Ovarian Cancer End Points Workshop
April 26, 2006
Bethesda North Marriott Hotel and Conference Center
5701 Marinelli Road, Bethesda, MD

Presented by the U.S. Food and Drug Administration and the American Society of Clinical Oncology
Co-sponsored by the American Association for Cancer Research

QUESTIONS TO THE PANEL

Use of CA-125 for Response/Progression Evaluation in Ovarian Cancer

1. Should CA-125 be used as an endpoint in clinical trials intended to support drug approval?

2. Should CA-125 be used as a marker of response, progression and/or relapse in clinical trials intended to support drug approval?
   If yes, are the CA-125 defined endpoints validated?
   If not, what data are needed to validate CA-125 as an endpoint?

3. What differences in analytical performance characteristics among CA-125 measurement devices should be considered if the marker is used as a surrogate endpoint?

Clinical Trial Endpoints for Regulatory Approval

4. Is progression free survival a reliable surrogate for overall survival in randomized front-line ovarian cancer trials? For second-line (or third-line) trials?

5. If yes to either, how should progression be documented: objective measures and marker change using definitions from GCIG?

6. If PFS is NOT a valid surrogate for overall survival in first or second-line treatment, can it stand alone as a reasonable endpoint on which to approve new agents? Is the answer to this dependent on the absolute gain in PFS? On changes in disease-related symptoms?

7. Should an improvement in disease-free survival without an improvement in survival support approval of a new drug or indication in advanced ovarian cancer? If so, in what patient populations? First-line treatment? Second-line platinum sensitive? Second-line platinum refractory? Third-line and beyond?

Maintenance therapy setting

8. Is PFS alone an acceptable endpoint to support regular approval in studies investigating the role of maintenance therapy following first-line therapy? Accelerated approval?

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Second-line and subsequent therapy setting

9. Could response rate with adequate duration of response in a single arm study support accelerated approval in 2nd line, platinum refractory setting?

10. Could prolongation of TTP in a randomized study be sufficient for accelerated approval in second-line setting? Or regulatory approval?

11. What is the role of CA-125 in clinical trials intended for licensure in 2nd line and beyond – setting in ovarian cancer?