Ontario Health
Cancer Care Ontario

Guideline 4-18

A Quality Initiative of the Program in Evidence-Based Care (PEBC), Ontario Health (Cancer Care Ontario)

Consolidation or maintenance systemic therapy for newly diagnosed stage II, III, or IV epithelial ovary, fallopian tube, or primary peritoneal carcinoma

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An assessment conducted in November 2023 deferred the review of Guideline 4-18. This means that the document remains current until it is assessed again next year. The PEBC has a formal and standardized process to ensure the currency of each document (PEBC Assessment & Review Protocol)

Guideline 4-18 comprises 5 sections. You can access the summary and full report here: https://www.cancercareontario.ca/en/guidelines-advice/types-of-cancer/67196

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For information about the PEBC and the most current version of all reports, please visit the OH (CCO) website at http: https://www.cancercareontario.ca/en/guidelines-advice or contact the PEBC office at:
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PUBLICATIONS FROM THIS REPORT

1. Hirte H, Yao X, Ferguson SE, May T, Elit L. Consolidation or maintenance systemic therapy for newly diagnosed stage II, III, or IV epithelial ovary, fallopian tube, or primary peritoneal carcinoma: a systematic review. Crit Rev Oncol Hematol. 2021;162:103336.

2. Hirte H, Yao X, Ferguson SE, May T, Elit L. An Ontario Health (Cancer Care Ontario) clinical practice guideline: consolidation or maintenance systemic therapy for newly diagnosed stage II, III, or IV epithelial ovary, fallopian tube, or primary peritoneal carcinoma. Curr Oncol. 2021;28:1114-1124.

Consolidation or maintenance systemic therapy for newly diagnosed stage II, III, or IV epithelial ovary, fallopian tube, or primary peritoneal carcinoma

Recommendations

This is a quick reference guide and provides the guideline recommendations only. For key evidence associated with each recommendation, the systematic review, and the guideline development process, see the Full Report.

GUIDELINE OBJECTIVES

To provide guidance for consolidation or maintenance systemic therapy in patients with newly diagnosed stage II, III, or IV epithelial ovary, fallopian tube, or primary peritoneal carcinoma (collectively, EOC)

TARGET POPULATION

These recommendations apply to patients with newly diagnosed stage II, III, or IV EOC after first-line therapy with cytoreductive surgery and adjuvant therapy (patients who require neoadjuvant therapy before cytoreductive surgery also qualify for this guideline).

INTENDED USERS

Intended users of this guideline are gynecologic oncologists, medical oncologists, and other clinicians who are involved in the treatment of the target patients in the province of Ontario.

RECOMMENDATIONS, KEY EVIDENCE, AND JUSTIFICATION

Please note:

We are unable to specify the patient population by histological types for different maintenance therapy recommendations. The majority of patients in the eligible studies are high-grade serous.

All Program in Evidence-Based Care (PEBC) documents are maintained and updated through an annual assessment and subsequent review process (see the details in **Section 3: Guideline Methods Overview**). When new evidence that can impact the recommendations is available, the recommendations should be updated as soon as possible. The definition of strength of recommendations for this guideline is listed in Appendix 1.

I. Consolidation therapy

Recommendation 1 (Strength: Recommendation)
Consolidation therapy with chemotherapy should ***NOT*** be recommended in the target population.
Qualifying statements
The investigated maintenance chemotherapy agents include epidoxorubicin alone, cisplatin alone, topotecan alone, paclitaxel alone, 5-fluorouracil plus cisplatin, and paclitaxel plus cisplatin/carboplatin.

II. Maintenance therapy

A. Agents are RECOMMENDED

Recommendation 2 (Strength: Recommendation)
Maintenance therapy with olaparib 300 mg twice a day by mouth for up to two years or until progression should be recommended in newly diagnosed stage III, or IV EOC patients with *BRCA1/2* mutation (somatic or germline), who are in complete remission or partial remission status after the first-line therapy with cytoreductive surgery and adjuvant therapy (patients who require neoadjuvant therapy before cytoreductive surgery also qualify for this recommendation).
Qualifying statement
Patients who have no evidence of disease at two years stopped using olaparib, but patients who have a partial response at two years can continue receiving it. The strength of recommendation will be reconsidered when overall survival (OS) data are available.

