

POLY (ADP-RIBOSE) POLYMERASE INHIBITORS (PARPI) – ASSOCIATED THROMBOSIS IN PATIENTS WITH OVARIAN CANCER: A STUDY OF THE SPANISH SOCIETY OF MEDICAL ONCOLOGY (SEOM) THROMBOSIS AND CANCER GROUP

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BACKGROUND

Although clinical trials with PARP inhibitors (PARPi) have shown a low incidence of venous and arterial thromboembolic disease (VTE/AT), we lack information on patients in routine clinical practice.

OBJECTIVES

The objective was to evaluate the incidence and characterize VTE/AT in ovarian cancer patients treated with PARPi.

METHODS

Retrospective, multicenter study promoted by Spanish Society of Medical Oncology (SEOM). Individuals with ovarian cancer who initiated PARPi between 2015 and 2022 were recruited. Minimum follow-up was 6 months (except in cases of demise). We performed a descriptive analysis, analyzed the impact of VTE/AT on survival and determined predictor variables using multivariate logistic regression.

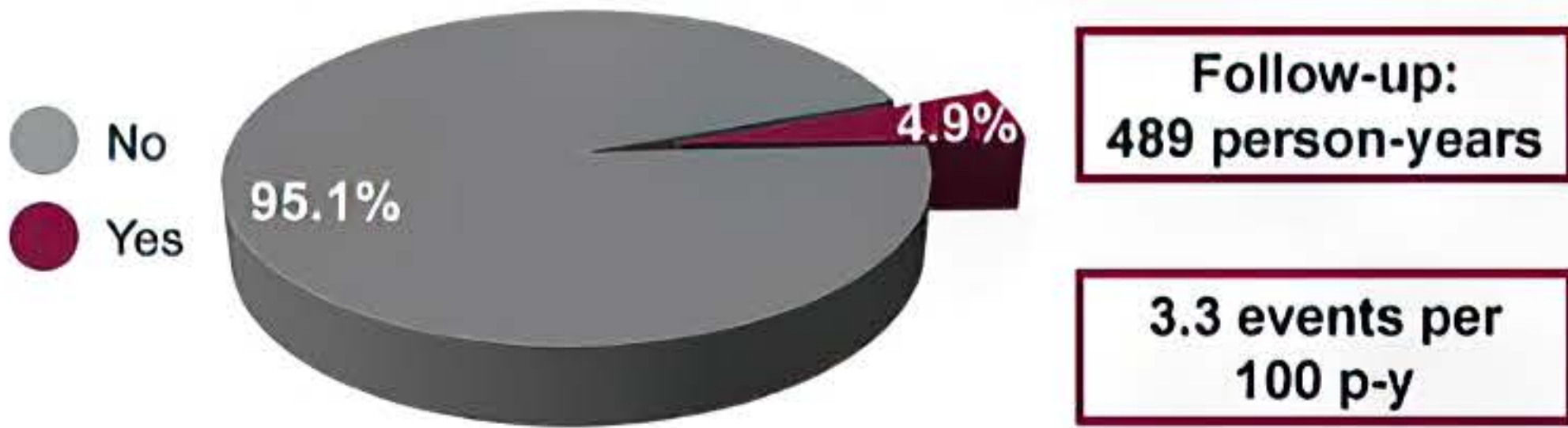
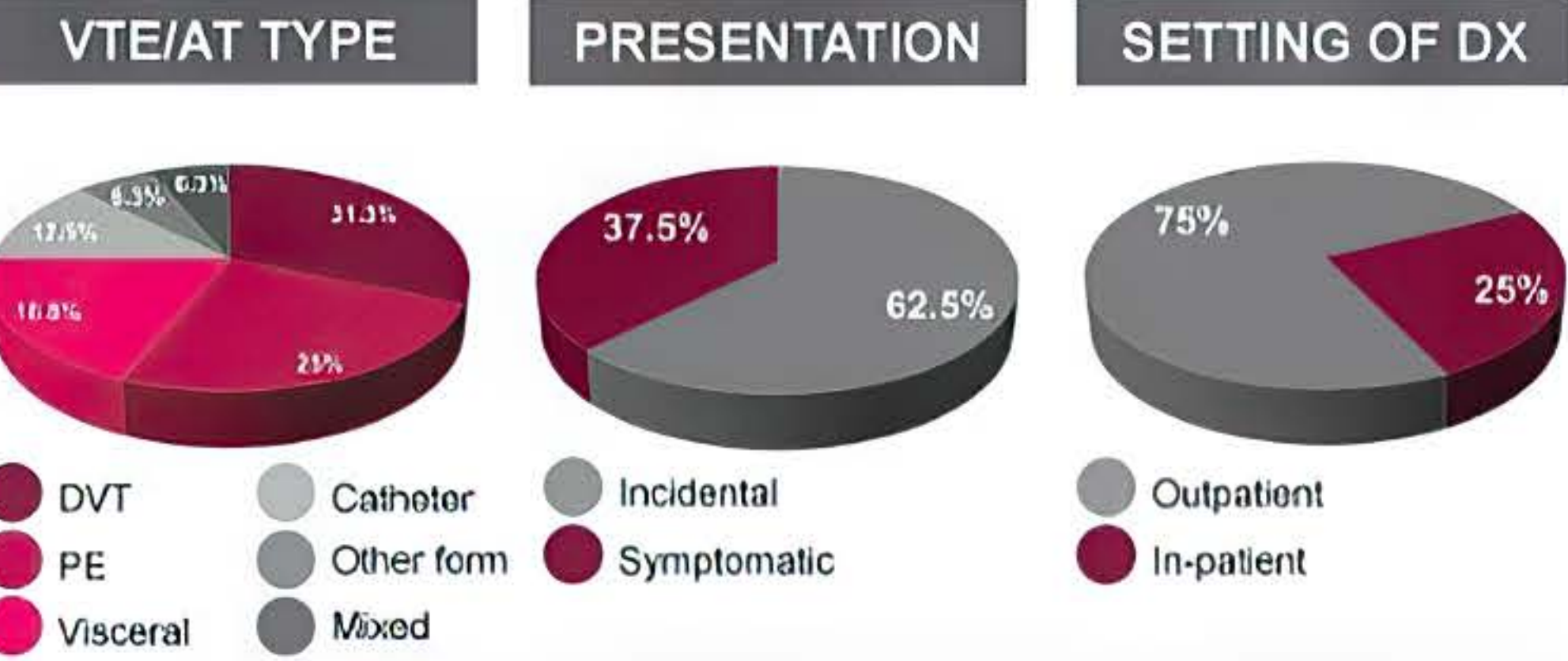
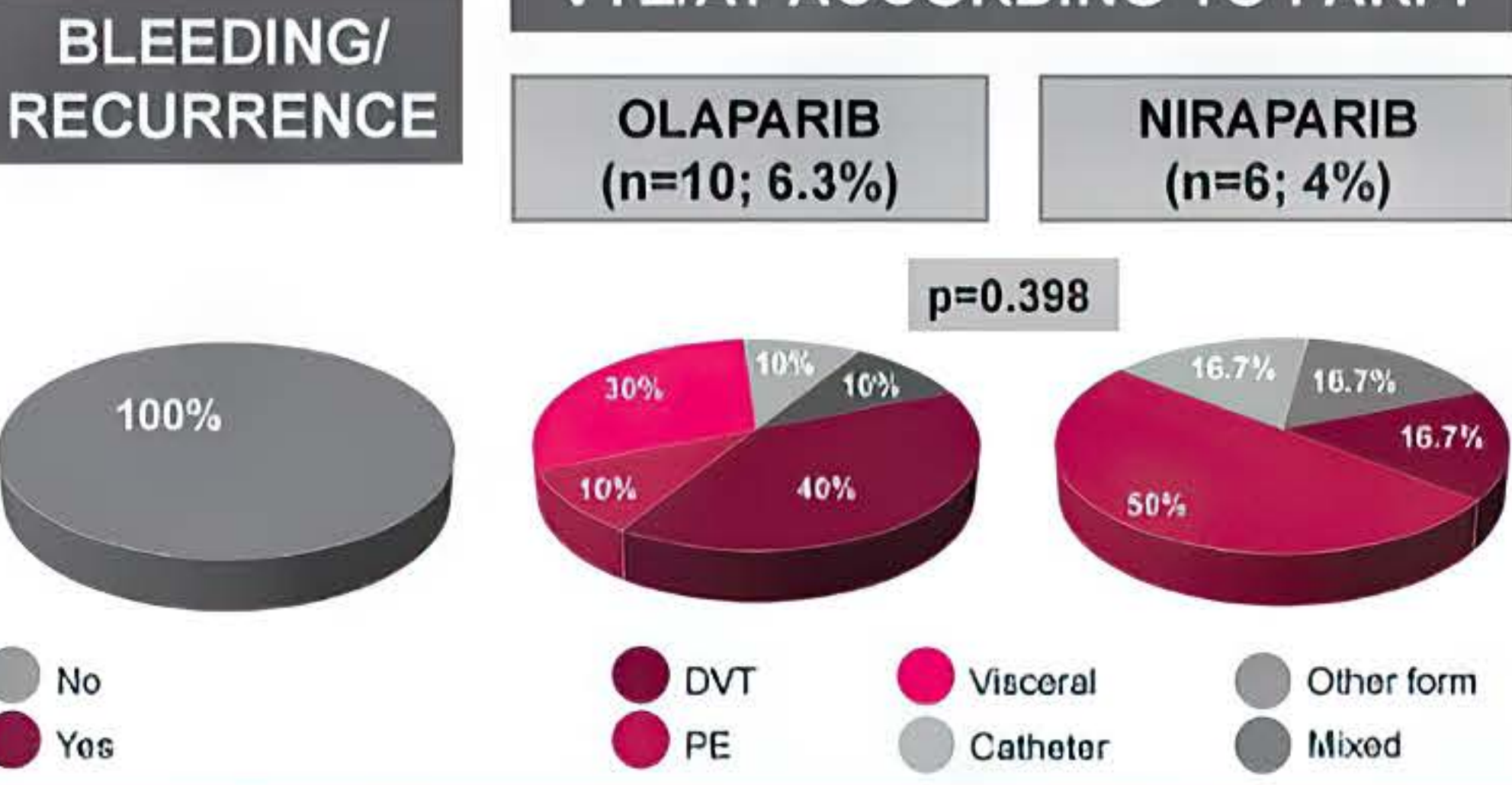
BASELINE CHARACTERISTICS (N=329)

