ARE POLY (ADP-RIBOSE) POLYMERASE INHIBITORS WELL TOLERATED BY OUR PATIENTS? A SAFETY STUDY IN REAL-WORD PRACTICE

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BACKGROUND: Poly (ADP-ribose) polymerase inhibitors (PARPi) are used for maintenance therapy in ovarian cancer after a platinum-sensitive relapse. Treatment individualization is crucial due to frequency of adverse events (AEs).

AIM: To assess the safety of PARPi for maintenance treatment in ovarian cancer. To compare obtained results with reference trials.

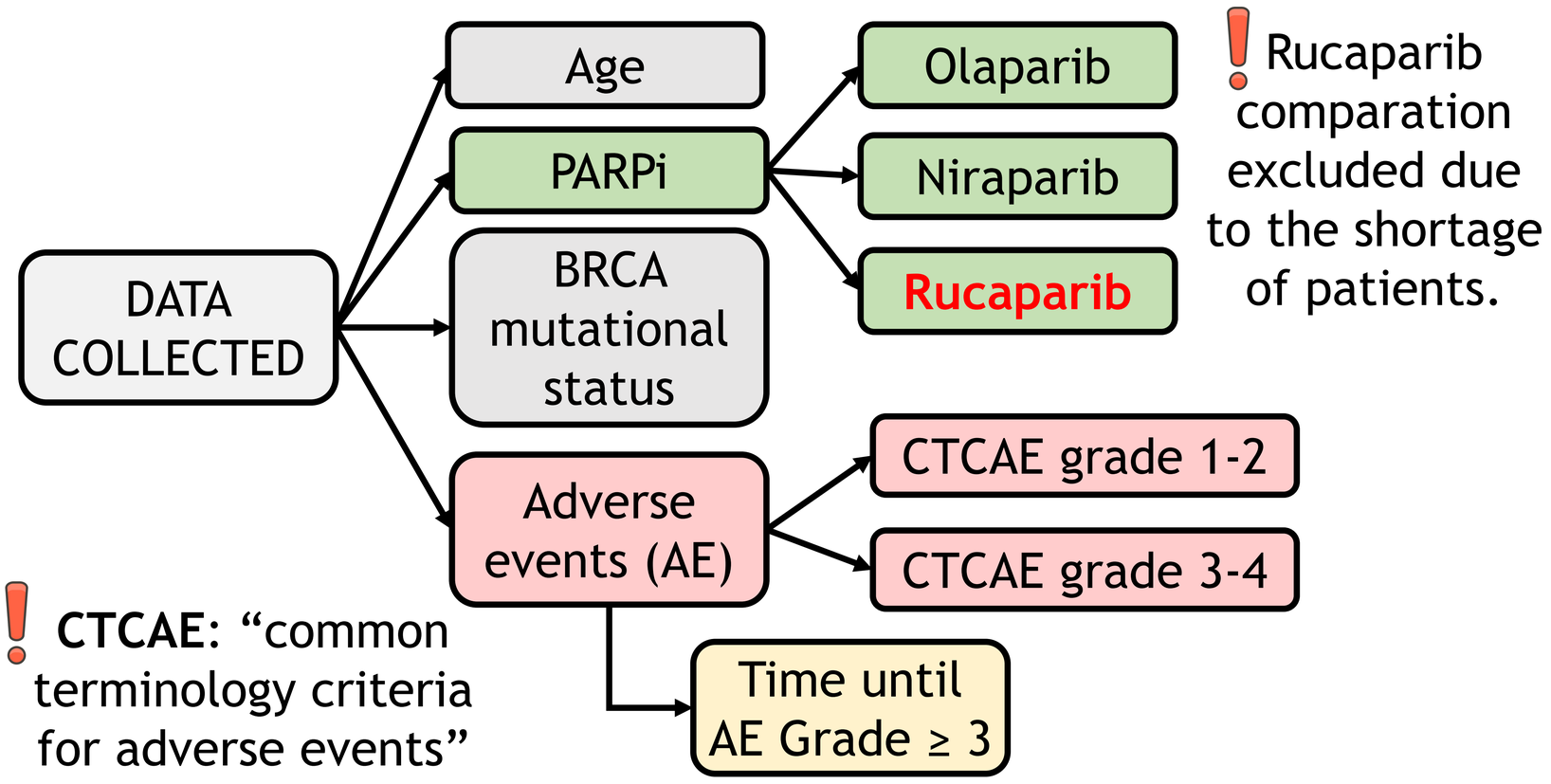
MATERIALS AND METHODS

STUDY DESING
Retrospective observational study

STUDY DURATION
From March 2020 to March 2021

PATIENTS INCLUDED
Ovarian cancer patients that received PARPi for maintenance after platinum-based chemotherapy

REFERENCE TRIALS
- Olaparib: SOLO2/ENGOT-Ov21
- Niraparib: NOVA/ENGOT-Ov21



RESULTS

40 patients included

- Olaparib = 20 patients
- Niraparib = 18 patients
- Rucaparib = 2 patients

All patients started PARPi therapy with standard dose

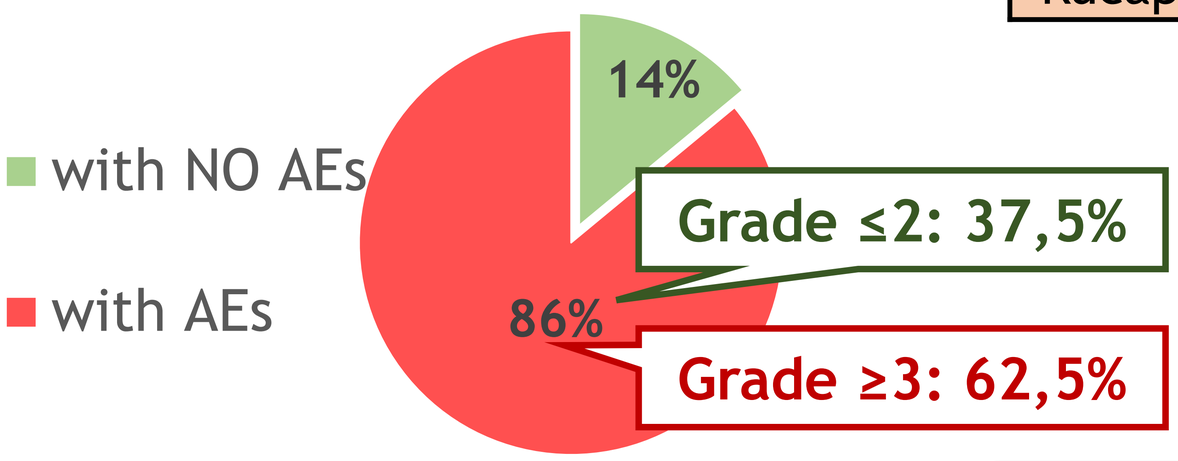
Patients that did not have BRCA mutation started treatment with Niraparib

Mean chemotherapy regimens received: **3**

Mean Age: 55 years-old
Range: 37-74 years-old

Grade ≥ 3 AE reported by systems			
PARPi	Hematological	Gastrointestinal	Other toxicity
Olaparib	14%	43%	43%
Niraparib	83%	0%	17%
Rucaparib	50%	50%	0%

Adverse events incidence



PARPi	Without AE	Grade ≤ 2 AE	Grade ≥ 3 AE
Olaparib	7%	50%	50%
Niraparib	25%	34%	66%
Rucaparib	0%	0%	100%

Time until first appearance of grade 3 toxicity
- Mean: 5,4 months
- Median: 4 months

65% patients required a dose reduction due to AEs
- Olaparib: 36%
- Niraparib: 41%
- Rucaparib: 100%

6 patients discontinued PARPi

CONCLUSIONS

- More than the half of patients that start PARPi therapy require a dose reduction.
- In contrast with the revised trials, we report an overall higher AEs incidence.
- Hematological AEs the main concern specially with Niraparib.
- More studies are needed to improve the PARPi tolerance without compromising efficacy.

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eahp european association of hospital pharmacists