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

1. BACKGROUND AND IMPORTANCE
Poly (ADP-ribose) polymerase enzyme inhibitors (PARP), 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 (PARP), 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.

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