	Total (n = 329)	VTE/AT (n = 16)	No VTE/AT (n = 313)
Age – median (IQR)	62 (55-71)	60 (57-68)	62 (55-71)
ECOG PS – n (%)			
0	154 (46.6%)	6 (37.5%)	148 (47.3%)
1	147 (44.7%)	9 (56.3%)	138 (44.1%)
2	24 (7.3%)	1 (6.3%)	23 (7.3%)
3	4 (1.2%)	0 (0%)	4 (1.3%)
Stage – n (%)			
III	161 (49.2%)	5 (31.3%)	156 (50.2%)
IV	168 (50.8%)	11 (68.8%)	157 (49.8%)
Khorana Score – n (%)			
1	251 (76.3%)	10 (62.5%)	241 (77%)
2	71 (21.6%)	5 (31.3%)	66 (21.1%)
3	7 (2.1%)	1 (6.3%)	6 (1.9%)
Oncological situation at the start of PARPi – n (%)			
Complete response	92 (28.2%)	5 (31.3%)	87 (28.1%)
Partial response	149 (45.7%)	7 (43.8%)	142 (45.8%)
Stable disease	56 (17.2%)	4 (25%)	52 (16.8%)
Tumor progression	29 (8.9%)	0 (0%)	29 (9.4%)
Homologous Recombination Deficiency – n (%)			
No	151 (45.9%)	4 (25%)	147 (47%)
Yes	168 (51.1%)	12 (75%)	156 (49.8%)
Not determined/Unknown	10 (3%)	0 (0%)	10 (3.2%)
BRCA mutation – n (%)			
No	175 (53.2%)	6 (37.5%)	169 (54%)
Yes, BRCA1	74 (22.5%)	1 (6.3%)	73 (23.3%)
Yes, BRCA2	69 (21%)	9 (56.3%)	60 (19.2%)
Yes, BRCA 1 and 2	1 (0.3%)	0 (0%)	1 (0.3%)
Not determined/Unknown	10 (3%)	0 (0%)	10 (3.2%)
BRCA mutation type – n (%)			
Somatic	35 (24.3%)	1 (10%)	34 (25.4%)
Germline	100 (60.4%)	8 (80%)	92 (68.7%)
Unknown	9 (6.3%)	1 (10%)	8 (6%)
Treatment modality – n (%)			
Maintenance after 1st line of mts disease	149 (45.4%)	8 (53.3%)	141 (45%)
Maintenance after 2nd line of mts disease	132 (40.2%)	5 (33.3%)	127 (40.6%)
Maintenance after 3rd or more lines of mts disease	41 (12.5%)	2 (13.3%)	39 (12.5%)
2nd line of mts disease	1 (0.3%)	0 (0%)	1 (0.3%)
3rd or later lines of mts disease	5 (1.5%)	0 (0%)	5 (1.6%)
PARPi type – n (%)			
Olaparib	160 (48.6%)	10 (62.5%)	150 (47.9%)
Niraparib	151 (45.9%)	6 (37.5%)	145 (46.3%)
Rucaparib	18 (5.5%)	0 (0%)	18 (5.8%)
Concomitant treatment with PARPi – n (%)			
No	315 (95.7%)	14 (87.5%)	301 (96.2%)
Bevacizumab	11 (3.3%)	0 (0%)	11 (3.5%)
Other	3 (0.9%)	2 (12.6%)	1 (0.3%)

