# Platinum-Free Interval in Patients With Ovarian Cancer Across an Argentinian Database: OCEANIA Real-World Study

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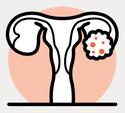
## Introduction



Ovarian cancer (OC) is the third most frequent gynaecological cancer in Argentina[1] and accounts for 1.7% of new cancer cases and 1393 deaths in Argentina each year.[2]

The recommended treatment approaches for OC include cytoreductive surgery and platinum-based chemotherapy; however, ~70% of patients experience disease progression within the first 3 years.[3,4]

Despite advances in treatments, many patients still require multiple lines of therapy (LOT) and are at high risk of developing resistance.[5]

Platinum-based therapy remains the standard treatment for platinum-sensitive patients.[6]

Platinum-free interval (PFI)[7] is an important prognostic factor for progression-free survival (PFS) and response to subsequent platinum-based therapies.[6,8]

### Aim

To evaluate PFIs across multiple platinum-based line of therapies (pLOTs) for patients with OC from an Argentinian healthcare database.

## Methods

### Study design

'Ovarian Cancer: drug utilization resEArch in LatiN AmerIcA' (**OCEANIA**) was a retrospective, open-cohort study that enabled evaluation of treatment patterns and clinical outcomes in patients with peritoneal, ovarian and fallopian tube cancer in Argentina and Brazil.

### Eligibility

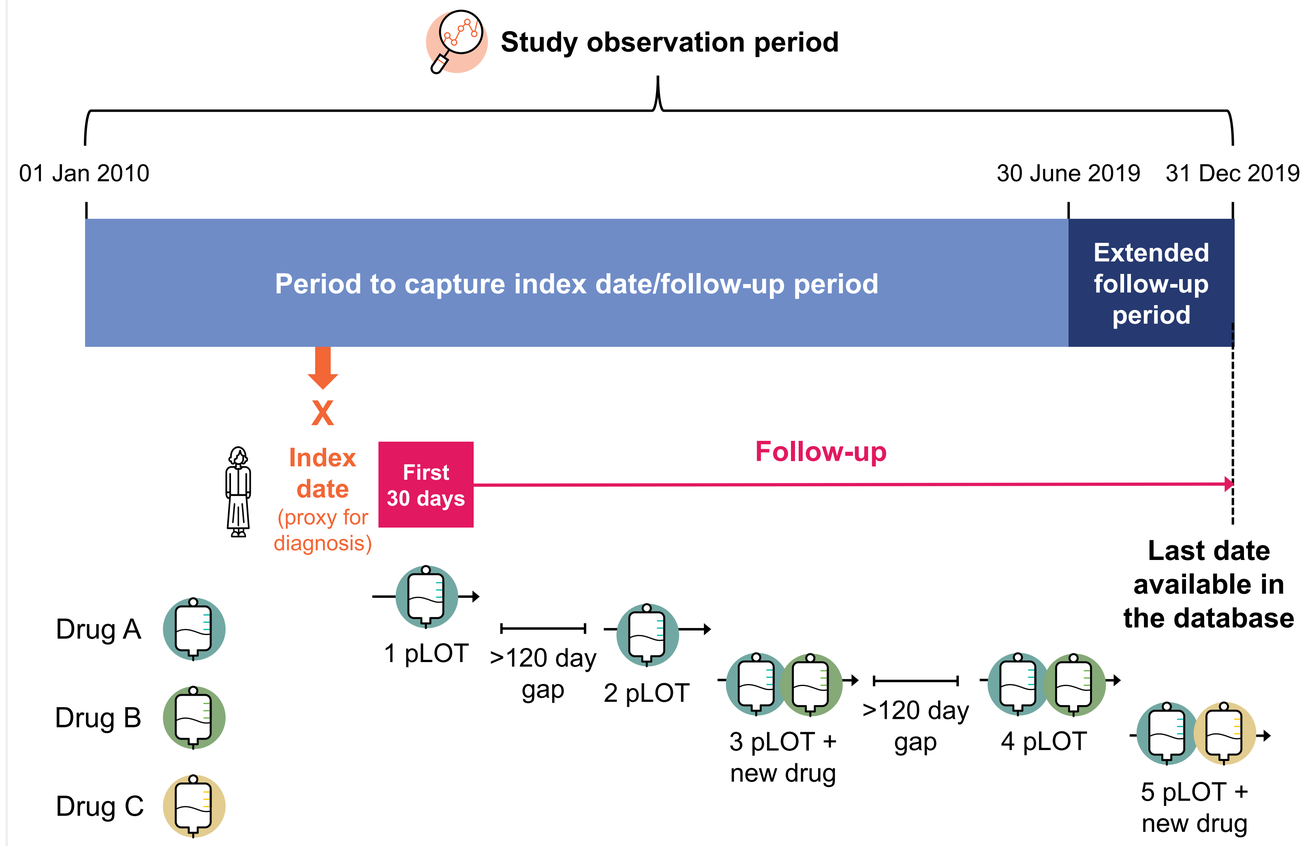
Patients were considered eligible if they were ≥18 years at index date, and had a health code related to OC and/or any OC procedure/treatment between 01 January 2010 and 30 June 2019.

