

Identifying Patient Characteristics That Can Help to Predict Cancer Progression in Patients With Advanced Ovarian Cancer (OC)

This document provides a short summary of information about this study using data from patients with advanced ovarian cancer presented at the **2020 European Society of Gynaecological Oncology State of the Art (virtual meeting)**. At the end of this document, there is a link to a website where you can find more information about ovarian cancer.

 **Full title of presentation:**

Real-World Prognostic Relevance of Residual Disease and Other Clinical Factors on the Progression of Disease and Death in Patients With Advanced Ovarian Cancer in the US

 **Study number:**

GlaxoSmithKline (GSK) 213807

 **Who sponsored the study:**

GSK

Why was the study carried out?

About the study

OC is the leading cause of death in women when compared with all other gynaecologic cancers¹

Most patients with OC experience an initial benefit with surgery and chemotherapy. However, up to 85% of patients experience worsening of disease within 3 years^{2,3}

Certain patient characteristics may help predict if a patient's OC will worsen⁴⁻⁷

Understanding these characteristics may help cancer doctors decide which treatment a patient should have following surgery and chemotherapy

This study was carried out to identify patient characteristics in a group of patients with OC that can be used to help predict if a patient's cancer will progress and the impact on their survival

Data were collected from a large healthcare database in the USA (Flatiron Health) that included patients diagnosed with advanced OC⁸

-  Data for individual patients were included if the patient:
- Had a diagnosis of advanced ovarian, fallopian tube, and/or primary peritoneal cancers
 - Was at least 18 years old
 - Had Stage III or IV cancer
 - Had received at least 1 type of cancer treatment and had at least 12 weeks of follow-up after the end of their first treatment

-  Statistical methods were used to determine differences in these outcomes based on patient characteristics:
- Time to next treatment: The amount of time between the end of the patient's first treatment and the beginning of their second treatment
 - Overall survival: The amount of time between the end of the patient's first treatment and death

Study results

How many patients were included in this study?

1920 patients (of the 6940 patients with OC in the database) met the criteria to be included in this study

What were the characteristics of these patients?

| | | |
|---|---|--------------------|
|  88% received treatment in community cancer centres; 12% were treated in academic cancer centres |  67% had Stage III disease and 33% had Stage IV disease | |
|  14% had a mutation in the <i>BRCA</i> (<i>B</i> Reast <i>C</i> ANcer) gene |  58% had visible residual disease (disease remaining) after surgery | |
|  54% had primary debulking surgery | 30% had interval debulking surgery | 16% had no surgery |

Patients with these characteristics had worse outcomes compared with patients who did not have these characteristics:

Shorter time to next treatment and overall survival

| | | |
|---|---|--|
|  Visible residual disease |  Interval or no surgery |  Stage IV disease |
|  <i>BRCA</i> gene status: wild type or unknown |  Certain histologies (tumour tissue appearance) | |
| Additional predictors of the time to next treatment: | Additional predictors of overall survival: | |
|  Treatment at an academic or community cancer centre |  Patients' ability to care for themselves (Eastern Cooperative Oncology Group [ECOG] status) | |
|  Race |  Age | |



What were the main conclusions reported by the authors?



Visible residual disease after surgery, *BRCA* genetic mutations, tumour histology, disease stage, and the type of surgery can be used to help predict which patients with advanced OC are more likely to have a worse disease outcome



Given limitations to the data available in the database used, not all disease factors could be evaluated as predictors of disease worsening in this study



This study is useful because it identified the highest risk clinical characteristics that can be used by cancer doctors to make treatment decisions on OC therapies for their patients

References

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