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Role of cytoreductive surgery for subsequent ovarian cancer relapse in patients previously treated with chemotherapy alone at first relapse: A subanalysis of the DESKTOP III trial

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Background

- The DESKTOP III trial has demonstrated a significant survival benefit in AGO-score positive ovarian cancer patients who underwent complete cytoreduction at 1st relapse compared to those treated with chemotherapy alone.
- The question whether eligible patients who missed the opportunity of potentially life prolonging surgery at 1st relapse would benefit from surgery at the time of their second relapse, remains open.

DESKTOP III / ENGOT-ov20 study (NCT01166737)

Methods

Patients randomized in the standard, non-surgical arm of the DESKTOP III trial who underwent **cytoreductive** surgery at a subsequent relapse at investigator's discretion were separately analyzed in a descriptive manner.

To explore selection bias, we also show data from patients who experienced a subsequent recurrence without undergoing cytoreductive surgery.
Patients without documented recurrence were excluded from these analyses.
Kaplan-Meier methods were used for event time analyses.

Results

The median progression-free survival (PFS) of 201 patients in the control arm of DESKTOP III, as counted from randomization, was 14.0 months.
171 (85%) had progressive or relapsing disease and 32 (19% of 171) of them underwent cytoreductive surgery.
Patients' median age at this subsequent surgery was 63 years (range: 46 – 78).
Complete tumor resection was achieved in 19 patients (60%), while 5 (16%) had macroscopic postoperative residual disease (n=8 missing data).
Sixteen patients (50%) commenced systemic treatment within 90 days from surgery.
Thirty- and 90-day surgical mortality rates were 1 (3%) and 2 (6%), respectively.

Within a postoperative median follow-up time of 43.8 months, 12 (38%) deaths were reported. Median overall survival after surgery (OS) was 54.0 months (95%CI: 39.8 – not estimable).
One- and 2-year OS rates were 91% (95%CI: 81%-100%) and 84% (95%CI: 72%-98%), respectively.

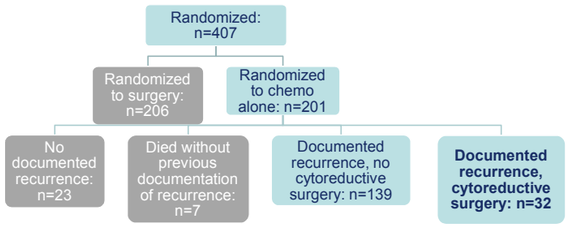
References

Harter *et al. N Engl J Med* 2021;385:2123-31

Patient and tumor related characteristics at baseline

Patients' and tumor related characteristics	Pts with surgery for 2nd recurrence (n=32)	Pts with 2nd recurrence but no surgery (n=139)
Age (years; median, IQR)	62 (56-66)	62 (54-71)
Initial FIGO stage		
I-IIIA	11 (34%)	37 (27%)
IIIB-IV	21 (66%)	102 (73%)
Histological subtype		
High grade serous	26 (81%)	106 (76%)
Platinum-free interval		
No prior platinum	1 (3%)	1 (1%)
6-12 months	6 (19%)	35 (25%)
> 12 months	25 (78%)	103 (74%)
Tumor marker at rando		
CA 125 (median, IQR)	58 (23-105)	76 (35-206)
Residual Tumor localisations		
Pelvis	22 (69%)	69 (50%)
Intra-abdominal above pelvis	10 (31%)	78 (56%)
Retro-peritoneal	9 (28%)	41 (29%)
Parenchymal	3 (9%)	20 (14%)

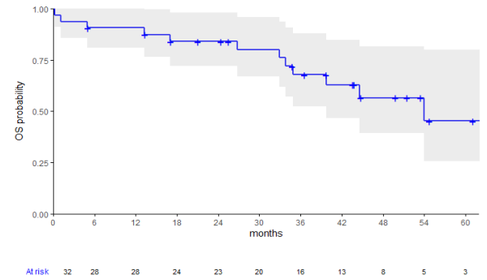
Population Flow Chart



Treatment related characteristics (after randomization)

Type and timing of treatment	Pts with surgery for 2nd recurrence (n=32)	Pts with 2nd recurrence but no surgery (n=139)
2nd-line treatment		
Platinum-containing	29 (91%)	133 (96%)
Non-platinum-containing	3 (9%)	5 (4%)
2nd-line maintenance		
Bevazizumab	7 (22%)	32 (23%)
PARPi	1 (3%)	6 (4%)
Time from randomisation to 2nd recurrence (months; median, IQR)	17 (12-25)	13 (9-18) Log-rank p=0.02
Time from 2nd recurrence to surgery for recurrence (**days**; median, IQR)	69 (27-166)	Not applicable

OS after surgery for subsequent relapse



Conclusions

- Cytoreductive surgery for subsequent ovarian cancer relapse appears feasible and safe in selected patients who received non-surgical treatment at 1st relapse despite a positive AGO-score.
- Surgery could be considered as an option in carefully selected patients also later in their journey within a specialized gynecological cancer setting.
- Further prospective trials are needed to characterize more precisely the patients with the highest benefit regarding survival and patients reported outcomes.

Contact Information

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