

# Real-World Treatment Patterns of US Patients With Platinum-Resistant Ovarian Cancer

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## Objective

- This study aimed to understand treatment patterns for patients with platinum-resistant ovarian cancer (PROC) in a real-world US setting

## Conclusions

- In advanced ovarian cancer, treatment options are limited following platinum resistance, with some patients continuing to receive platinum despite limited benefit
- Both time to treatment discontinuation (TTD) and time to next treatment (TTNT) remained short across all eras of PROC index treatment line initiation
- Early steep declines and minimal inter-era variation highlight a continuing unmet need in this population

## Acknowledgments

This study was funded by Genmab A/S. Medical writing and editorial support was provided by Syneos Health and funded by Genmab A/S.

## Disclosure

Neeraj N. Iyer, PhD is an employee of Genmab.



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Presented at ISPOR EUROPE; November 9–12, 2025; Glasgow, Scotland, UK.

# Background

- Ovarian cancer (OC) is often diagnosed at an advanced stage and remains a leading cause of gynecologic cancer death worldwide, including across Europe<sup>1,2</sup>
- Although most patients with OC initially respond to first-line, standard-of-care, platinum-based chemotherapy, the majority develop PROC, contributing to poor survival rates among these patients<sup>3</sup>
- Despite advances in treatment, the median overall duration of survival for patients with PROC remains at 12 months,<sup>4</sup> with frequent hospitalizations due to treatment-related toxicities or procedural complications, underscoring the need for more tolerable and effective therapeutic approaches<sup>5</sup>

## Methods

- This was a retrospective study using US Flatiron Health electronic health record data (2011–2024)
- Patients with advanced ovarian cancer (stage III/IV) and PROC (progression <6 months after last platinum dose) were included
- Index treatment for PROC was defined as the regimen following PROC development
- Treatment patterns evaluated included regimens received for index treatment for PROC, line of treatment (LOT) prior to PROC, subsequent LOT for PROC, time to treatment discontinuation (TTD) and time to next treatment (TTNT) via Kaplan-Meier medians and 95% CIs

## Results

- Of 774 patients included, median age at diagnosis was 67 years, 70.4% were White, and 7.1% were African American (**Table 1**)
- A minority of patients (12.0%) initiated treatment for PROC between 2011 and 2015, 47.7% started treatment between 2016 and 2020, and 40.3% started between 2021 and 2024. These three treatment periods were evaluated further to assess inter-era variation in treatment patterns

### Treatment Patterns

- The median number of prior LOTs before developing PROC was 1.0
- For index PROC treatment, 37.0% received single-agent non-platinum chemotherapy, 32.2% received a bevacizumab-containing regimen, 14.7% received platinum-based therapy, 3.9% received mirvetuximab soravtansine (MIRV), and 12.3% received other regimens (**Figure 1**)
- For patients receiving another subsequent LOT (57.8%), 43.3% received single-agent non-platinum chemotherapy, 21.2% received a bevacizumab-containing regimen, 14.9% received platinum-based therapy, 4.3% received MIRV, and 16.3% received other regimens (**Figure 1**)

