Drivers of Physicians' Treatment Decision-Making and Future Treatment Expectations: Analysis of the Adelphi Real-World Ovarian Cancer II Disease Specific Programme (DSP™)

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Background

- Until recently, standard of care for advanced ovarian cancer (aOC) consisted of first-line (1L) cytoreductive surgery with subsequent platinum-based chemotherapy ± bevacizumab, or platinum-based chemotherapy ± bevacizumab before and after interval debulking surgery for poor surgical candidates[1]
- However, following 1L treatment, up to 85% of patients experience disease recurrence,[2] and with each subsequent line of therapy, survival benefit is reduced[3]
- With the approval of poly(ADP-ribose) polymerase (PARP) inhibitors for maintenance treatment of aOC,[4,5] the treatment landscape for aOC has evolved
- Given the emergence of new treatment options, physician decision-making and prescribing practices may have shifted in the real-world setting

Objective

- To understand physicians' thoughts on unmet needs, decision-making on treatment choice, and the potential for a cure in aOC
- To describe prescribing practices for niraparib, an approved PARP inhibitor maintenance treatment in aOC

Methods

- The 2023 Adelphi Real-World Ovarian Cancer II DSP™ is a cross-sectional survey of physicians treating aOC
  - Participating countries include the EU5, the US, and Canada
  - Physicians recruited for survey completion comprise medical oncologists, radiation oncologists, and gynaecologic oncologists, all of whom see a minimum of 4 unique patients with aOC per month, with a geographical spread of respondents across each country
- Data collection commenced in March 2023, and final physician survey results are reported (data collection cutoff, September 2023)
- All analyses were descriptive

Results

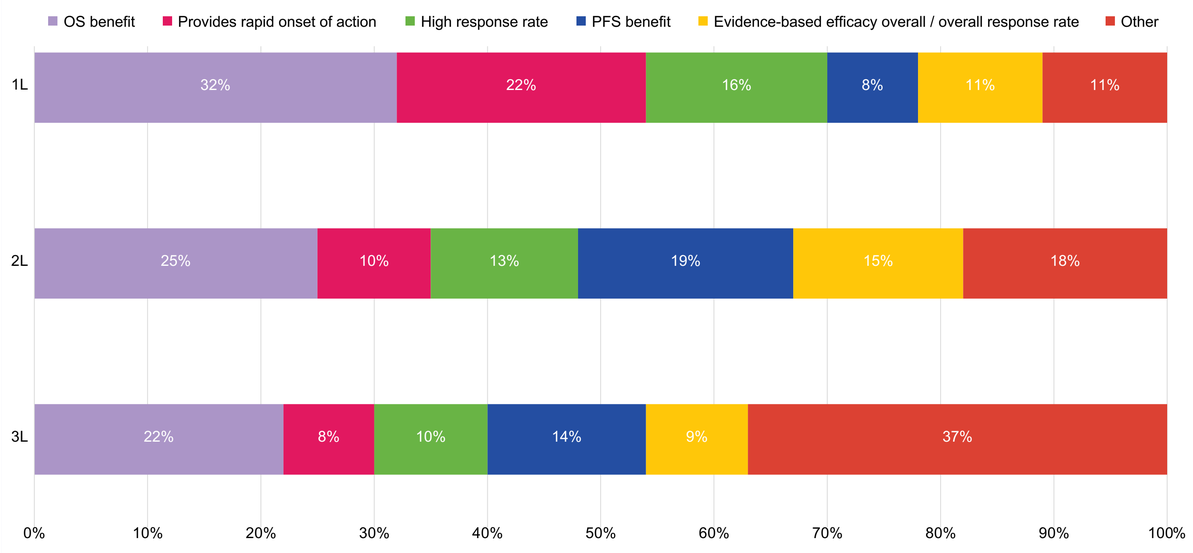
Physicians

- Responses from 306 physicians across Canada (n=15), France (n=50), Germany (n=50), Italy (n=45), Spain (n=46), the UK (n=36), and the US (n=64) were recorded
  - Physicians reported treating a median (IQR) of 40 (25–60) patients with aOC per year among a total of 50 (30–86) patients per year with ovarian cancer and 300 (150–400) patients per year overall
  - Primary practice sites of surveyed physicians included academic sites (55%) and nonacademic sites (45%)

