision that should be made in consultation with the patient's oncologist. The decision is typically based on various factors, including the stage of cancer, response to treatment, overall health of the patient, and potential side effects of continued chemotherapy.

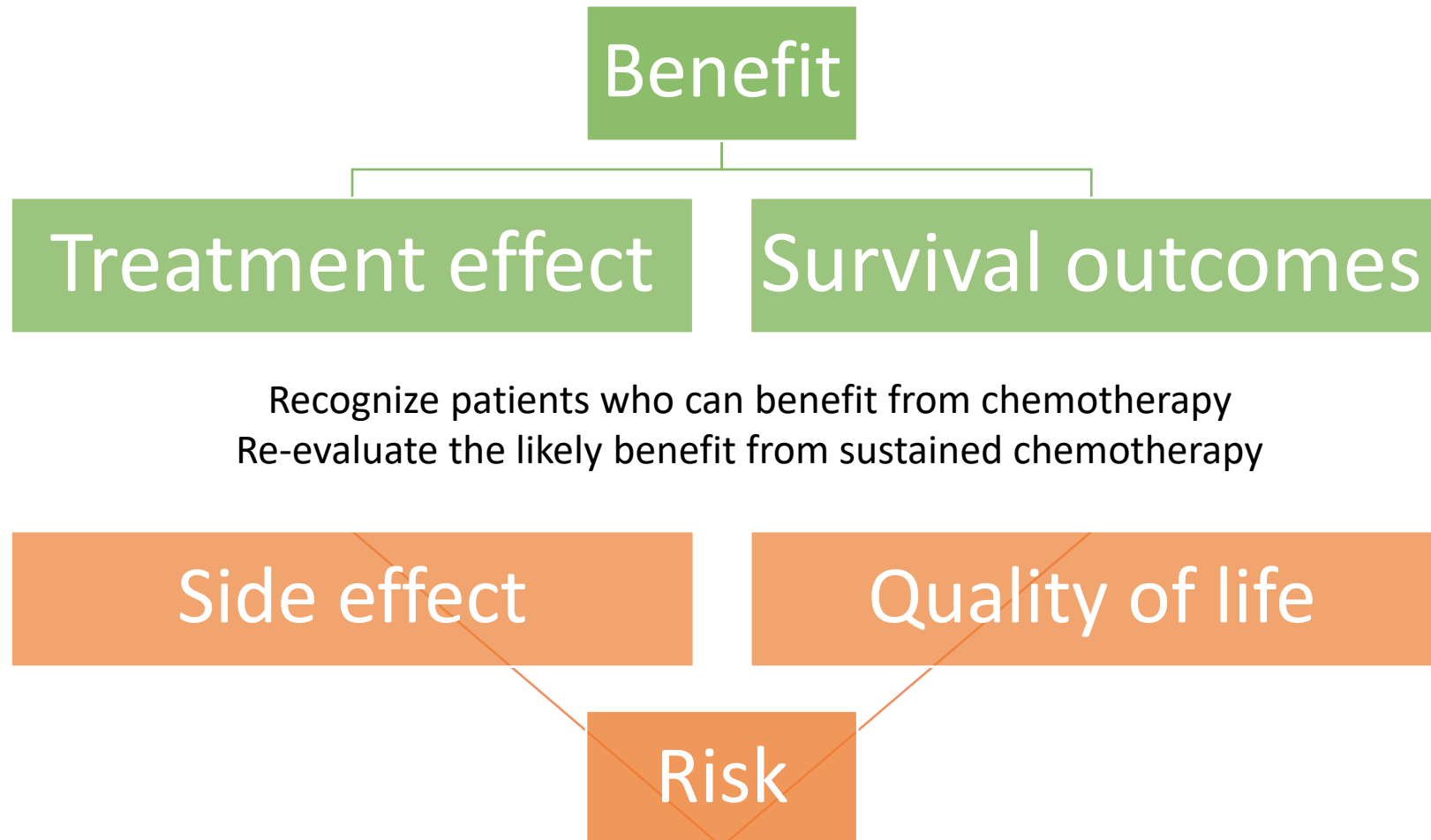
Here are some general considerations:

1. **Treatment Response:** If the patient is responding well to chemotherapy and the cancer is shrinking or stable, the oncologist may choose to continue treatment.
2. **Completion of Planned Course:** In some cases, chemotherapy is administered in a predetermined number of cycles. If the patient has completed the planned course and there is no evidence of disease progression, the oncologist may assess whether further treatment is necessary.
3. **Side Effects:** Chemotherapy can have significant side effects, and the decision to stop treatment may be influenced by the patient's tolerance of these side effects. If the side effects become too severe, the oncologist may need to adjust the treatment plan.
4. **Disease Status:** The stage and extent of ovarian cancer play a role in the decision-making process. If the cancer is in remission or under control, the oncologist may discuss the option of stopping chemotherapy.
5. **Quality of Life:** The patient's overall quality of life is an essential factor. If continuing chemotherapy is not likely to provide significant benefits and could negatively impact the patient's quality of life, the oncologist may consider stopping or modifying the treatment plan.

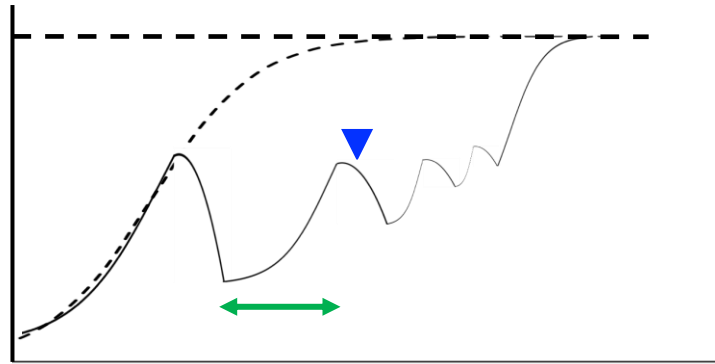


- Treatment Response
- Completion of Planned Course
- Side Effects
- Disease Status
- Quality of Life

Risk benefit analysis



Who can benefit from 2nd or later line chemo?



GOG-0218 Trial

Patients with advanced Ovarian cancer

12,000 patients in 12 randomised trials

KELIM score*

Calculated using CA-125 kinetics during first 100 days



Unfavorable <1

Bevacizumab benefit

Favorable ≥ 1.0

NO benefit from bevacizumab

* ELIMination rate constant K

- Elongate 1st PFI
- Maintenance therapy
 - PARPi
 - Bevacizumab
- Treatment response, how to evaluate the chemosensitivity?
 - KELIM score
 - Computational approach

KELIM score

- CA-125 KELIM (CA-125 ELIMination rate constant K)
 - Calculated with minimum 3 observed CA-125 values during the first 100 days of chemotherapy.
 - A higher KELIM value: higher chemotherapy sensitivity
- Validated by
 - CALYPSO trial: 895 patients platinum-sensitive recurrent ovarian cancers
 - European validation study: 2,868 patients in first line setting
 - Canadian study: 217 patients in NACT setting

Platinum-resistant recurrence/refractory disease?

Computational approach

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Shared decision making and palliative care in the era of AI!



Thank you and see you next ASGO webinar!