

# Characteristics of Ovarian Cancer Patients: A Real-World Perspective for 1st Line Maintenance Treatment Choice after 1<sup>st</sup> Line Platinum Based Induction Therapy Across EU4 & UK

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## Objectives

Several treatments have received regulatory approvals to treat ovarian cancer as a maintenance therapy after first-line induction therapy. While these treatments have demonstrated meaningful outcomes in clinical trials, limited data are available to describe differences in characteristics of patients with ovarian cancer who continue first-line induction therapy in first-line maintenance therapy, versus those who switch to a new maintenance therapy within a real-world population.

## Methods

First-line ovarian cancer patients who received induction therapy were identified from LiveTracker®—a large database of patient charts across multiple oncology indications. Patients who started first-line maintenance therapy at least six months post-platinum-based induction therapy and had not progressed to second-line in EU4+UK from January 2023 to April 2024 were extracted and analyzed (Table 1).

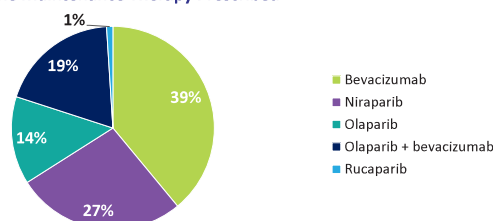
Table 1. Maintenance Therapy by Country

Country	Maintenance Treatment Continuation	Maintenance Treatment Switch	Total Number of ovarian cancer patients
Germany	32% (n=409)	23% (n=552)	26% (n=961)
Spain	14% (n=180)	17% (n=416)	16% (n=596)
France	25% (n=325)	19% (n=473)	21% (n=798)
Italy	21% (n=269)	18% (n=452)	19% (n=721)
United Kingdom	8% (n=104)	23% (n=562)	18% (n=666)
Total	100% (n=1,287)	100% (n=2,455)	100% (n=3,742)

## Results

In the first-line ovarian cancer cohort (n=3,742), bevacizumab was the most prescribed maintenance therapy, followed by niraparib, olaparib, olaparib+bevacizumab in combination, and rucaparib (Figure 1).

Figure 1. First-line Maintenance Therapy Prescribed

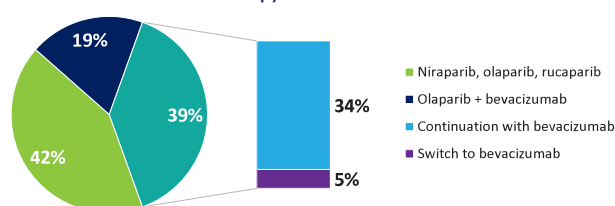


Approximately 34% (n=1,287) of the patient cohort continued maintenance with bevacizumab (Table 2, Figure 2). Among those patients who continued maintenance therapy with bevacizumab, 91% (n=1,170) were BRCA wild type (BRCAwt) and/or negative for homologous recombination deficiency (HRD-) (HR Proficient).

Table 2. First-line Maintenance Therapy

First-line Maintenance Therapy	Maintenance Treatment Continuation	Maintenance Treatment Switch	Total
Bevacizumab	34% (n=1,287)	5% (n=191)	39% (n=1,478)
Niraparib		27% (n=1,014)	27% (n=1,014)
Olaparib		14% (n=517)	14% (n=517)
Olaparib + bevacizumab		19% (n=714)	19% (n=714)
Rucaparib		1% (n=19)	1% (n=19)
Total	34% (n=1,287)	66% (n=2,455)	100% (n=3,742)

Figure 2. First-line Maintenance Therapy



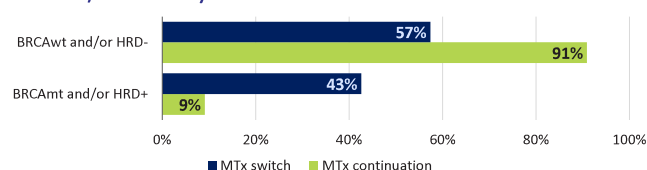
## Abbreviations

BRCA = BRCA gene; BRCAwt = BRCA wild type; ECOG = Eastern Cooperative Oncology Group; HRD = homologous recombination deficiency; MTx = maintenance

## Results (cont.)

Approximately 66% of patients (n=2,455, Table 2) switched to a new maintenance therapy; among those patients, 57% (n=1,409), were BRCA wild type (BRCAwt) and/or HRD- (HR Proficient; Figure 3).

Figure 3. BRCA/HRD Status by Patient that Continue vs. Switch



The characteristics of patients who continued bevacizumab as maintenance therapy after bevacizumab induction therapy were compared (using Chi-square tests) to those who switched to a new maintenance. These populations differ significantly based on country (Table 1), first-line maintenance (Figure 1), BRCA/HRD status (Figure 3), CA-125 levels (Figure 4), radiographic progression (Figure 5), comorbidities (Figure 6), and Eastern Cooperative Oncology Group (ECOG) score (Figure 7).

Figure 4. First-line Maintenance Therapy Patients that Continued vs. Switched by CA-125 Levels

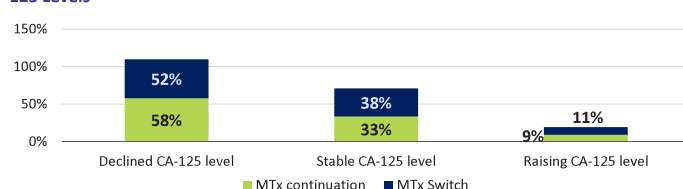


Figure 5. Radiographic Progression between Patients first-line MTx Patients that Continue vs. Switch

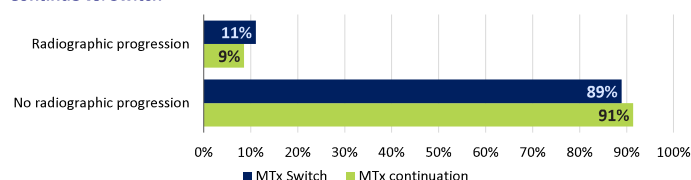


Figure 6. Comorbidity amongst Patients First-line MTx Patients that Continue vs. Switch

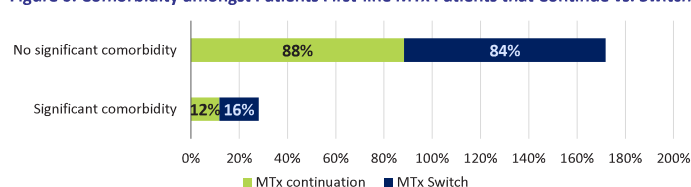
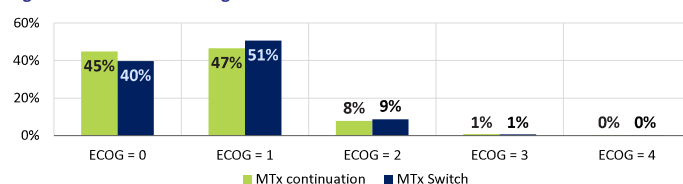


Figure 7. ECOG Score amongst Patients First-line MTx Patients that Continue vs. Switch



## Conclusions

Contemporary and granular real-world data on the ovarian cancer maintenance treatment landscape in EU4+UK reflects significant heterogeneity in patient characteristics for those who continue maintenance therapy vs. patients who switch to a new maintenance therapy.

## Disclosures

Editorial and graphic design support were provided by Fritz Hammie and Kawthar Nakayima of Evidera, a business unit of PPD, part of Thermo Fisher Scientific.