### Time to Treatment Discontinuation and Time to Next Treatment

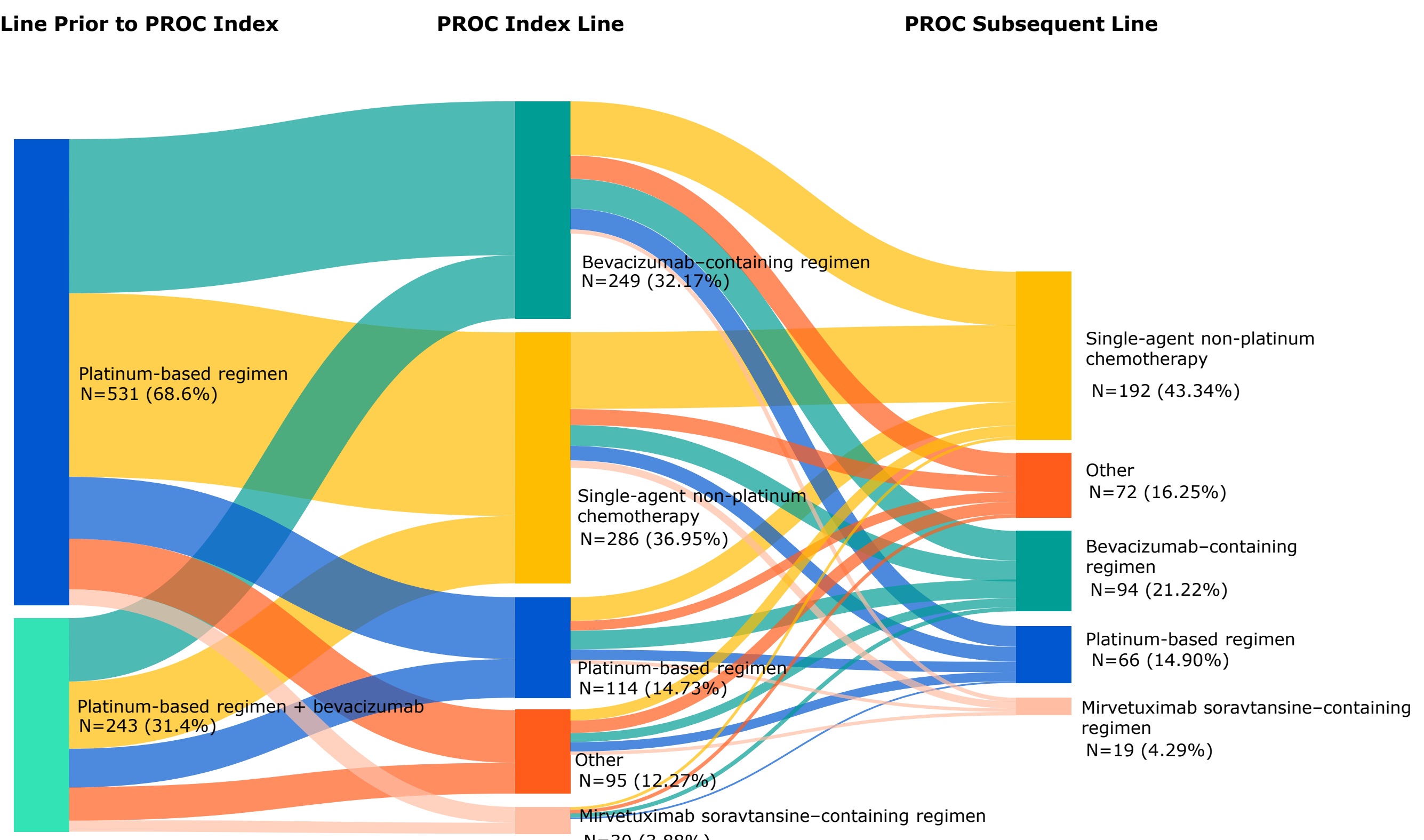
- Overall, median (95% CI) TTD and TTNT for the PROC index treatment were 2.69 months (2.53–2.89) and 4.20 months (3.94–4.53), respectively
- Treatment durations were generally short across all treatment groups, reflecting limited persistence on therapy. Medians (95% CI):
  - Non-platinum-based regimens:** TTD 2.69 months (2.50–2.86) and TTNT 4.14 months (3.75–4.43)
  - Platinum-based regimens:** TTD 2.96 months (2.50–4.04) and TTNT 5.35 months (4.14–6.27)
  - MIRV-containing regimens:** TTD 3.91 months (2.50–6.57) and TTNT 4.53 months (2.73–7.33)

**Table 1. Demographics, Treatment Period, and Prior Therapy**

Patients With PROC (N=774)	
<b>Age at diagnosis, years</b>	
Median (IQR)	67.0 (58.0, 74.0)
<b>Race, n (%)</b>	
Asian	21 (2.7)
African American	55 (7.1)
Hispanic or Latino	3 (0.4)
Other race	82 (10.6)
Unknown	68 (8.8)
White	545 (70.4)
<b>PROC index treatment line initiation period, n (%)</b>	
2011–2015	93 (12.0)
2016–2020	369 (47.7)
2021–2024	312 (40.3)
<b>Number of previous LOTs</b>	
Median (IQR)	1.0 (1.0, 2.0)