Prescribing rationale/beliefs

- Physician-reported drivers of treatment choice differed by line of therapy, with OS and the drug providing a rapid onset of action being the most important drivers in 1L, OS and progression-free survival the most important drivers in 2L, and "Other" the most important driver in 3L (**Figure 1**).

Figure 1. Physician-Reported Most Important Drivers of 1L, 2L, 3L Treatment Choices in aOC



Based on data from all 306 physicians in the analysis. Physicians were asked to choose the single most important driver of treatment choice in each line of therapy.
1L, first-line; 2L, second-line; 3L, third-line; aOC, advanced ovarian cancer; OS, overall survival; PFS, progression-free survival.

Conclusions

- Most physicians treating aOC in the EU5 (France, Germany, Italy, Spain, and the UK), the US, and Canada reported that overall survival (OS) is the most important driver of treatment choice in 1L and second-line (2L) settings
- Among surveyed physicians, 90% reported belief in the chance of a cure in the 1L setting, with a median OS of 5 years being the time needed to consider a patient cured
- Physicians believe that third-line (3L) treatment, 3L maintenance, 2L treatment, and 1L neoadjuvant treatment are the largest areas of unmet need
- When surveying prescribing practices, over two-thirds of physicians reported a preference for using niraparib as 1L maintenance; however, physicians reported that less than 30% (median, 25%; IQR, 15%–40%) of their patients had received niraparib as 1L maintenance
  - This discrepancy may reflect a lag between niraparib approval as 1L maintenance therapy in 2020 and its implementation in prescribing practices
  - Interpretation of this discrepancy is limited by the cross-sectional nature of this study from a geographically diverse sample of physicians
- Physicians prescribing niraparib reported that clinical data, treatment guidelines, and prior experience guide their treatment decisions

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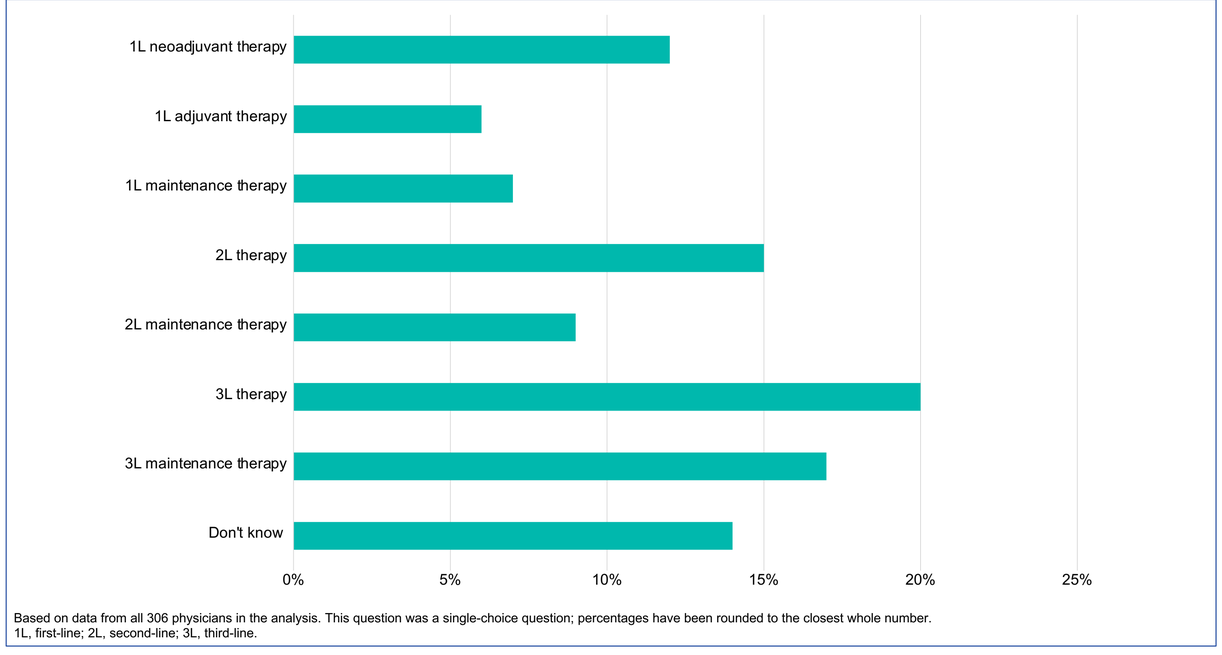
Results *(cont'd)*

