

OBJECTIVE

- It is likely that women have personal preferences that drive the decision to take a PARP inhibitor or a treatment break after completing an effective course of chemotherapy. No prior studies have queried women on the risks and benefits of PARP maintenance or its attributes.

- To examine the preferences of women with ovarian cancer regarding the risks, side effects and benefits afforded by maintenance therapies

METHODS

- Participants were then asked to choose between 3 clinical scenarios: Two scenarios representing attributes of maintenance therapy and a constant scenario representing a treatment break, with multiple iterations. In each maintenance therapy scenario presented, the levels of each attribute was varied experimentally.

- Participants viewed 8 to 10 individual iterations of this 3 way choice

- **Participants:** Women with a diagnosis of ovarian cancer were approached for participation, regardless of current treatment status or history of PARP inhibitor use.

- **Analysis:** Random-parameters logit regression was applied to model participants' choices as a function of attribute levels.

RESULTS

- Of 150 women with ovarian cancer recruited, 95 were eligible and completed the survey. The mean age was 62, 48% had recurrent ovarian cancer, and 13% were currently taking a PARP inhibitor.

- Participants always significantly preferred better clinical outcomes to worse (Figure 4).

- Participants valued overall survival most of all the attributes (Figure 2).

- On average, participants would tolerate a 2% additional risk of MDS/AML in exchange for 2 additional months of PFS and 7% additional risk of MDS/AML in exchange for 6 additional months of PFS.

Table 1. Attributes, levels and descriptions. The attributes and corresponding levels were described by a clinician in a video. Video is available online at <http://vimeo.com/61893779>

Figure 1. Example Choice Task.

Figure 2. Preference Weights (sum=100)

Figure 3. Percentage of participants who preferred ‘PARP maintenance therapy’ over ‘Treatment break’ in fixed choice scenario, by subgroup.

Table 2. Risk and Cost Equivalents.

Figure 4. Relative impact of attribute levels on treatment choice.

CONCLUSIONS

- Women with ovarian cancer are willing to accept side effects of maintenance PARP inhibitors and to pay some money out of pocket in exchange for modest OS gains or more substantial PFS gains.

REFERENCES

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