The breakdown of patients by practice type is ~80% community and ~20% academic.

Lines of therapy are oncologist-defined and rule-based.

5 (7) 17 (59) 68.0 (70.0) 14 (48) 12 (41) 16 (42) 0 170.2 (173.0) 50 (67) 29 (97) 13 (45) 46 (61) 2.6 (2.3) 38 (27) 34 (45) 11 (29) 12 (32) 68.3 (62.6) 2 (5) 41 (55) 12 (32) 19 (25) 67.2 (68.0) 20 (27) 34 (45) 7 (24) 75 (99) 75.9 (70.2) 13 (34) 15 (52) 1222 (18.6) 21 (28) 5 (17) 25 (66) 8 (28) 67.2 (66.0) 18 (47) 56 (75) 26 (90) 10 (26) 19 (25)

Dose per day was weighted by days on each dose.

There is a need to extend the progression-free interval with maintenance treatment.

Up to 85% of women with ovarian cancer will eventually relapse after primary therapy.

The poly(ADP-ribose) polymers of inhibitors (PARPi) niraparib, olaparib, and rucaparib are approved in the United States and Europe for maintenance treatment of platinum-sensitive recurrent ovarian cancer (PSROC).

- The primary objective of this study was to determine the real-world average doses of PARP inhibitors used in the PSROC maintenance setting.

- The secondary objective was to determine the average maintenance starting dose.

- Patients were excluded from the study if they were missing PARPi start or end dates in the 2L setting, had >1 PARPi drug in the same maintenance LOT, or received olaparib capsules (started olaparib therapy prior to the tablet FDA approval date of August 17, 2017). It took an olaparib dose of 400 mg twice a day.

- Dose per day over the course of maintenance therapy was calculated per patient as dose * dose administration * days on each dose.

- If there were gap days during the qualifying maintenance line, days off drug were weighted with a dose of zero.

- Patients with missing a non-specific dose or dosing schedule were excluded from the average dose analyses.

- The data for niraparib and olaparib suggest that the average doses are slightly lower for the latter lines of maintenance therapy compared with 2L.

- For rucaparib, the converse is true, but the difference is small.

- In all cases except for 2L olaparib, the average dose during maintenance treatment was lower than the average starting dose.

- The results should be interpreted with caution given the small patient numbers.

REFERENCES

Figure 1. Mean Dose per Day

Figure 2. Mean Starting Maintenance Dose

Table 1. Study Attrition

Table 2. Patient Characteristics and Baseline Demographics

Table 3. Average Maintenance Dose

Table 4. Final study population

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