REAL-LIFE EFFECTIVENESS AND SAFETY OF NIRAPARIB AND OLAPARIB IN HIGH-GRADE OVARIAN CANCER

De Santiago Álvarez, Raquel[1]; Hernández Terciado, Carlos[1]; Lozano Llano, Carla[1]; Alcaraz López, Juan Ignacio[1]; Delgado Téllez De Cepeda, Laura[1]; Menchén Viso, Belén[1]; Folguera Olías, Carlos[1]; Manso Manrique, Marta[1]; Maximiano Alonso, Constanza[2]; Sánchez Guerrero, Amelia[1].
[1]Pharmacy Department, [2]Medical Oncology Department- Hospital Universitario Puerta de Hierro Majadahonda, Spain.

1 BACKGROUND AND IMPORTANCE

Poly (ADP-ribose) polymerase enzyme inhibitors (iPARP), have recently revolutionised high-grade epithelial ovarian cancer treatment. These new drugs have a new efficacy and safety profile.

2 AIM AND OBJECTIVES

Review effectiveness and safety of olaparib and niraparib (iPARP), according to standard clinical practice, in patients with high-grade epithelial ovarian cancer.

3 MATERIALS AND METHODS

Retrospective observational study, in a tertiary care hospital, included patients with high-grade epithelial ovarian cancer who started treatment with olaparib or niraparib between May 2019 and December 2020. Demographic, clinical and pharmacological data were collected from electronic medical records.

Efficacy variables
Overall survival (OS)
Progression-free survival (PFS)

Safety variables
Adverse events (AEs)
Temporary discontinuations
Dose reductions

Survival analysis was performed using Kaplan-Meier method.

4 RESULTS

34 PATIENTS

Median age 59 years (IQR 53-68)
All of them present a baseline ECOG between 0 and 1
Median follow-up was 15.6 months (IQR 9.8-29.5)

44.1% OLAPARIB

- Median PFS and OS were not reached.
- AEs: 93.3% (grade ≥3 AEs occurred in 33.3% patients).
- Temporary discontinuation: 20%.
- Dose reduction: 20%.
- No patient discontinued treatment due to toxicity.

55.9% NIRAPARIB

- Median PFS: 11.30 (95% CI= 2.65-19.95) months.
- Median OS: 36.01 (95% CI= 13.37-58.64) months.
- AEs: 100% (grade ≥3 AEs occurred in 63.1% patients).
- Temporary discontinuation: 57.9%.
- Dose reduction 52.6%.
- No patient discontinued treatment due to toxicity.

All patients who received olaparib had mutated BRCA, while those who received niraparib had BRCA wildtype.

5 CONCLUSION AND RELEVANCE

Olaparib and niraparib achieve relevant results in patient survival. The differences respect to pivotal trials could be explained by a greater knowledge on the use of these drugs, which allows a better selection of the patients to be treated. In terms of safety, most patients experience some AEs during treatment, which are reversible and controllable with dose reduction.

Contact data: Raquel De Santiago Álvarez raquel.desantiago@salud.madrid.org