Recommendation 3 (Strength: Weak Recommendation)
Maintenance therapy with niraparib 200 to 300 mg by mouth daily for three years or until progression can be recommended in newly diagnosed stage III, or IV EOC patients in complete remission or partial remission status after the first-line therapy with cytoreductive surgery and adjuvant therapy (patients who require neoadjuvant therapy before cytoreductive surgery, and who are inoperable also qualify for this recommendation).
Qualifying statement
The strength of recommendation will be reconsidered when OS data are available.

Recommendation 4 (Strength: Weak Recommendation)
Concurrent use of bevacizumab 7.5 mg/kg intravenously three-weekly with adjuvant therapy for six cycles and continued use for up to 12 cycles or until progression as maintenance therapy can be recommended in newly diagnosed high-risk stage III, or IV EOC patients.
Qualifying Statement
The definition of high-risk stage III or stage IV patients in the eligible study (ICON7 trial) was defined as stage III with residual disease >1 cm, inoperable stage III, or stage IV EOC (total 30 [6%] inoperable stage III or IV patients).

Recommendation 5 (Strength: Weak Recommendation)
Concurrent use of veliparib 150 mg twice a day by mouth with adjuvant therapy for six cycles, and continued use of 400 mg twice a day by mouth for 30 cycles as maintenance therapy can be recommended in newly diagnosed stage III, or IV EOC patients with homologous-recombination deficiency.
Qualifying statement
The strength of recommendation will be reconsidered when OS data are available.

B. Agents are NOT recommended

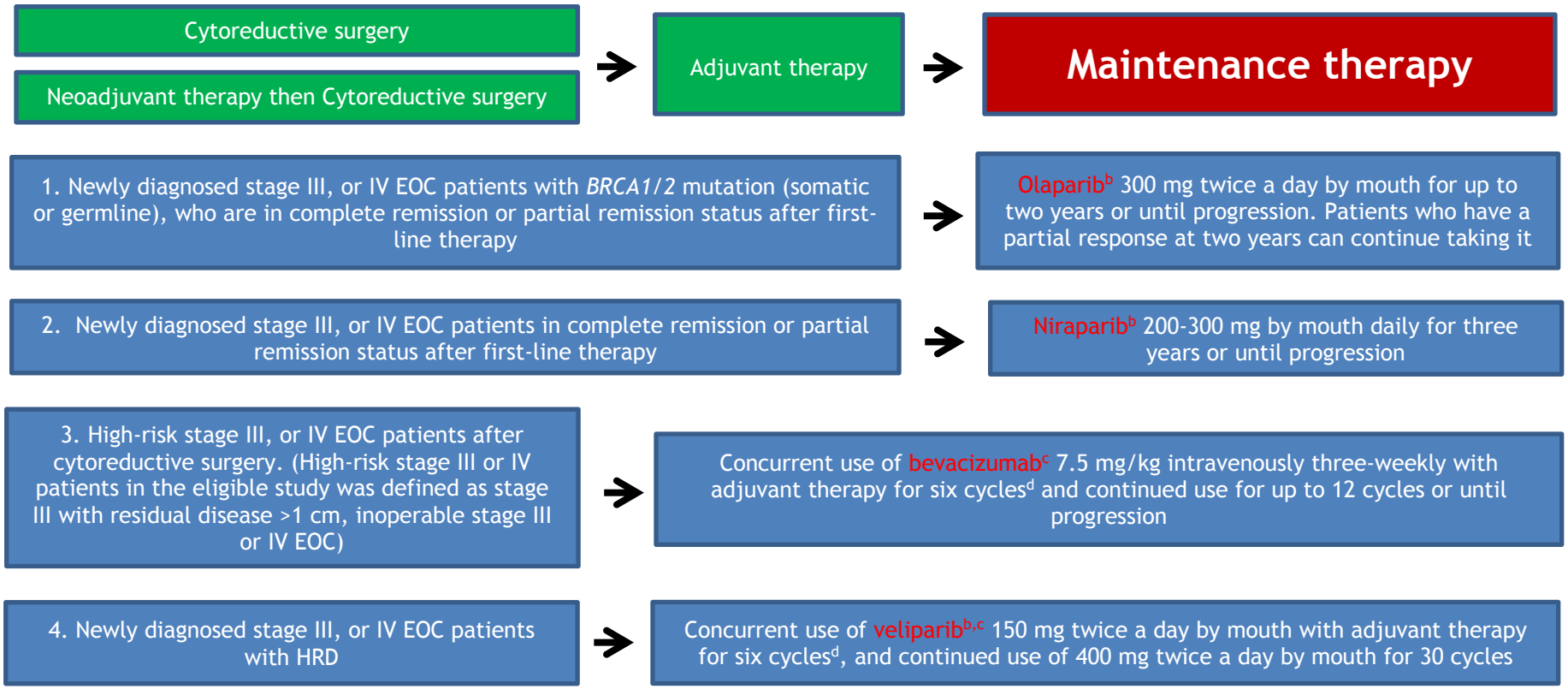
Recommendation 6 (Strength: Recommendation)
Pazopanib should ***NOT*** be recommended for use as maintenance therapy in the target population.

