Use of Bevacizumab for Patients with FIGO Stage IIIB to IV Epithelial Ovarian Cancer undergoing Primary Debulking Surgery and its Association with Oncologic Outcomes: A German Cancer Registry Study (69P)

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Background

- Although Bevacizumab has been approved since many years as first-line treatment for stage IIIB-IV EOC, usage of bevacizumab in clinical routine is still controversially debated because of conflicting evidence.
- We aimed to evaluate the use of bevacizumab for patients with FIGO stage IIIB to IV advanced epithelial ovarian cancer (EOC) undergoing primary debulking surgery (PDS) in the primary disease setting using real-world data from a German cancer registry.

Methods

- We identified patients with the initial diagnosis of FIGO stage IIIB to IV EOC, reported between 2009 and 2022 within the Baden-Württemberg cancer registry (BWCR), Germany
- The influence of Bevacizumab in addition to Carboplatin and Paclitaxel (Cb+T+Bev vs. Cb+T) on progression-free survival (PFS) and overall survival (OS) was assessed using Kaplan-Meier statistics and multivariate Cox regression models (adjusted for age, grading, stage, tumor histology, use of poly adenosine diphosphate [ADP]–ribose polymerase (PARP) inhibitor, and PDS outcome (macroscopic complete gross resection, residual disease ≤1cm and >1cm).

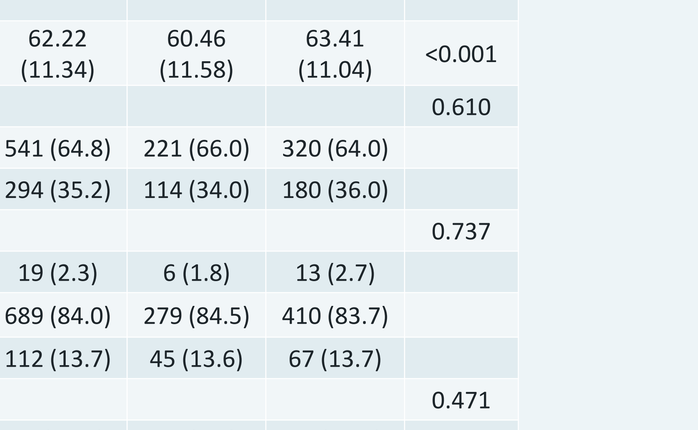


Fig. 1: Flow Chart

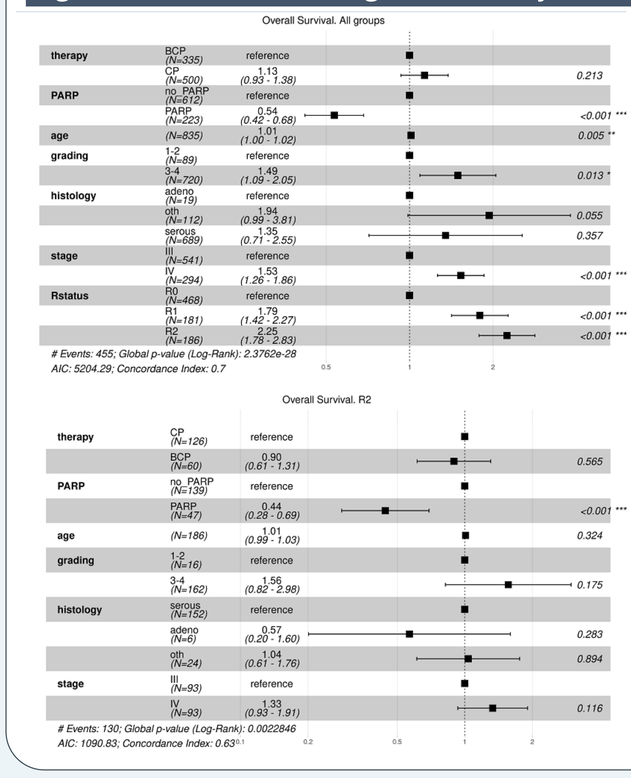
	Overall	Cb+T+Bev	Cb+T	P value
Total — no. (%)	835	335 (40.1)	500 (59.9)	
Age — mean (SD)	62.22 (11.34)	60.46 (11.58)	63.41 (11.04)	<0.001
Stage — no. (%)				0.610
• **III**	541 (64.8)	221 (66.0)	320 (64.0)	
• **IV**	294 (35.2)	114 (34.0)	180 (36.0)	
Histology — no. (%)				0.737
• **adenocarcinoma**	19 (2.3)	6 (1.8)	13 (2.7)	
• **serous**	689 (84.0)	279 (84.5)	410 (83.7)	
• **other**	112 (13.7)	45 (13.6)	67 (13.7)	
Grading — no. (%)				0.471
• **I-II**	89 (11.0)	32 (9.9)	57 (11.8)	
• **III**	720 (89.0)	292 (90.1)	428 (88.2)	
PARP therapy — no. (%)				0.025
• **no**	612 (73.3)	231 (69.0)	381 (76.2)	
• **yes**	223 (26.7)	104 (31.0)	119 (23.8)	
Residual disease — no. (%)				0.023
• **complete gross resection**	468 (56.0)	205 (61.2)	263 (52.6)	
• **≤1cm residual disease**	181 (21.7)	70 (20.9)	111 (22.2)	
• **>1cm residual disease**	186 (22.3)	60 (17.9)	126 (25.2)	

