Ovarian Cancer Retrospective European (O‘CaRE) Observational Study to Assess Burden of Disease and Time to Next Treatment in Real-World Clinical Practice: Results from the United Kingdom

Background
In 2020 there were an estimated 313,959 new cases of ovarian cancer and 207,252 deaths from ovarian cancer worldwide. Until recently, the standard of care for first-line (1L) treatment of epithelial ovarian cancer was a combination of surgery and chemotherapy, with or without inclusion of antiangiogenic therapy. Use of poly(adenosine diphosphate [ADP]-ribose) polymerase (PARP) inhibitors as maintenance therapy has become more common following demonstrations of their efficacy across patient populations and treatment lines in clinical trials. Real-world studies investigating how patients with ovarian cancer are treated in clinical practice are lacking.

Conclusions
Median time to next treatment (TTNT) decreased with each progressive line of therapy, and outcomes generally worsened with each line of treatment. Potential limitations of this analysis include its retrospective design, the small number of patients in several of the subgroups, and limitations associated with electronic case report data, which can be subject to incomplete data entry and coding errors. Overall, these findings demonstrate an unmet need in patients with ovarian cancer as there was significant morbidity and mortality and most patients require multiple lines of therapy. With the recent changes to the treatment landscape, additional analyses will be needed to investigate the overall use and efficacy of maintenance therapies, including PARP inhibitors, in patients with advanced ovarian cancer treated in clinical practice.

Objectives
The retrospective O‘CaRE study assessed real-world burden of disease, treatment patterns, and outcomes in patients with ovarian cancer through analysis of healthcare data across 5 European countries. Interim results are reported herein for the UK cohort.

Methods
O‘CaRE is a multicenter, retrospective, noninterventional study conducted using medical records from patients aged ≥18 years diagnosed with epithelial ovarian, fallopian tube, or primary peritoneal cancer from January 1, 2014, to December 31, 2015. Patients who received PARP inhibitor treatment as an investigational medicine were ineligible. Patients were followed for a maximum of 4 years after the index date or until death or loss to follow-up, whichever occurred first; the index date was defined as the date of initial diagnosis.

Kaplan-Meier methodology was used to estimate TTNT (time from last recorded 1L treatment dose to start of 2L treatment, TTNT2 (time from end of 2L to start of 3L treatment), TTNT3 (time from end of 3L to start of 4L treatment), progression-free survival (PFS), time from end of 1L treatment to beginning of 2L treatment, documentation of progression, or patient death, whichever occurred first), and overall survival (OS; time from end of 1L treatment to patient death).

Results
This interim analysis of the UK cohort included a total of 166 patients. Median patient age at index date was 65 years, and 65% of patients had stage III or IV disease at diagnosis (Table 1). Treatments
For 1L treatment, 50.0% of patients received a combination of surgery (primary debulking surgery or interval debulking surgery) + chemotherapy, with an additional 15.1% of patients receiving surgery + chemotherapy + antiangiogenic therapy (Table 2). 25.9% of patients received chemotherapy alone for 1L treatment.