

Clinical outcomes in ovarian clear cell carcinoma: A UK single centre experience



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BACKGROUND

- Ovarian clear cell carcinoma (OCCC) is a distinctive subtype of epithelial ovarian cancer.
- Majority of patients present at early-stage disease and younger age. In Patients with advanced disease (stage III and IV) at presentation or recurrent disease, poor prognosis was reported with median OS ranging from 10 to 37 months¹⁻⁴. This was partially attributed to relative chemoresistance of OCCC.
- We evaluated progression-free survival (PFS) and overall survival (OS) in era of novel therapies and clinical trials.

MATERIAL & METHODS

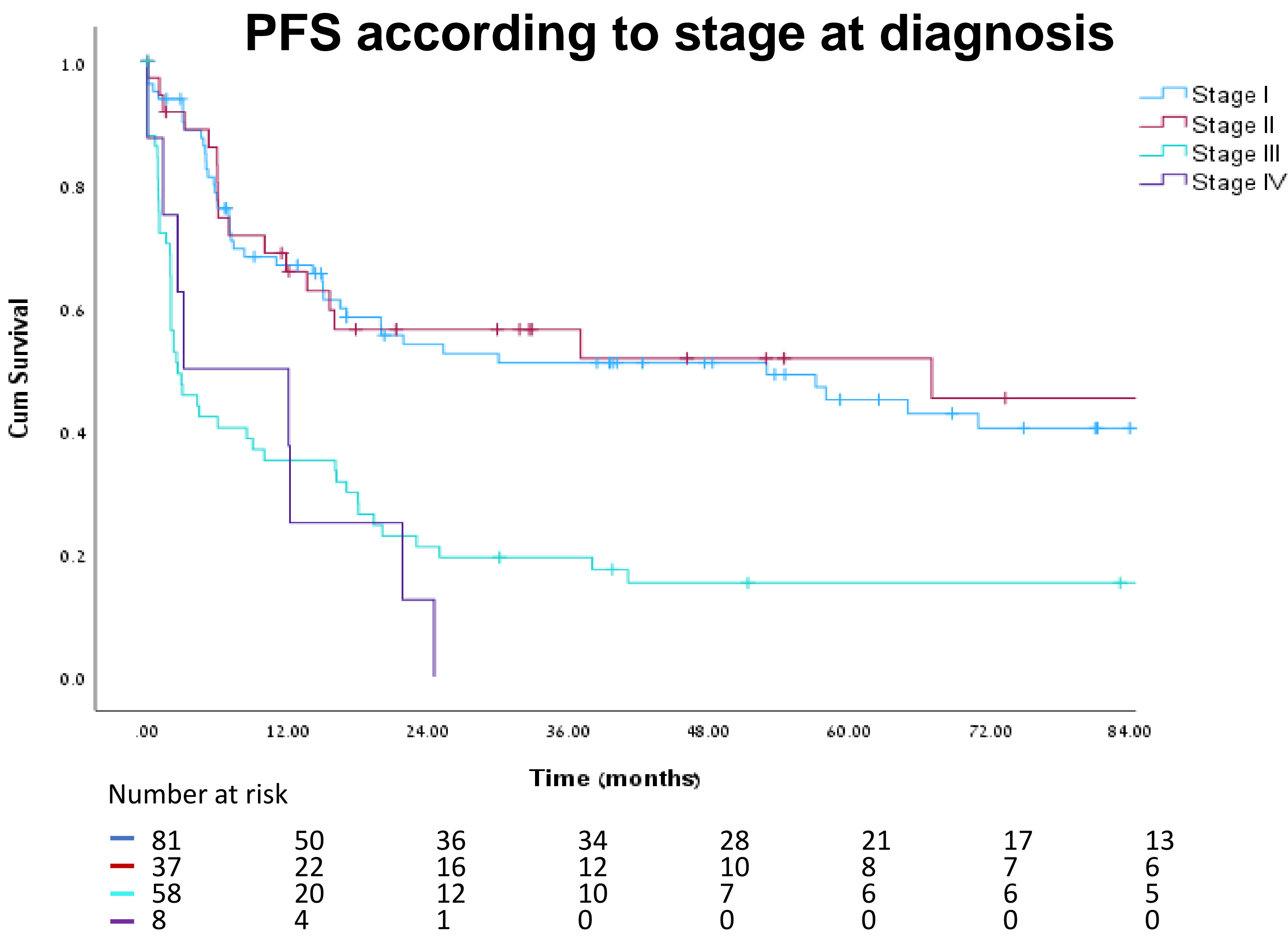
- A retrospective review of patients with OCCC treated at The Royal Marsden between March 2003 and July 2022 was conducted.
- 184 patients were identified.
- Demographic and clinicopathologic factors were abstracted and evaluated using Kaplan-Meier analyses.

