Poster code: PCR59

Clinical Characteristics, Biomarker Use, and Patient-Reported Burden in Platinum-Resistant Ovarian Cancer in Clinical Practice

Vijay N. Joish,[1] Sam Darbha,[2] Alex Rider,[3] Emily Liu,[1] Neeraj N. Iyer,[1] Tongsheng Wang,[1] Steve Liang[1]

[1]Genmab, Princeton, NJ, US; [2]Health Economics and Outcomes Research, Datawave Solutions Corp, Cranbury, NJ, US; [3]Adelphi Real World, Bollington, England, UK

Objectives

- To characterize real-world PROC in the US, including patient demographics, clinical features, biomarker testing, treatment patterns, caregiving needs, and patient-reported outcomes

Conclusions

- Treatment patterns were heterogeneous, with substantial use of off-pathway approaches and limited uptake of biomarker-driven therapies
- Physicians documented frequent fatigue, nausea, appetite loss, and weight loss; ~52% of patients required caregiver support, mostly for instrumental ADLs
- Predictive biomarkers were infrequently used in this PROC population; testing rates may vary by patient selection and timing as biomarker-driven care evolves: FRα was tested in only ~12% of patients, highlighting a gap with emerging ADC therapies
- PROs confirmed functional impairment and productivity loss, with all QLQ-C30 functional domain scores below the established thresholds; fatigue and insomnia were the most prominent symptoms, alongside limited employment and widespread activity impairment
- Significant unmet need persists in real-world PROC management, emphasizing the need for more effective therapies, broader adoption of biomarker-driven care, and improved supportive interventions

Limitations

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Additional treatment regimen details are provided in the e-poster appendix. Please scan the QR code to access.

Acknowledgments

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Disclosures

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References

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Abbreviations

ADC, antibody drug conjugate; ADL, activities of daily living; CA-125, cancer antigen 125; CBC, complete blood count; CEA, carcinoembryonic antigen; CK7, cytokeratin 7; ECOG-PS, Eastern Cooperative Oncology Group performance status; EORTC, European Organisation for Research and Treatment of Cancer; FRα, folate receptor alpha; HER2, human epidermal growth factor receptor 2; KRAS, Kirsten rat sarcoma viral oncogene homolog; LFT, liver function tests; MSI, microsatellite instability; PAX8, paired box gene 8; PD-L1, programmed death-ligand 1; PROC, platinum-resistant ovarian cancer; QLQ-C30, Quality of Life Questionnaire-Core 30; QLQ-OV28, Quality of Life Questionnaire-Ovarian Cancer Module 28; TMB, tumor mutational burden.

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Introduction

- Ovarian cancer (OC) is the third and second most prevalent gynecologic cancer globally and in the United States, respectively[1,2]
- While patients with OC initially respond to platinum-based chemotherapy, the majority develop platinum resistance, leading to poor survival outcomes[3,4]
  - Platinum-resistant ovarian cancer (PROC) is defined as disease recurrence within 6 months of completing platinum-based chemotherapy[5]
- Despite multiple approved treatment options for OC, effective therapies to treat patients who develop platinum resistance are limited.[6] Outcomes remain poor for patients with PROC,[5,6] highlighting the unmet need for more treatment options
- Real-world data that integrate physician-reported clinical characteristics with patient-reported outcomes (PROs) are needed to provide a complete picture of PROC disease burden, management patterns, and unmet needs

Methods

Study design & data source: This was a retrospective, cross-sectional analysis using data collected from April 2023 to February 2024 through the Adelphi Real World US Ovarian Cancer Disease-Specific Program. Physicians completed structured patient record forms; patients independently completed validated PRO instruments

Patient population: Adult women (N=104) diagnosed with PROC were identified consecutively during routine clinical practice

Data collection: Participating US medical and gynecologic oncologists (managing ≥4 advanced OC patients/month) abstracted data for consecutively consulting PROC patients during routine care, regardless of prior biomarker testing status. Physician-reported data included demographics, disease characteristics, laboratory results, symptom burden, caregiving/activities of daily living (ADL) support needs, biomarker testing, and treatment history; patient-reported (n=23) data included EORTC QLQ-C30, QLQ-OV28, and Work productivity and activity impairment (WPAI) questionnaires

