Who Receives Maintenance Therapy After First-Line Chemotherapy? A Real-world Assessment of Patients with Ovarian Cancer Who Received Niraparib First-line Maintenance Therapy in the United States

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Background

- In the US, approximately 66% of patients with ovarian cancer (OC) have distant disease at diagnosis, and the estimated 5-year survival rate for these patients is 30% regardless of treatment.
- To delay recurrence and extend progression-free survival, the treatment landscape for OC has expanded to include maintenance therapies given after a response to front-line chemotherapy.

Methods

- The retrospective cohort study used the US national relation (R) electronic health record (EHR)–derived database (EHRDB). This database is contained within the MedComms database, which contains data from over 200 electronic health record (EHR)–based registries that contain de-identified clinical data from over 100 million unique patients. Patients included were aged 18 years or older with a first-line diagnosis of OC between 1 January 2011 and 30 November 2021.
- Patients with missing data or cases with no clinical follow-up were excluded. Patients were stratified by index date: before 29 April 2020, the index date of the niraparib post-approval cohort, or on or after 29 April 2020, the index date of the niraparib post-approval cohort.
- The majority (86.9%) of patients had stage III or stage IV disease at initial diagnosis. Patients received niraparib as monotherapy or in combination with platinum, and most patients had received ≥1 prior chemotherapy regimen. Most patients were treated with niraparib maintenance therapy after achieving a complete or partial response to first-line chemotherapy.

Results

- A total of 374 patients with advanced OC who received niraparib maintenance therapy for ≥12 months were included in the analysis (Figure 1). The majority of patients were white, and the median age at diagnosis was 60 years. Fewer than 5% of patients had no high-risk factors.

- The proportion of patients who had stage III or stage IV disease at diagnosis differed between the niraparib pre- and post-approval cohorts (Table 2). The proportion of patients with stage IV disease was 34.4% in the niraparib post-approval cohort and 54.0% in the niraparib pre-approval cohort. The proportion of patients with stage IV disease was 0.0% in the niraparib post-approval cohort and 33.2% in the niraparib pre-approval cohort.

- The proportion of patients with BRCA deletion was 44.4% in the niraparib post-approval cohort and 89.9% in the niraparib post-approval cohort. The proportion of patients with BRCA deletion was 62.3% in the niraparib post-approval cohort and 84.5% in the niraparib post-approval cohort.

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- The proportion of patients with high risk factors was 75.9% in the niraparib post-approval cohort and 83.9% in the niraparib post-approval cohort.

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