

Results The initial literature search identified 1815 papers; four met the eligibility criteria. Three were randomized clinical trials and one was a phase II single-arm prospective cohort study. MEKi investigated included: pimasertib, selumetinib, trametinib, and binimetinib. A total of 680 patients were included in these studies, of which 416 were treated with a MEKi alone. All patients were treated for recurrent LGSOC. Objective response rates (ORR) to MEKi ranged from 12.1 to 26% and median progression-free survival (PFS) ranged from 7.2 to 13 months.

Conclusion While one study demonstrated significantly improved efficacy of a MEKi over physician-choice systemic therapy in the treatment of recurrent LGSC, another did not show significant benefit. Two additional studies did not compare MEKi to current traditional chemotherapy or hormonal therapies used in the management of LGSC, limiting their clinical relevance. Mutation profiles within the tumors may affect the ORR to various MEKi. Further prospective and randomized trials are needed to determine the efficacy of MEKi in treating LGSC.

2022-RA-1133-ESGO UTILITY VALUES IN PROC

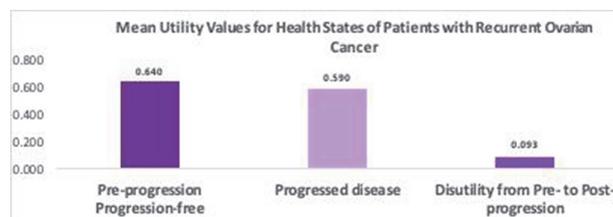
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Introduction/Background Platinum-resistant ovarian cancer (PROC) is associated with a substantial humanistic and economic burden due to disease symptoms, treatment-related side effects and costs. Cost-utility analyses that inform healthcare decision-makers require a set of health state utility values (HSUVs). As part of a systematic literature review (SLR), published evidence of HSUVs associated with PROC were described.

Methodology The scope of the SLR was defined using the Patient population, Intervention, Comparators, Outcomes measures and Study design (PICOS) statement, and performed using pre-defined search terms in accordance with PRISMA guidelines. Key biomedical literature databases (Medical Literature Analysis and Retrieval System Online [MEDLINE[®]] and Excerpta Medica Database [Embase[®]]), EconLit and Cochrane were searched for records dated up to July 6, 2021. Relevant congresses (2017–2021), previous health technology assessment submissions, and previously conducted SLRs were also searched to capture relevant data.

Results Out of 34 studies from the SLR, 17 publications reporting HSUVs were identified. Of these, nine studies gathered EQ-5D values directly from ovarian cancer patients, four mapped EQ-5D HSUVs from FACT-O or FACT-G values, three studies mapped utility values from other solid tumor indications and one modeled EQ-5D HSUVs using Bayesian regression from patient registry data. HSUVs were relatively high at pre-progression (range 0.610 to 0.718) while patients are receiving routine chemotherapy, with a lower value for those experiencing grades 3 and 4 toxicity (0.500). HSUVs increased in those receiving maintenance therapy with PARP inhibitors after chemotherapy (range: 0.710 to 0.838). There was a decrease observed those progressed on platinum chemotherapy (range 0.40 to 0.649), with a median disutility from pre- to post-progression of 0.093.



Abstract 2022-RA-1133-ESGO Figure 1

Conclusion HSUVs for each line of therapy showed considerable heterogeneity, likely due to variability of data sources and differences in patient populations. Careful deliberation should be taken when conducting cost-utility analyses in patients with ovarian cancer.

2022-RA-1134-ESGO FIRST REAL-LIFE DATA ON NIRAPARIB MAINTENANCE IN NEWLY-DIAGNOSED ADVANCED OVARIAN CANCER: A DESCRIPTIVE ANALYSIS OF THE TEMPORARY AUTHORISATION FOR USE (ATU) COHORT

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Introduction/Background Niraparib is a PARP inhibitor approved in Europe as maintenance monotherapy in advanced ovarian cancer (aOC) after response to 1L platinum-based chemotherapy. PRIMA/ENGOT-ov26/GOG-3012 showed significant improvement in progression-free survival in aOC with niraparib versus placebo. An early access program (cohort [c] ATU) in France allowed real-world patients with newly-diagnosed aOC who had limited treatment options to receive 1L maintenance treatment with niraparib, when bevacizumab maintenance was not an option for BRCA wild-type patients.

Methodology Patients with newly-diagnosed aOC, including patients without residual disease (RD), were eligible if they had response following platinum-based chemotherapy, were not eligible for bevacizumab, and lacked a BRCA mutation. Niraparib was administered orally (200/300 mg/day) by baseline weight and platelet count.

Results From August 2020-March 2021, 67 oncologists from 55 hospitals completed evaluations for 82 patients with newly-diagnosed aOC; 73 met all eligibility criteria; 67 were exposed to niraparib. Baseline characteristics (table 1) showed