### Data analysis

PFI was evaluated using de-identified data from electronic health records from a private healthcare provider in Argentina (Hospital Italiano de Buenos Aires; **Figure 1**).


For the purposes of this analysis, PFI was defined as the interval (months) between the last recorded dose of one pLOT and first dose of the next pLOT, calculated for up to 5 pLOTs.

**Figure 1. Study design**




PFI, platinum-free interval; pLOT, platinum-based line of therapy; OC, ovarian cancer.

Index date (proxy for diagnosis) was defined as the first date of an OC-related health code and/or an OC-related procedure/treatment from 01 January 2010 to 30 June 2019.

Follow-up was defined as the period after the index date until death, loss of follow-up or end of study period.

- Follow up was extended by up to 6 months for patients who were captured towards the end of the 'period to capture index date'.

LOTs were identified based on drugs dispensed between 01 January 2010 to 31 December 2019.

- The first antineoplastic regimen that defined the first LOT was based on the initial 30-day period.
- A change in LOT was defined by a gap of 120 days between consecutive dispensation dates OR the introduction of additional agents not administered in the patient's previous regimen.
- The following drugs did not constitute a change in LOT: folinic acid (leucovorin), filgrastim, hormone therapies (e.g medroxyprogesterone acetate, megestrol acetate, drospirenone + ethinylestradiol, and gestodene + ethinylestradiol).

Only pLOTS were considered in the PFI analysis.

Platinum-based chemotherapy is defined as the use of carboplatin, cisplatin or oxaliplatin.

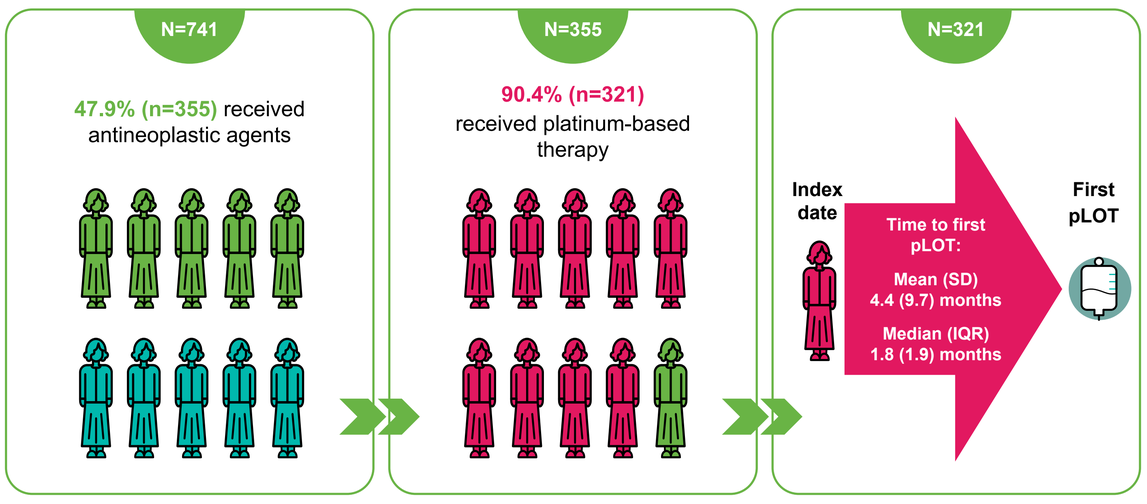
## Results

### Patient population

In this study, 741 patients with OC were identified, with a mean follow-up of 31.7 (standard deviation [SD]: 30.6) months and a median of 23.3 months.

