



Quality of life and treatment response among women with platinum-resistant versus platinum-sensitive ovarian cancer treated for progression: A prospective analysis

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HIGHLIGHTS

- QoL may be maintained in women re-treated for platinum-resistant ovarian cancer.
- Treatment response appears better if re-treated with platinum-based agents.
- QoL at chemotherapy start may be higher in women who have a response.

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ABSTRACT

Objective. Most women with ovarian cancer relapse and undergo further chemotherapy however evidence regarding the benefits of this for women with platinum-resistant disease is limited. Our objective was to determine whether there was a quality of life improvement or treatment response among women treated for platinum-resistant recurrent ovarian cancer.

Methods. We combined data from 2 studies where women treated with chemotherapy for recurrent ovarian cancer ($n = 172$) completed a quality of life questionnaire every 3 months. Cancers were classified as platinum-resistant if they progressed within 6 months of completing first-line chemotherapy. Mixed effects models were used to analyze change in quality of life during the first 6 months after second-line chemotherapy.

Results. One-quarter of women ($n = 44$) were classified as having platinum-resistant disease. Overall, their quality of life did not significantly increase or decrease, following commencement of second-line chemotherapy (least square mean scores = 107, 105, 103 at chemotherapy start, 3 and 6 months later, respectively), although 26% of these women reported a meaningful increase and 31% reported a meaningful decline. One-third of the platinum-resistant group responded (11% complete and 21% partial response) to second-line chemotherapy, and this figure increased to 54% among the subset (36%) re-treated with platinum-based agents with or without other agents. Preliminary analyses suggest that quality of life may be higher at chemotherapy initiation in women whose disease responded (median score 121 vs 110).

Conclusions. Overall, quality of life appears to be maintained in women with platinum-resistant ovarian cancer who receive further chemotherapy and some women respond to re-treatment.

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Introduction

Ovarian cancer is the fifth most common cause of cancer death in women [1]. Two-thirds of women diagnosed with ovarian cancer

present with advanced disease and, although most initially respond to treatment, the vast majority eventually experience disease progression [2]. With few exceptions, recurrent ovarian cancer is not curable, yet end-points of most clinical trials in this group include response to treatment, progression-free survival and overall survival. In such a palliative setting, quality of life may be a more meaningful end-point.

After first-line chemotherapy for ovarian cancer, time to progression can be used to predict how groups of patients might respond to further chemotherapy at relapse [3]. A cancer with a long progression-free interval after completion of chemotherapy (>6 months) is associated with higher response rates to re-treatment, and is classified as 'platinum-sensitive'. Management of recurrent disease in this group generally involves further platinum-based chemotherapy with response rates ranging from 30–60% and a median progression-free survival of 6–12 months [4,5].

Women whose disease progresses within 6 months of completing first-line chemotherapy are defined as having 'platinum-resistant' disease. They have a 10–25% likelihood of responding to second-line chemotherapy, a median progression-free survival of 3.5–4 months and a median overall survival of 9–10 months [4,6]. 'Platinum-refractory' disease refers to disease that progresses during chemotherapy and the objective response rate to second-line chemotherapy in these patients is <10% [4]. While a subset of women in these groups derive a survival benefit from second-line chemotherapy, some women with platinum-resistant/refractory ovarian cancer continue to receive aggressive and expensive chemotherapy until days before their death [7]. The goal of end of life care is to maximize quality of life yet to date only 1 small study (n = 9 with complete data) with a highly selected patient group of women with good performance status, has considered quality of life specifically among women with platinum-resistant recurrent ovarian cancer [8]. Other studies which have combined women with platinum-sensitive and resistant disease, found quality of life improvements after chemotherapy [9], however these pooled results are likely to be driven by the high proportion of women with platinum-sensitive disease. We

have used 2 population-based longitudinal datasets to determine if there is a quality of life improvement following second-line chemotherapy among women with platinum-resistant ovarian cancer and have compared this group to women with platinum-sensitive disease. We also consider treatment response among these subgroups.

