Supplementary Appendix

Supplementary material has been provided by the authors to provide more detailed methods.

Supplement to: Characteristics and real-world outcomes of patients with epithelial ovarian cancer who received niraparib plus bevacizumab first-line maintenance therapy in the COMB1NE study

Supplemental Methods

Key Variables

Patient demographics and clinical characteristics were assessed. Specifically, age, race, ethnicity, geographic region, practice type, year of initial ovarian cancer diagnosis, year of end of first-line therapy, duration of first-line therapy, prior primary or interval cytoreductive surgery, first-line treatment regimen, second-line treatment regimen, residual disease status, body height and weight, platelet count, hypertension diagnosis (defined as yes/no, via International Classification of Diseases [ICD] 9 and 10 codes), systolic and diastolic blood pressure, Eastern Cooperative Oncology Group performance status (ECOG PS) score, histology at ovarian cancer diagnosis, stage at initial diagnosis, and BRCA and homologous recombination (HR) deficiency (HRD) biomarker status were assessed. Dosing characteristics for first-line maintenance niraparib monotherapy were also collected. The individualized starting dose was determined based on the patient's weight and platelet count. Patients weighing <77 kg or with a platelet count of <150,000/μL were indicated for a 200-mg starting dose. Patients weighing ≥77 kg and with a platelet count ≥150,000/μL were indicated for a 300-mg starting dose. If patient weight and/or platelet count data were missing, the individualized starting dose was recorded as unknown. Starting dose status was a categorical variable defined as individualized starting dose (a patient started at the dose indicated by individualized starting dose calculation), received a dose lower than individualized starting dose (e.g., indicated for 300 mg but had a starting dose of 200 mg or 100 mg), or received a dose higher than individualized starting dose (e.g., indicated for 200 mg but had a starting dose of 300 mg); patients with missing data for any of these variables had a starting dose status classified as "other or unknown."

Thaker PH, *et al. Int J Gynecol Cancer* 2024;0:1–8. doi: 10.1136/ijgc-2024-005611