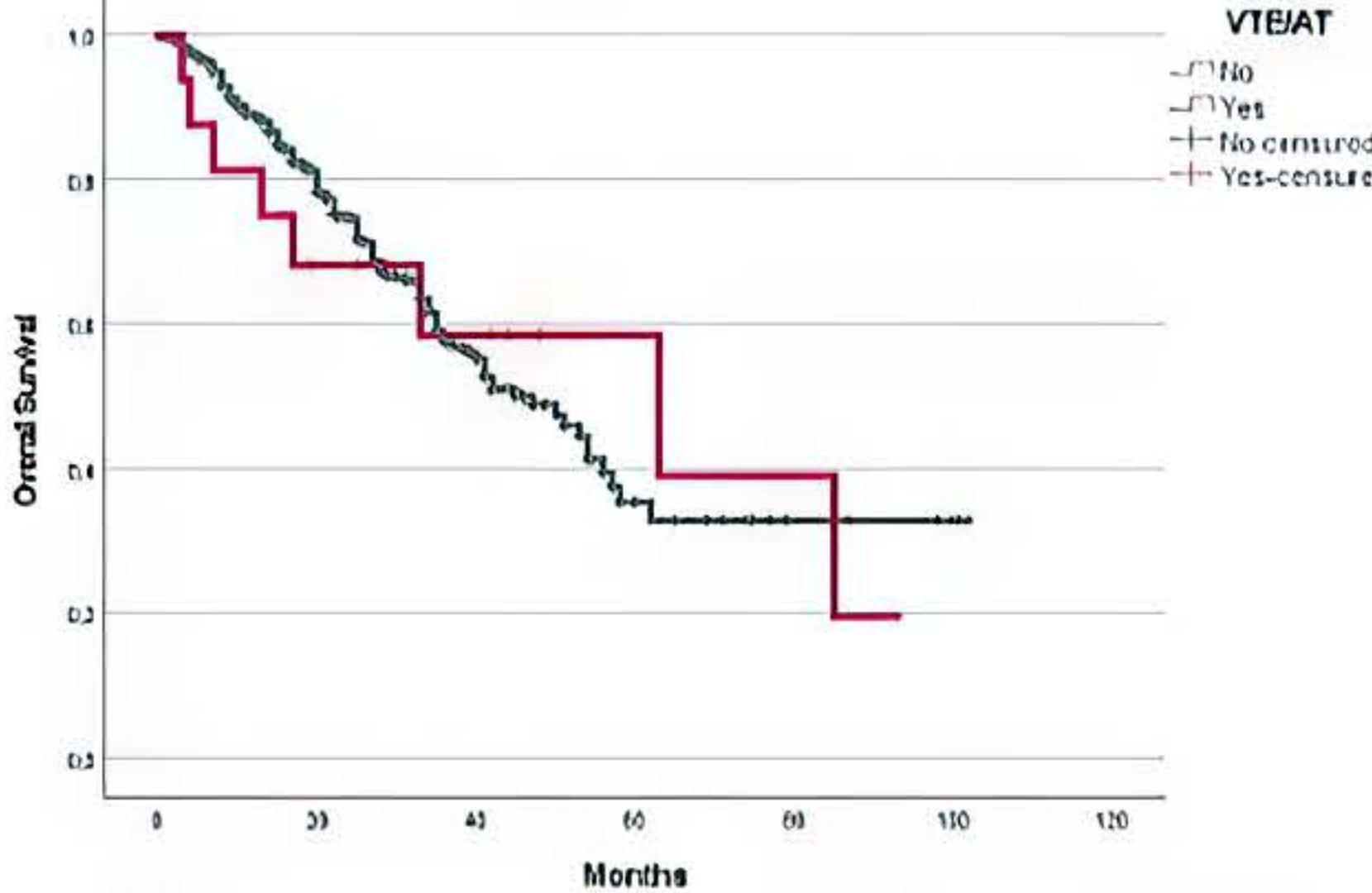
ECOG PS: Eastern Cooperative Oncology Group Performance Status. IQR: Interquartile range. Mts: metastatic. PARPi: poly ADP-ribose polymerase inhibitor. VTE/AT: venous and arterial thromboembolic disease.

RESULTS

VTE/AT CHARACTERISTICS (N=16)



OVERALL SURVIVAL



MULTIVARIATE ANALYSIS

Variables	HR	95% CI	
		Low	Superior
Tumoral Stage	0.5	0.15	1.61
ECOG	0.81	0.33	1.94
Oncological situation	0.79	0.39	1.58
Homologous Recombination Deficiency	0.50	0.18	1.74
Khorana Score	0.51	0.20	1.34
Treatment modality	1.01	0.51	1.98
PARPi type	1.33	0.45	3.96
Concomitant treatment with PARPi	0.26	0.09	0.72

Multivariate analysis revealed that combination treatment (PARPi + another agent) was associated with a lower risk of VTE/AT (OR 0.26, 95% CI 0.095-0.72) compared to PARPi alone.

CONCLUSIONS

The risk of VTE/AT associated with PARPi in patients with ovarian cancer is low, consistent with that has been described in clinical trials. VTE/AT associated with these drugs did not impact survival.