Evaluation of Niraparib 200 mg/day as Maintenance Therapy in Recurrent Ovarian Cancer and Associated Thrombocytopenia in a Real-World US Setting

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Background

• Niraparib (AZD5363) is a polyADP-ribose polymerase inhibitor approved for the maintenance treatment of platinum-sensitive or platinum-resistant ovarian cancer in adults who are candidates for platinum-based chemotherapy.1

Methods

• Medical and gynecologic oncologists across the United States, treating patients with recurrent ovarian, fallopian tube, and/or primary peritoneal cancer, were recruited from an online panel to submit patient chart data and complete online data collection forms for eligible patients.

Results

• The majority of patients (86%) had either no thrombocytopenia or grade 1 or 2 thrombocytopenia (Figure 2B) when asked to report the reason for initiating niraparib at 200 mg/day, approximately 40% of physicians reported that they start their patients at this dose.

Conclusions

• No significant differences were found in characteristics that altered therapy.

Acknowledgments

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References


Table 1. Patient Demographics and Characteristics From Chart Abstraction

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<tr>
<th>Parameter</th>
<th>N=150</th>
<th>482.4 (489.5) (SD)</th>
<th>57.8 (10.8) (SD)</th>
<th>356.5 (203.8, 549.0) (Median, IQR)</th>
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| Disease duration (days) | Mean | SD | Median | IQR | 3

Figure 1. Cancer Stage at Diagnosis From Chart Abstraction (N=150)

Figure 2A. Number of Prior Lines of Chemotherapy

Figure 2B. Best Response to Chemotherapy

Figure 3. Physicians’ Reasons for Initiating Niraparib at 200 mg/day From Chart Abstraction (N=150)*

Figure 4. Rate of Thrombocytopenia After Niraparib Initiation (N=150)

Figure 5. Presence of Patients With Grade 3 or 4 Thrombocytopenia Before and After Niraparib Initiation, Divided by Patients ≥77 kg and <77 kg (P=0.04)

Table 2. Patient Clinical and Disease Characteristics

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