Methods

Study designs

We combined data from 2 longitudinal studies of women with ovarian cancer (Fig. 1). Ethics approval was obtained from the Human Research Ethics Committees of the QIMR Berghofer Medical Research Institute, The University of Sydney and all participating hospitals. Participants from both studies provided informed consent.

The first study, PROSPECT [10], recruited 74 women with newly-diagnosed and 48 with recurrent disease from 7 hospitals in 2 Australian states between April 2003 and January 2005. Eligible patients were women aged 18 to 79 years referred for chemotherapy for primary epithelial ovarian cancer and who were able to complete the study documents in English. Participants were mailed questionnaires every 3 months for 2 years or until they withdrew or died. At study entry participants were between 1 month and 20 years post-diagnosis (median 15 months).

The second study included 798 women who had participated in a previous population-based case-control study [11–13]. The Australian Ovarian Cancer Study (AOCS) recruited women aged 18–79 years with invasive epithelial ovarian cancer diagnosed between January 2002 and June 2006 through gynecological oncology units and state-based cancer registries in all Australian states and territories. Women who participated in AOCS and were still alive between May 2005 and March 2007 were invited to take part in a quality of life substudy (AOCS-QoL) [14]. Women who consented were mailed questionnaires

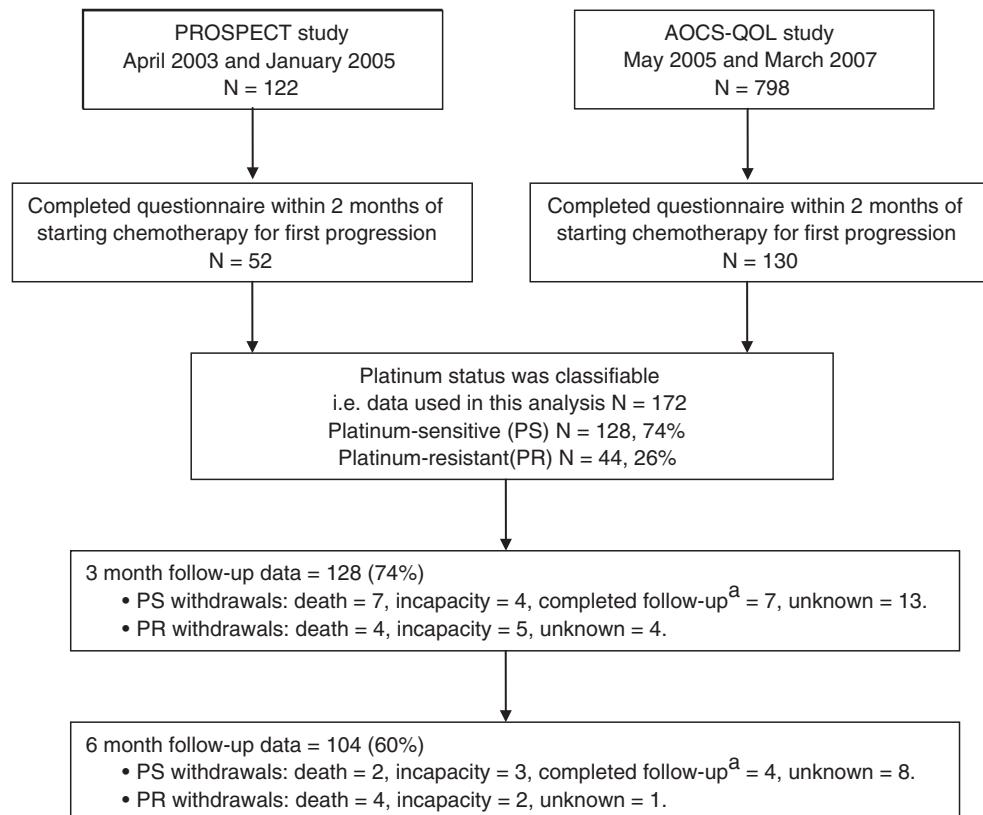


Fig. 1. Flow of participant recruitment and data contribution to this analysis. ^aCompleted follow-up for parent study.

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