Statistical analysis: All analyses were descriptive; continuous variables were reported as means (SD) and categorical variables as n (%). PRO domain scores were calculated per EORTC scoring manuals (0–100 scale). No formal hypothesis testing or data imputation was performed

Results

Patient characteristics

- 104 patients with PROC were included, with a mean age of 62.1 years, moderate prior treatment exposure, and a diverse racial composition (**Table**)
- Disease burden was substantial, with varied histologies, reduced functional status (ECOG PS ≥1 in most patients), and a high prevalence of abnormal laboratory parameters (**Table**)

Table. Patient characteristics[a]

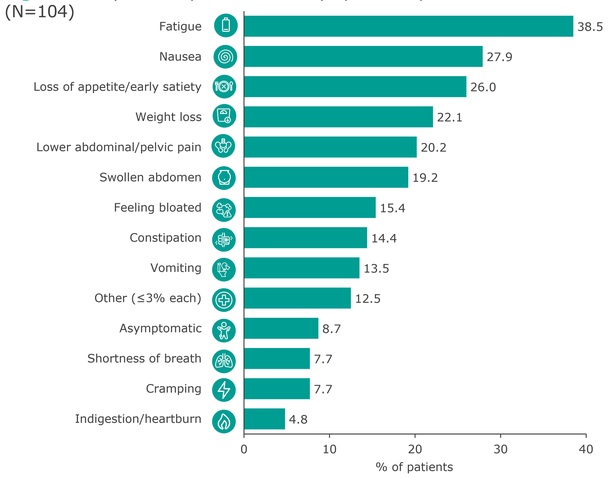
Characteristic	
Age, N [mean (SD)], years	104 [62.1 (10.6)]
BMI, N [mean (SD)], kg/m²	104 [25.8 (3.6)]
Total lines of systemic therapy, incl. current, N [mean (SD)]	104 [2.1 (0.4)]
Race[b], n (%)	
White	59 (56.7)
Black/African American (incl. Caribbean)	36 (34.6)
South or Central American Native	2 (1.9)
East or Southeast Asian	6 (5.8)
South Asian (Indian subcontinent)	3 (2.9)
Ethnicity (Hispanic or Latino),[c] n (%)	
Yes	16 (16.2)
No	83 (83.8)
Histologic subtype, n (%)	
Serous epithelial	49 (47.1)
Endometrioid epithelial	21 (20.2)
Clear cell epithelial	14 (13.5)
Mixed epithelial	10 (9.6)
Carcinosarcoma	5 (4.8)
Transitional cell (Brenner)	4 (3.8)
Undifferentiated carcinoma	1 (1.0)
ECOG performance status, n (%)	
0 – Fully active	14 (13.5)
1 – Restricted in strenuous activity; ambulatory	48 (46.2)
2 – Ambulatory; unable to work; >50% awake time up	27 (26.0)
3 – Limited self-care; >50% in bed/chair	14 (13.5)
4 – Completely disabled	1 (1.0)
Most recent testing, n (%)	
Physical exam – Palpable disease	42 (40.4)
Blood chemistry – Abnormal	48 (46.2)
CA-125 – Abnormal	68 (65.4)
CBC – Abnormal	52 (50.0)
LFTs – Abnormal	24 (23.1)
Total serum protein – Abnormal	20 (19.2)

Percentages may not sum to 100% due to rounding. [a]Structured patient record form data. [b]Totals exceed N=104 as some patients selected multiple categories. [c]Ethnicity calculated among patients with known ethnicity (N=99). BMI, body mass index; CA-125, cancer antigen-125; CBC, complete blood count; LFTs, liver function tests.