- Physicians believed that the treatment settings with the greatest unmet need were 3L treatment (20%), 3L maintenance (17%), 2L therapy (15%), and 1L neoadjuvant therapy (12%) (**Figure 2**)

Figure 2. Physician-Reported Settings of Greatest Unmet Need



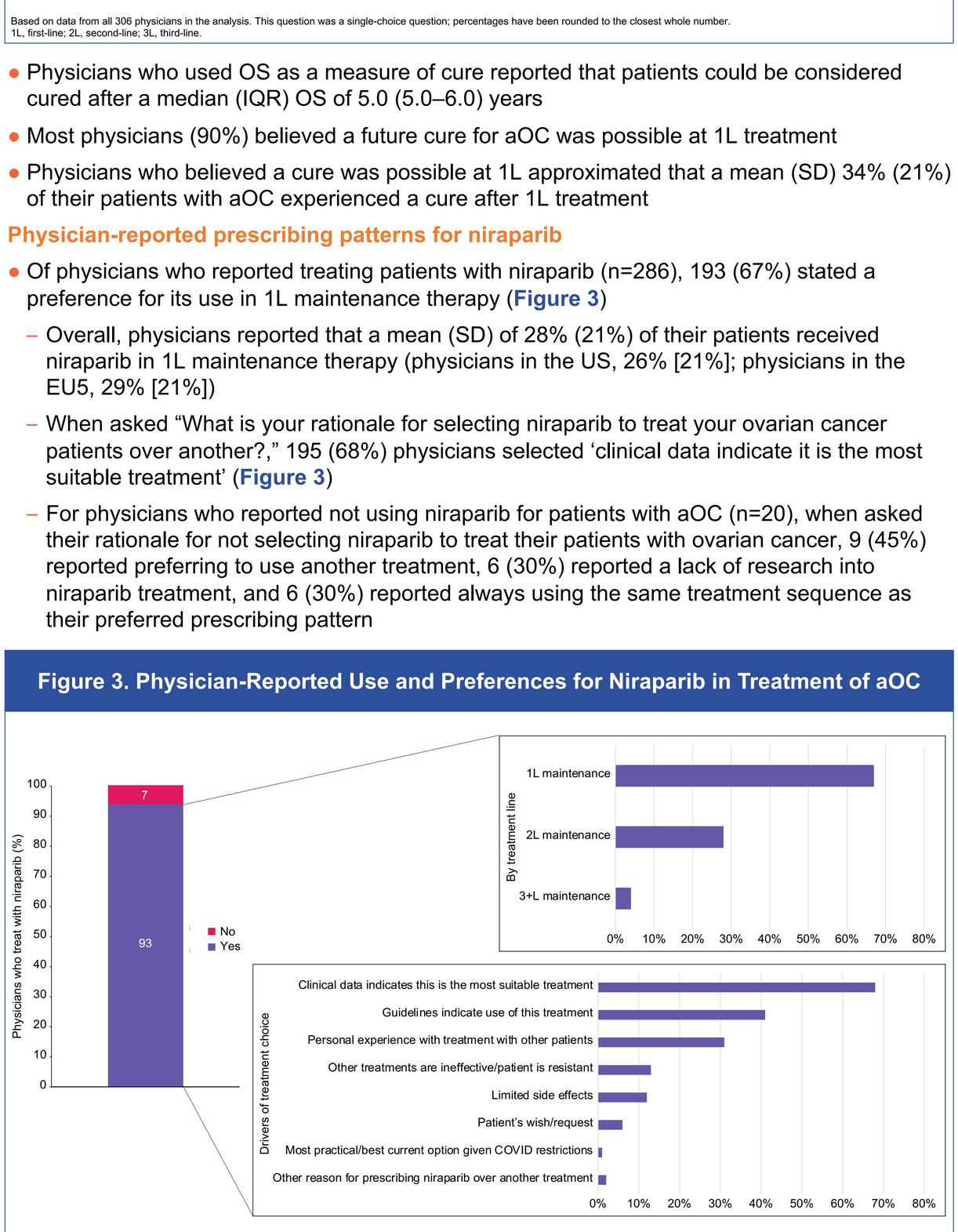
Based on data from all 306 physicians in the analysis. This question was a single-choice question; percentages have been rounded to the closest whole number.
1L, first-line; 2L, second-line; 3L, third-line.

