Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for the treatment of recurrent ovarian cancer (including review of technology appraisal no. 91 and technology appraisal no. 222) [ID468]

The patient perspective

Three-quarters of women diagnosed with ovarian cancer have advanced disease (FIGO stage III/IV) at the point of diagnosis and the majority (70%) will develop recurrent disease at some point. Prolonging life (73%), maintaining good quality of life (35%) and managing side effects (26%) are imperative to women living with ovarian cancer[1].

Recurrent ovarian cancer poses an emotional, physical and practical challenge for those living with the disease.

Emotional: Women live under the shadow of subsequent recurrence and further treatment. Most women diagnosed with ovarian cancer report that they need some level of emotional support to help them cope with their diagnosis. For most this includes coping with the fear of recurrence (65%) and getting their lives back on track following treatment (55%)[1]. The emotional impact of recurrence is likely to be heightened in women who experience a short disease free interval and in those for whom their disease is refractory (i.e. not responsive to first-line treatment).

Physical: All women respond differently to chemotherapy with some experiencing mild side effects and others suffering severe side effects. However, for most women chemotherapy treatment will have some degree of impact on their physical wellbeing.

Practical: Ongoing treatment for recurrent ovarian cancer is likely to diminish an individual's physical and emotional wellbeing to a point where they can no longer work or perhaps require ongoing support with day-to-day activities, 44% of women identified a need for practical support with daily tasks[1].

The technology

It is crucial that clear guidance and relevant technologies are made available as swiftly as possible to clinicians and their patients. Treatment options are currently extremely limited for women with ovarian cancer, particularly those who have platinum resistant or refractory disease.

Through this MTA trabectedin and gemcitabine could potentially become more accessible to patients. It is our understanding that gemcitabine is not consistently used in clinical practice and

tends to be reserved for cases where other treatment options are very limited. The lack of consistency and variation in usage would therefore benefit from the development of clear guidance. Currently access to trabectedin is extremely limited, at present gaining access to trabectedin requires clinicians to make an application on behalf of their patients to the cancer drugs fund (CDF), however, trabectedin is not a drug routinely included on CDF lists.

Issuing clear guidance on the use of the technologies in question, and in particular the role gemcitabine and trabectedin might or might not play in managing recurrent disease will give women the best opportunity to prolong the treatment free interval and maintain quality of life. This is turn is likely to facilitate women in managing the emotional and practical impact of recurrent ovarian cancer, and giving them an opportunity to build their physical strength before facing subsequent treatment.

Oncologists should be encouraged to discuss with patients the most appropriate treatment strategy for the individual, and also when the most appropriate time to commence chemotherapy is i.e. when biochemical markers (CA125) start to increase, or when physical wellbeing and quality of life is diminished by symptoms. However, it is important to bear in mind that some patients will feel overwhelmed by the prospect of making decision about treatment, and would prefer to be guided their medical team .

References:

1. Bridging the gap: Improving outcomes for women with ovarian cancer. Results from the Target Ovarian Cancer Pathfinder Study, 2012.