

# Paper Summary

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Title: Actionable mutations in early-stage ovarian cancer according to the ESMO Scale for Clinical Action

Authors: F. Camarda, L. Mastrantoni, C. Parrillo, A. Minucci, F. Persiani, D. Giannarelli, T. Pasciuto, F. G

DOI: <https://doi.org/10.1016/j.esmoop.2024.104090>

Year: 2025

Publication Type: Journal

Discipline/Domain: Oncology / Precision Medicine

Subdomain/Topic: Early-stage epithelial ovarian cancer, genomic profiling, actionable mutations, ESCAT

Eligibility: Eligible

Overall Relevance Score: 85

Operationalization Score: 80

Contains Definition of Actionability: Yes (via ESCAT framework)

Contains Systematic Features/Dimensions: Yes

Contains Explainability: No

Contains Interpretability: Partial

Contains Framework/Model: Yes (ESCAT classification tiers I–III)

Operationalization Present: Yes

Primary Methodology: Quantitative (prospective cohort, genomic profiling)

Study Context: Clinical oncology, early-stage epithelial ovarian cancer, targeted therapy potential

Geographic/Institutional Context: Fondazione Policlinico Universitario Agostino Gemelli IRCCS, Rome, Ita

Target Users/Stakeholders: Oncologists, clinical researchers, precision medicine practitioners, policy-ma

Primary Contribution Type: Empirical study with framework application (ESCAT)

CL: Yes

CR: Yes

FE: Yes

TI: No

EX: No

GA: Yes

Reason if Not Eligible: N/A

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**\*\*Title.\*\***

Actionable mutations in early-stage ovarian cancer according to the ESMO Scale for Clinical Actionability

**\*\*Authors:\*\***

F. Camarda, L. Mastrantoni, C. Parrillo, A. Minucci, F. Persiani, D. Giannarelli, T. Pasciuto, F. Giacomini,

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**\*\*Discipline/Domain:\*\***

Oncology / Precision Medicine

**\*\*Subdomain/Topic:\*\***

Early-stage epithelial ovarian cancer, genomic profiling, actionable mutations, ESCAT

**\*\*Contextual Background:\*\***

The study focuses on early-stage epithelial ovarian cancer (EOC), assessing the prevalence and distribution of actionable mutations.

**\*\*Geographic/Institutional Context:\*\***

Fondazione Policlinico Universitario Agostino Gemelli IRCCS, Rome, Italy

**\*\*Target Users/Stakeholders:\*\***

Oncologists, molecular pathologists, clinical researchers, precision oncology practitioners, guideline developers

**\*\*Primary Methodology:\*\***

Quantitative — prospective cohort study with targeted next-generation sequencing (NGS) and ESCAT classification.

**\*\*Primary Contribution Type:\*\***

Empirical study applying a conceptual framework (ESCAT) to clinical genomic data.

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**## General Summary of the Paper**

This prospective single-center study analyzed 180 patients with FIGO stage I–II EOC, using targeted NGS to identify actionable mutations.

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**## Eligibility**

Eligible for inclusion: **\*\*Yes\*\***

The paper explicitly applies the ESCAT actionability framework, providing a structured classification of mutations based on their clinical impact.

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**## How Actionability is Understood**

Actionability is framed through the ESCAT scale, which ranks molecular targets based on clinical evidence

> “Oncogenic alterations were identified using OncoKB and classified according to the ESMO Scale for Clinical Actionability of Molecular Targets (ESCAT)

> “The ESCAT framework... prioritizes molecular targets based on the strength of evidence supporting their clinical actionability

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## ## What Makes Something Actionable

- Evidence-supported relevance as a clinical target.
- Classification in ESCAT Tier I–III (Tier I = highest clinical evidence; Tier III = emerging evidence).
- Potential to inform therapeutic decisions (drug selection, de-escalation/escalation).
- Relevance to tumor biology and prognosis.

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## ## \*\*How Actionability is Achieved / Operationalized\*\*

- \*\*Framework/Approach Name(s):\*\* ESCAT (ESMO Scale for Clinical Actionability of molecular Targets)
- \*\*Methods/Levers:\*\* Comprehensive genomic profiling via TSO500 high-throughput NGS panel; annotation of variants using OncoPrint and OncoPrintPlus
- \*\*Operational Steps / Workflow:\*\*
  1. Patient enrollment and staging.
  2. NGS sequencing of tumor tissue.
  3. Variant annotation and filtering for oncogenicity.
  4. ESCAT tier assignment.
  5. Risk stratification integration.
- \*\*Data & Measures:\*\* Mutation type, frequency, co-occurrence, MSI, TMB, recurrence-free survival.
- \*\*Implementation Context:\*\* Applied in a clinical oncology setting for prospective patient profiling.

> “Sequencing was carried out with a mean depth of >500x... only mutations annotated as ‘Oncogenic’ or ‘Actionable’ were included in the analysis

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## ## Dimensions and Attributes of Actionability (Authors’ Perspective)

- \*\*CL (Clarity):\*\* Yes — ESCAT provides clear ranking criteria.
- \*\*CR (Contextual Relevance):\*\* Yes — Actionability tied to EOC stage, histotype, recurrence risk.
- \*\*FE (Feasibility):\*\* Yes — Technically feasible in a hospital NGS program.
- \*\*TI (Timeliness):\*\* No explicit mention.
- \*\*EX (Explainability):\*\* No direct link made.
- \*\*GA (Goal Alignment):\*\* Yes — Actionability linked to patient outcome improvement and toxicity reduction.
- \*\*Other Dimensions:\*\* Risk-stratified application, molecular co-alteration analysis.

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## ## Theoretical or Conceptual Foundations

- ESMO Precision Medicine Working Group ESCAT framework.
- OncoKB oncogenicity annotation system.
- Principles of tumor-agnostic targeting.

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## ## Indicators or Metrics for Actionability

- ESCAT Tier classification.
- Mutation prevalence and co-occurrence.
- MSI status and TMB values.
- Risk group-specific mutation frequency.

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## ## Barriers and Enablers to Actionability

- **Barriers:** Short follow-up; unclear prognostic role of some variants; potential resistance to targeted therapy.
- **Enablers:** High prevalence of actionable variants; feasibility of NGS profiling; established ESCAT framework.

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## ## Relation to Existing Literature

Positions findings within ESMO/ESGO consensus guidelines for EOC, contrasts with mutation prevalence in other cancer types.

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## ## Summary

This study demonstrates that genomic profiling of early-stage EOC using the ESCAT framework reveals a high prevalence of actionable alterations.

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## ## Scores

- **Overall Relevance Score:** 85 — Strong use of ESCAT for defining and ranking actionability; integrated with clinical context.
- **Operationalization Score:** 80 — Detailed NGS and classification workflow; some gaps in timeliness and accessibility.

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## ## Supporting Quotes from the Paper

- “Oncogenic alterations were identified using OncoKB and classified according to the ESMO Scale for Clinical Actionability (ESCAT).”
- “ESCAT... prioritizing them based on the strength of evidence supporting their relevance as clinical targets.”
- “Sequencing was carried out with a mean depth of >500x... only mutations annotated as ‘Oncogenic’ or ‘Potentially Oncogenic’ were included in the analysis.”
- “These findings highlight the potential for actionable alterations in most early-stage EOC patients and support the use of genomic profiling in this population.”

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## ## Actionability References to Other Papers

- Mosele MF et al., 2024 — ESMO Precision Medicine Working Group recommendations for NGS use.
- Fieuws C et al., 2024 — Identification of actionable variants in EOC.
- Multiple ESMO-ESGO consensus guidelines on EOC pathology and molecular biology.