Recommendation 7 (Strength: Recommendation)
Maintenance therapy with interferon-alpha, erlotinib, abagovomab, oregovomab, or sorafenib, should ***NOT*** be recommended in the target population.

Recommendation 8 (Strength: Recommendation)
Concurrent use of nintedanib with adjuvant therapy and continued use as maintenance therapy should ***NOT*** be recommended in patients with newly diagnosed stage III with residual >1 cm or stage IV EOC.

Recommendation 9 (Strength: Recommendation)
Concurrent use of lonafarnib, enzastaurin, or trebananib with adjuvant therapy and continued use as maintenance therapy should ***NOT*** be recommended in the target population.

Diagram of options for recommended maintenance therapy agents in patients with newly diagnosed stage III or IV EOC[a]



Abbreviations: EOC, epithelial ovary, fallopian tube, or primary peritoneal carcinoma; HRD, homologous-recombination deficiency.

[a] Although we included stage II patient in our research questions, there is no evidence of maintenance therapy agents in this target population. The details of strength of recommendations are in Sections 2 and 4. The cost-effectiveness, and therapy agent and test resource issues are beyond the scope of this guideline. Green part represents current standard care period (We refer another Program in Evidence-Based Care's guideline 4-1 version 2 regarding neoadjuvant therapy and adjuvant therapy); Red part represents maintenance therapy period; and blue part represents our recommendations for target populations.

[b] The final OS data are immature; about 95% of patients are serous.

[c] Due to the lack of evidence, we do not know if bevacizumab or veliparib should be taken after adjuvant therapy as maintenance therapy option.

[d] A cycle means three weeks.

Appendix 1. Strength of Recommendations for this Guideline (modified based on GRADE [1])

Strength	Definition
Recommendation to use the intervention	The guideline Working Group* believes the benefits of the maintenance therapy in newly diagnosed stage II, III, or IV ovarian cancer patients clearly outweigh the harms for nearly all patients and the group is confident to support the recommended action.
Weak recommendation to use the intervention	The guideline Working Group* believes the benefits and harms of the maintenance therapy in the target population are closely balanced or are more uncertain but still adequate to support the recommended action.
No recommendation for the intervention	The guideline Working Group* is uncertain whether the benefits and harms of the maintenance therapy in the target population are balanced and does not recommend a specific action.
Weak recommendation against the intervention	The guideline Working Group* believes the benefits and harms of the maintenance therapy in the target population are closely balanced or are more uncertain but still adequate to support the recommended action.
Recommendation against the intervention	The guideline Working Group* believes the harms of the maintenance therapy in the target population clearly outweigh the benefits for nearly all patients and the group is confident to support the recommended action.
	The factors considered in the above judgments include desirable and undesirable effects of the maintenance therapy, the certainty of evidence, patient preference, health equity, acceptability, feasibility, and generalizability in Ontario.

*The guideline Working Group includes one medical oncologist, three gynecologic oncologists, and one guideline methodologist.

References

[1] Schünemann H, Brozek J, Guyatt G, Oxman, AD (editors). Handbook for grading the quality of evidence and the strength of recommendations using the GRADE approach. [updated October 2013].