Tab 1: Baseline clinical and patient characteristics

Results

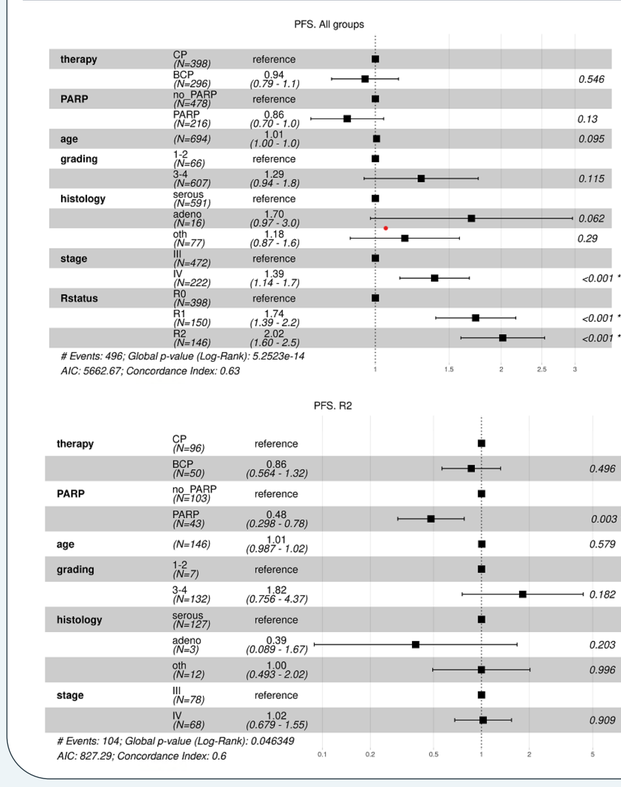
- A total of 835 patients with a median follow-up of 25.1 months were identified.

Fig. 2: Multivariate Cox regression analysis and Kaplan Meier plots for overall survival



* R0 / R1 / R2 refers to the global R status in the registry, which is equivalent to complete gross resection / ≤1cm residual disease / >1cm residual disease

Fig. 3: Multivariate Cox regression analysis and Kaplan Meier plots for PFS



* R0 / R1 / R2 refers to the global R status in the registry, which is equivalent to complete gross resection / ≤1cm residual disease / >1cm residual disease

- Multivariate Cox regression analysis revealed no significant impact for the use of Cb+T+Bev on improved OS (HR 0.88, 95% CI 0.73-1.07, P=0.216) and PFS (HR 0.94, 95% CI 0.79-1.10, P=0.546)
- Also in the subgroup of patients with >1cm residual disease, Cb+T+Bev was not associated with improved OS (HR 0.90, 95% CI 0.61-1.31, P=0.565) or PFS (HR 0.86, 95% CI 0.56-1.32, P=0.496).

Conclusion

- This data suggests that bevacizumab is often used for patients with primary FIGO stage IIIB to IV EOC undergoing PDS although it does not provide an OS or PFS benefit.
- In the absence of RCTs (or in case of conflicting evidence from RCTs), real-world evidence from cancer registries may provide guidance for clinically-relevant questions.

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2024 ESMO GYNAECOLOGICAL CANCERS
Annual Congress
FLORENCE ITALY
20-22 JUNE 2024