Nearly half of patients (47.9%; n=355) received antineoplastic therapy, of which 90.4% platinum-based therapy, and were included in the analysis (**Figure 2**).

**Figure 2. Breakdown of patients receiving antineoplastic therapy**



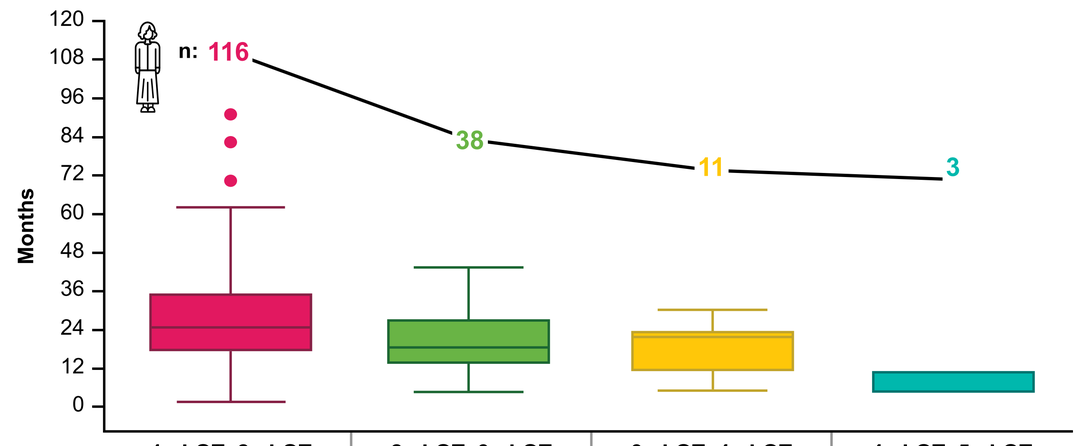

IQR, inter-quartile range; pLOT, platinum-based line of therapy; SD, standard deviation.

### Platinum-free interval between pLOTs

PFIs between first line and subsequent pLOTs are shown in **Figure 3**.

As the number of pLOTs increased, the period between PFI decreased.

**Figure 3. Platinum-free interval between pLOTs***




| | 1 pLOT–2 pLOT | 2 pLOT–3 pLOT | 3 pLOT–4 pLOT | 4 pLOT–5 pLOT |
|---|---|---|---|---|
| Mean PFI (SD), months | 27.1 (15.5) | 20.1 (9.3) | 18.2 (8.0) | 8.9 (3.8) |
| Median PFI (IQR), months | 24.62 (18.2) | 18.80 (14.0) | 21.89 (12.8) | 10.88 (6.8) |

*Patients who did not change pLOT were excluded.
IQR, inter-quartile range; pLOT, platinum-based line of therapy; PFI, platinum-free interval; SD, standard deviation.

## Conclusions

The findings from this real-world OCEANIA study showed a decline in PFI across successive pLOTs in patients with OC.

This observed decline in PFI in this study is likely due to increased resistance to therapies, and/or decreased tolerability.

These findings highlight an unmet need for therapies that prolong time-to-progression and time-to-next-treatment to optimise outcomes for patients with OC.

**Further analyses of the Argentinian database being presented at ISPOR-EU are as follows:**

- Abreu G, et al. Index Date Validation in OCEANIA a Real-World Database Study – The Importance of Looking Back (Poster RWD155, November 9, 2022 09:00–12:30) (Abstract QR code 2).
- Abreu G, et al. Antineoplastic Agents in Ovarian Cancer Treatment Using Argentinian Real-World Data: OCEANIA Study (Podium Presentation, November 7, 2022 13:30–14:30) (Abstract QR code 3).

**Disclosures**

**GA**, **JQ** and **TN** are employees of GSK. **JC** is a former GSK employee. **CS**, **PM**, **MC**, **RMF** and **LJ** are employees of, and hold stocks in, GSK. **LZ** has been on advisory boards for AstraZeneca, Eli Lily, GSK, Novartis, Pfizer, and Roche. **PS**, **NES**, **VAS**, **MCR**, **FC**, **DO** and **JS** have no conflicts of interest to declare.

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QR code 1 QR code 2 QR code 3

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