Physician-reported symptoms

- Symptom burden was substantial, with most patients symptomatic at assessment (~9% asymptomatic) (**Figure 1**)
- Fatigue and gastrointestinal symptoms predominated, whereas shortness of breath and cramping (each 7.7%) were reported less frequently (**Figure 1**)

Figure 1. Physician-reported current symptoms in patients with PROC (N=104)

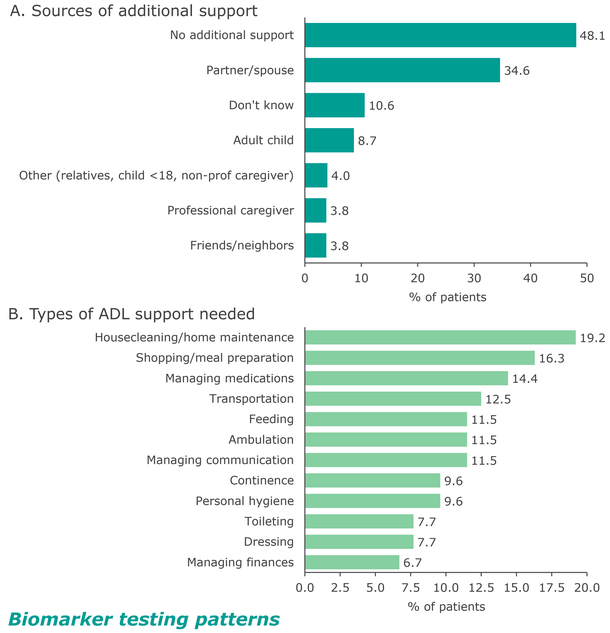


Other symptoms (≤3% each): bowel obstruction, urinary symptoms, vaginal bleeding, dyspareunia, lymphedema.

Caregiving and supportive care needs

- Over half of patients with PROC required caregiver support, highlighting the substantial indirect burden on families and support networks (**Figure 2**)
  - ~52% of patients required additional support, mostly provided by partners/spouses, with limited reliance on formal caregivers (**Figure 2A**)
  - Assistance needs were primarily related to instrumental ADLs (**Figure 2B**)

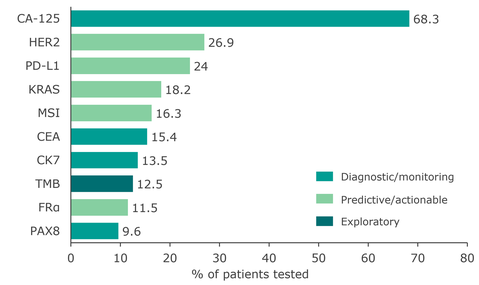
Figure 2. Caregiving support in patients with PROC (N=104)



Biomarker testing patterns

- Diagnostic/monitoring biomarkers dominated clinical practice, followed by predictive/actionable testing; exploratory testing remained limited
  - Among the top 10 individual biomarkers, CA-125 was most frequent (68.3%); predictive testing was low with HER2 (26.9%), PD-L1 (24.0%), and MSI (16.3%) (**Figure 3**)
  - FRα was tested in only ~12% of patients during the study period, despite its emerging role as a predictive biomarker for FRα-targeted antibody-drug conjugate (ADC) therapies (**Figure 3**)

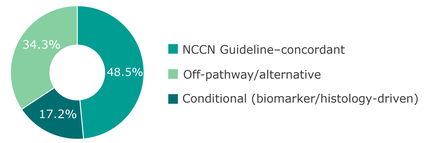
Figure 3. Biomarker testing in patients with PROC (N=104)



Real-world treatment patterns

- Of 99 patients, approximately half received National Comprehensive Cancer Network (NCCN) guideline–concordant chemotherapy (± bevacizumab); over one-third of patients received off-pathway regimens or alternative approaches, including platinum rechallenge, immunotherapy, and investigational combinations (**Figure 4**)
- A small proportion (17.2%) had NCCN guideline–aligned, biomarker-driven therapy (eg, PARP inhibitors, hormonal therapy) (**Figure 4**)

Figure 4. Real-world treatment patterns in patients with PROC (n=99)



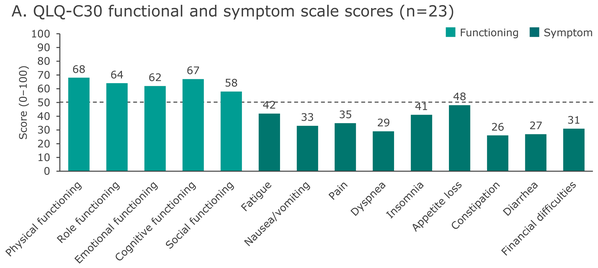
Top agents: liposomal doxorubicin (± bevacizumab), topotecan, paclitaxel, olaparib (BRCA+), pembrolizumab.