- Physicians who used OS as a measure of cure reported that patients could be considered cured after a median (IQR) OS of 5.0 (5.0–6.0) years
- Most physicians (90%) believed a future cure for aOC was possible at 1L treatment
- Physicians who believed a cure was possible at 1L approximated that a mean (SD) 34% (21%) of their patients with aOC experienced a cure after 1L treatment

Physician-reported prescribing patterns for niraparib

- Of physicians who reported treating patients with niraparib (n=286), 193 (67%) stated a preference for its use in 1L maintenance therapy (**Figure 3**)
  - Overall, physicians reported that a mean (SD) of 28% (21%) of their patients received niraparib in 1L maintenance therapy (physicians in the US, 26% [21%]; physicians in the EU5, 29% [21%])
  - When asked "What is your rationale for selecting niraparib to treat your ovarian cancer patients over another?," 195 (68%) physicians selected 'clinical data indicate it is the most suitable treatment' (**Figure 3**)
  - For physicians who reported not using niraparib for patients with aOC (n=20), when asked their rationale for not selecting niraparib to treat their patients with ovarian cancer, 9 (45%) reported preferring to use another treatment, 6 (30%) reported a lack of research into niraparib treatment, and 6 (30%) reported always using the same treatment sequence as their preferred prescribing pattern

Figure 3. Physician-Reported Use and Preferences for Niraparib in Treatment of aOC



Based on data from all 286 physicians in the analysis who reported treating patients with aOC with niraparib. For drivers of treatment choice, the total of percentages exceeds 100% because physicians were permitted to select multiple answers.
1L, first-line; 2L, second-line; 3+L, third-line and later; aOC, advanced ovarian cancer.

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Conflicts of Interest

Soham Shukla and **Zsofia Kiss** are employees of and hold stock in GSK.
Isaac Sanderson, George Thomason, Alex Rider, and **Tom Brown** are employees of Adelphi Real World.
Rosalind Glasspool reported receiving funding (to institution) from Clovis Oncology; receiving consulting fees from Clovis Oncology, GSK, and Novartis; payment or honoraria for lectures/presentations/speakers bureaus/manuscript writing/educational events from AstraZeneca, Clovis Oncology, and GSK; support for attending meetings and/or travel from GSK and MSD; receipt of patient drug donation scheme (institution) from GSK; serving as the site PI for trials sponsored by Allarity Therapeutics, AstraZeneca, GSK, Immunogen, and Novartis; serving as the chair of the Scottish Gynaecological Cancer Trials Group; and serving as the cochair of the International Gynecological Cancer Society (IGCS) Patient Advocacy Group.