Background

Although OC is a leading cause of cancer death in women, and up to 50% of patients relapse following a complete or partial clinical response to first-line CT, there is limited information on guidelines for second-line CT.

Methods

NMA feasibility assessment

The NMA identified 12 RCTs of OC maintenance treatment following 1L CT for inclusion in the PRIMA NMA feasibility assessment (Figure 2).

PAIC feasibility assessment

The PAIC between PRIMA and PAOLA-1 was not feasible due to significant differences in trial outcomes, as well as differences in the inclusion/exclusion criteria, use of biomarker-positive patients prior to study entry, and use of NACT in these trials (Figure 3).

Inclusion/exclusion criteria

The water inclusion criteria in PRIMA (1A including patient performance status, history and both somatic and germline DNA biomarker status) mean that a proportion of the patients in the PAOLA-1 trial populations were excluded. PRIMA included patients with less severe disease compared with PAOLA-1, which may reflect issues with surgical methods and patient selection.

Concluding factors in relevant populations

Different outcome measures are available for different biological analyses.

Results

NMA feasibility assessment

The NMA included 12 RCTs of OC maintenance treatment following 1L CT for inclusion in the PRIMA NMA feasibility assessment (Figure 2).

PAIC feasibility assessment

The PAIC between PRIMA and PAOLA-1 was not feasible due to significant differences in trial outcomes, as well as differences in the trial population and comparisons.

Table 2. Reasons for exclusion for each trial from NMA with PRIMA

Study design heterogeneity: inhomogeneous comparator arm in the network

Patient population heterogeneity: exclusion of patients with PID Stage III disease with no VRD following POS

Outcome heterogeneity

Different definition of PFS used at starting point due to trial design

In clinial practice, the Positivity Database has been used to estimate the probability of a specific event occurring within a given time frame, allowing for comparison of different treatment options. In this study, the Positivity Database was used to estimate the probability of PFS occurring within a given time frame, allowing for comparison of different treatment options.

Conclusions

Based on the evidence presented here, there is no current consensus or guidance on the appropriate combination of biomarkers for optimal clinical decision making in metastatic OC.

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