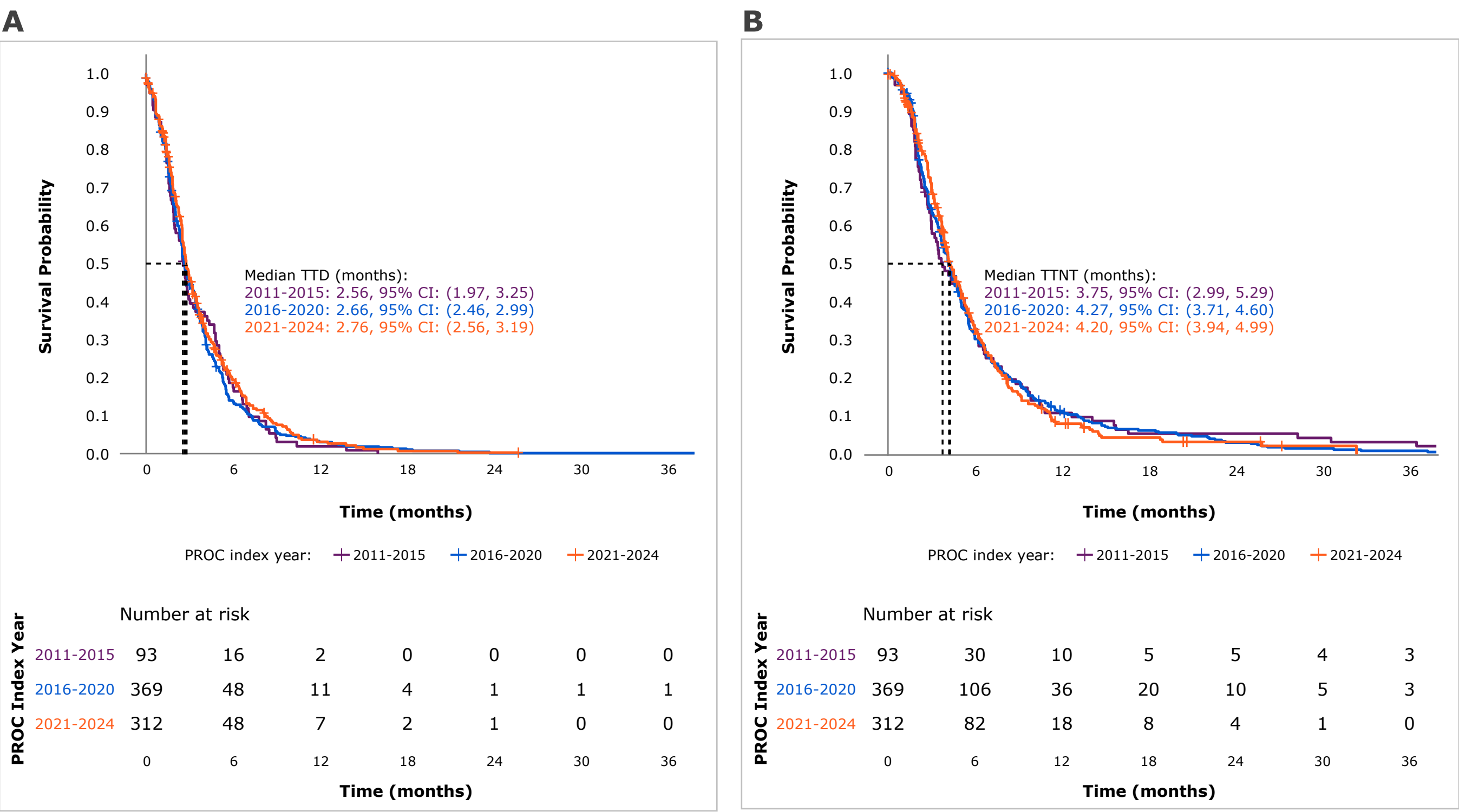
IQR, interquartile range; LOTs, lines of treatment; PROC, platinum-resistant ovarian cancer.

**Figure 1. Real-World Treatment Patterns in Patients With PROC**



PROC, platinum-resistant ovarian cancer.

**Figure 2. Time to Treatment Discontinuation (A) and Time to Next Treatment (B) Stratified by Year of PROC Index Line**



PROC, platinum-resistant ovarian cancer; TTD, time to treatment discontinuation; TTNT, time to next treatment.

- Across all years of PROC index treatment line initiation, treatment duration was short, with a median TTD of 2.56–2.76 months (**Figure 2A**) and a median TTNT of 3.75–4.27 months (**Figure 2B**)
- Most patients discontinued or transitioned therapy within 6 months, with few remaining on treatment beyond 12 months