gynaecological cancers

HEALTH-RELATED QUALITY OF LIFE (HRQoL) DURING OLAPARIB MAINTENANCE THERAPY IN PATIENTS WITH PLATINUM-SENSITIVE RELAPSED SEROUS OVARIAN CANCER (PSR SOC) AND A BRCA MUTATION (BRCAM)


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Aim: Maintenance monotherapy with the PARP inhibitor olaparib significantly prolonged progression-free survival (PFS) versus placebo in patients with PSR SOC, and subsequent analysis has shown that patients with a BRCam receive greater treatment benefit (Ledermann et al Lancet Oncol 2014). As preserved HRQoL may support chronic administration in the maintenance setting, the effect of olaparib on HRQoL was evaluated in this randomized, double-blind Phase II trial (NCT01073545).

Methods: Patient-reported HRQoL and disease-related symptoms were evaluated using the Functional Assessment of Cancer Therapy Ovarian (FACT-O) questionnaire, FACT/NCCN Ovarian Symptom Index (FOSI) and Trial Outcome Index (TOI). Patients completed the FACT-O questionnaire at baseline and every 28 days until progression. Individual symptom severity over 7 days was measured using the five-item FACT-O. The TOI of the FACT-O was the primary HRQoL endpoint. FOSI is the sum of a subset of eight symptom-related items.

Results: Of patients randomized to olaparib (n = 136) or placebo (n = 129), BRCA mutation status data were available for 254/265 (96%), of whom 136/254 (53.5%) had a known deleterious/suspected deleterious germline or somatic BRCA mutation. Most patients reported a best response of ‘improved’ or ‘no change’ on TOI (Table); this trend was also seen in other HRQoL measures. There were no statistically significant differences in improvement rates or time to worsening of TOI, FOSI and Total FACT-O.

Table: 885PD

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>BRCAm</th>
<th>BRCAwt</th>
</tr>
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<tbody>
<tr>
<td>Olaparib</td>
<td>N = 115</td>
<td>N = 84</td>
<td>N = 49</td>
</tr>
<tr>
<td>Placebo</td>
<td>N = 111</td>
<td>N = 53</td>
<td>N = 54</td>
</tr>
<tr>
<td>Improved*</td>
<td>23 (20.0)</td>
<td>25 (30.0)</td>
<td>19 (39.8)</td>
</tr>
<tr>
<td>No change†</td>
<td>72 (62.6)</td>
<td>67 (80.5)</td>
<td>54 (112.8)</td>
</tr>
<tr>
<td>Worsened††</td>
<td>16 (13.9)</td>
<td>12 (14.7)</td>
<td>6 (12.2)</td>
</tr>
<tr>
<td>Non-evaluable</td>
<td>4 (3.5)</td>
<td>3 (3.6)</td>
<td>1 (2.0)</td>
</tr>
</tbody>
</table>

*Best response of improved defined as two visit responses of ‘improved’ a minimum of 21 days apart without an intervening visit response of ‘worsened’.
†Defined as two visit responses of ‘no change’ or a response of ‘no change’ and a response of ‘improved’ a minimum of 21 days apart without an intervening visit response of ‘worsened’. No change is defined as a change from baseline of greater than -7 but less than +7.
††Defined as a visit of ‘worsened’ without a response of ‘improved’ or ‘no change’ within 21 days. Worsened is defined as a change from baseline of less than or equal to -7.

BRCAm, BRCA wild type, includes patients with no known BRCAm or a variant of unknown significance.

Conclusions: HRQoL was not negatively impacted during maintenance therapy with olaparib. Phase III trials are enrolling.

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