Aim: There is some evidence that participating in clinical trials may be associated with better survival in cancer patients. We wished to investigate whether outcome for patients with epithelial ovarian cancer (EOC) treated on a clinical trial was associated with a better outcome at our institution.

Methods: Patients with EOC treated on three UK MRC first-line clinical trials: ICON-5, ICON-7 and SCOTROC-4, between 2002 and 2008 were each matched with individuals who received 1st line chemotherapy outside a clinical trial (“non-trial”). Cases were matched for age (<65 years or >65 years), FIGO stage (<2C or >2C), histology (serous, clear cell, endometroid or other), surgical status (sub-optimal or optimal debulking) and chemotherapy received 1st line (carboplatin and taxol or carboplatin alone). All patients were World Health Organisation (WHO) performance status 0 or 1. Data were analysed using StatsDirect Ltd. 2013 England.

Results: Thirty patients treated on clinical trials were matched with 30 patients who received treatment “off-trial”. There were 4 patients in each group with early stage disease. The median progression free survival for patients treated on a trial was 26.4 months, compared with 24.6 months for patients who received 1st line chemotherapy out of a trial. The difference between groups was not significant (Log Rank test, HR 0.85, 95% CI: 0.47 to 1.54, p = 0.6). The median overall survival (OS) for patients treated on a trial was 64.3 months compared with 62 months for “non-trial” patients. The difference in OS between both groups was not significant (Log Rank test, HR 0.86, 95%CI: 0.46 to 1.63, p = 0.6).

Conclusions: Data from our institution, a tertiary referral centre active in clinical trials, shows a good outcome for patients with advanced ovarian cancer regardless of whether they received 1st line chemotherapy on a clinical trial. Our data compares favourably with survival data from ICON-5 (median OS 44.1 months) and SCOTROC-4 (median OS 34 months).

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