Patient-reported outcomes

- Mean QLQ-C30 scores indicated moderate impairment in physical and emotional functioning (ie, below the established thresholds for clinical importance[7]), with similar trends observed across other functional domains. Key symptom burdens included fatigue, insomnia, pain, nausea/vomiting, and appetite loss (**Figure 5A**)
- QLQ-OV28 scores showed notable impact on psychosocial domains, including attitude to disease and treatment, body image, and sexual worry. Abdominal/gastrointestinal and hormonal symptoms, as well as chemotherapy-related side effects, were also meaningfully affected, reflecting physical burden (**Figure 5B**)
- Per WPAI responses, employment was limited, with only one-third of patients working. Among those employed, most reported moderate-to-severe impairment of work productivity (**Figure 6A**)
- Daily functioning was substantially affected; most patients reported moderate or severe activity impairment, while very few indicated no impact (**Figure 6B**)

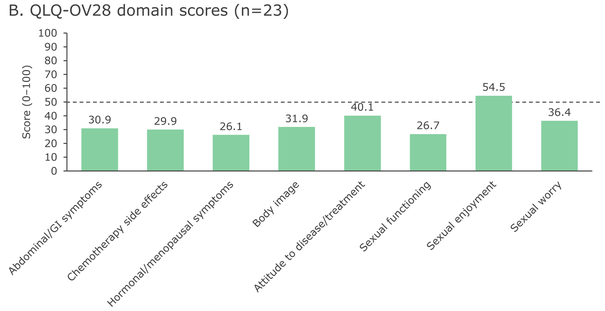
Figure 5. EORTC QLQ scores in patients with PROC

A. QLQ-C30 functional and symptom scale scores (n=23)



Higher scores (in functional domains) = better functioning; higher scores (in symptom domains) = worse burden.

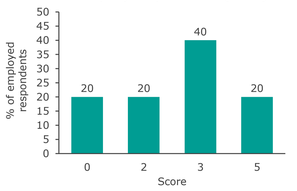
B. QLQ-OV28 domain scores (n=23)



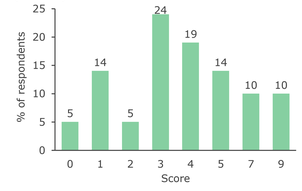
Higher scores = worse burden/impairment. GI, gastrointestinal.

Figure 6. WPAI results in patients with PROC (n=21)

A. Work productivity impairment scores in employed patients (n=5)



B. Activity impairment scores (n=21)



A. Work productivity impairment: no impairment (score 0), moderate (score 2), moderate-to-severe (score 3), severe (score 5).
B. Activity impairment: score distribution skewed toward moderate-to-severe; moderate (scores 3-5), severe (scores 7-9). Only 5% reported no impact on daily activities.

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Appendix. Treatment regimens (N=99)

Category	Therapy	n
NCCN guideline–aligned chemotherapy (48.5%)	Liposomal doxorubicin	16
	Liposomal doxorubicin + bevacizumab	13
	Topotecan	7
	Gemcitabine	3
	Paclitaxel	3
	Paclitaxel + bevacizumab	2
	Other combinations	4
PARP inhibitors/conditional (17.2%)	Olaparib	8
	Rucaparib	2
	Niraparib ± combinations	1
	Hormonal therapies (tamoxifen, anastrozole, megestrol, leuprolide)	6
Off-pathway/alternative (34.3%)	Pembrolizumab	6
	Carboplatin	4
	Doxorubicin	4
	Cisplatin	3
	Docetaxel ± bevacizumab	3
	Oxaliplatin	2
	Ifosfamide	2
	Multidrug/investigational combinations	10

NCCN, National Comprehensive Cancer Network.