INTRODUCTION/BACKGROUND

With the approval of the first poly-(adenosine diphosphate-ribose) polymerase inhibitor (PARPi), olaparib therapy has demonstrated efficacy in first-line (1L) maintenance for Breast Cancer gene mutated (BRCaM) advanced ovarian cancer (AOC) patients in 2018 and in combination with bevacizumab for Homologous Recombination Deficient (HRD+) AOC patients in 2020. This study describes biomarker testing and treatment patterns in a representative AOC patient sample.

Methodology

A retrospective observational study utilizing the electronic health record-derived de-identified US-based Flatiron Health database was performed including women aged ≥18 years at AOC diagnosis between July 2018 and December 2021 with ≥2 clinical visits. Patients were followed from diagnosis until 31 December 2021, cessation of dataset coverage, or death, whichever occurred first. Biomarker testing was defined as evidence of a test for BRCA or HRD.

RESULTS

Of the 1,107 patients included, most (88%, n = 976/1,107) were BRCaM tested, and 22.5% (n = 249/1,107) were HRD tested. In BRCaM-tested patients 25.3% (n = 247/976) were additionally HRD tested. Among patients receiving either a BRCA or HRD test (n = 978) 56.4% (n = 552/978) were tested between AOC diagnosis and initiation of 1L systemic therapy. With respect to 1L maintenance: among BRCaM patients (n = 139), 33.1% (n = 46/139) were treated with olaparib monotherapy vs. 6.5% (n = 9/139) with other PARPi therapy. Among HRD+ patients, including those with a pending HRD result who were BRCaM (n = 115), 20.0% (n = 23/115) were treated with olaparib monotherapy, 13.9% (n = 16/115) were treated with olaparib/bevacizumab combination therapy vs. 17.4% (n = 20/115) with other PARPi therapy.

Conclusion

Although the majority of patients were tested for BRCA, a large majority of patients were not tested for HRD. Following testing, few patients received PARPi as 1L maintenance therapy despite actionable biomarker results. This study demonstrates the need for improved education surrounding genetic testing to optimize therapeutic decisions for AOC patients.

INTRODUCTION/BACKGROUND

Borderline ovarian tumor (BOT) is a non-invasive tumor with a favourable prognosis. Depending on tumor pathologic aspect, two patterns of growth can be identified: endophytic and exophytic pattern. Concerns have arisen about the clinical significance of BOT with exophytic growth pattern. This study aims to analyse and compare patients' characteristics, sonographic features, and prognosis related to both patterns.

Methodology

A retrospective multicentre study was conducted. Patients who underwent surgical treatment for BOT were recruited and they were divided in two groups according to macroscopic aspect. This study aimed to analyse and compare patients' characteristics, sonographic features, and prognosis related to both patterns.

RESULTS

Of the 229 patients who met the inclusion criteria, 169 (73.8%) were in the endophytic group and 60 (26.2%) in the exophytic group. Concerns have arisen about the clinical significance of BOT with exophytic growth pattern. This study aims to analyse and compare patients' characteristics, sonographic features, and prognosis related to both patterns.