RESULTS

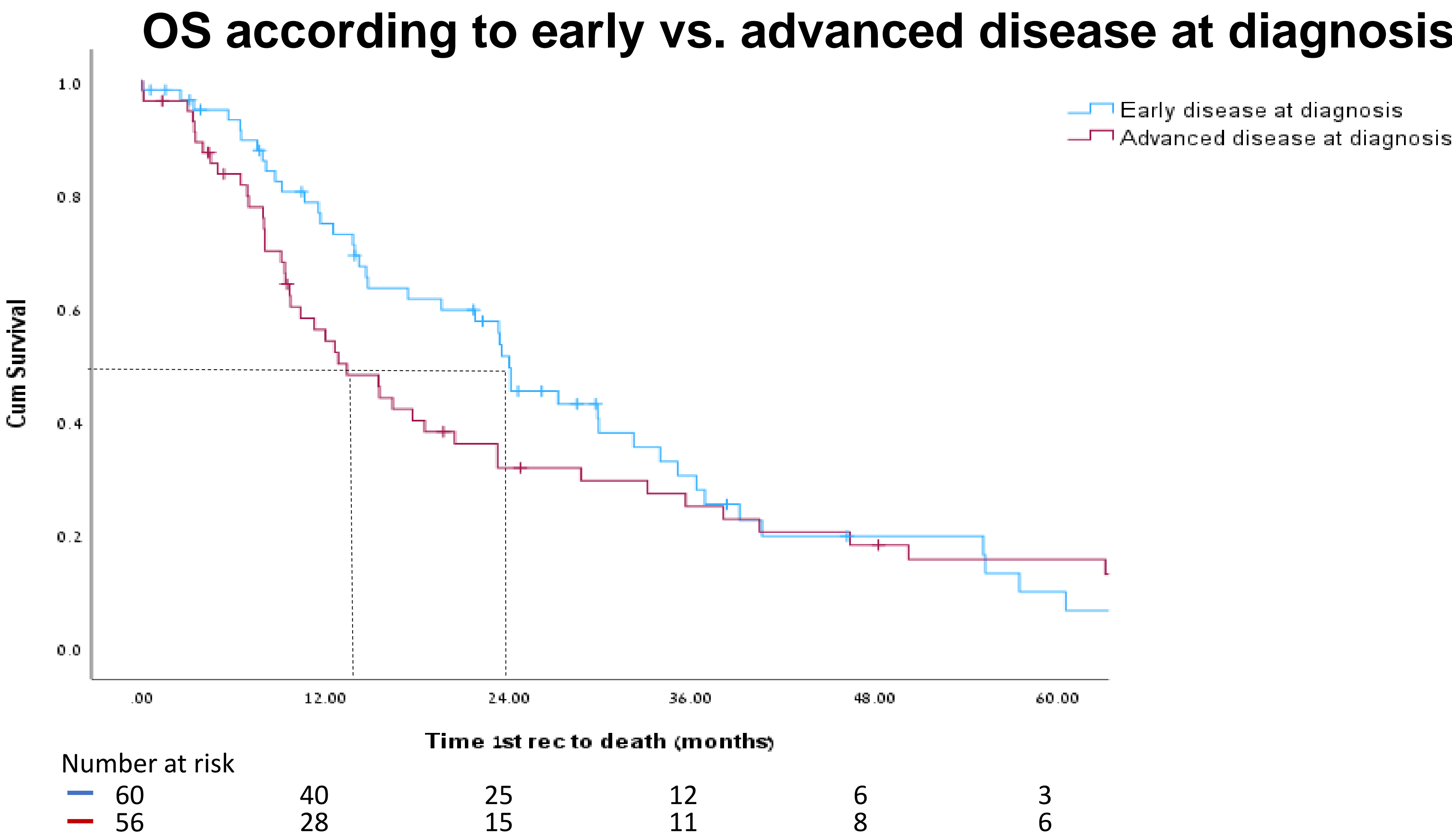
- Sixty-six patients (36%) had advanced disease (stage III and IV) at diagnosis. 117/184 (64%) developed disease recurrence, of them 42/117 (35%), 19/117 (16%), 48/117 (42%), 8/117 (6%) had stage I, II, III and IV at diagnosis, respectively.
- Median PFS from last platinum treatments was 16.06 months (95% CI 10.43-21.68). Median PFS was 52.9, 67.07, 2.59 and 3.08 for stage I, II, III and IV, respectively.
- Median OS from diagnosis was 131.34 (95% CI 54.12-208.56), 79.56 (95% CI 31.19-127.94), 24.24 (95% CI 5.43-43.05) and 22.40 (95% CI 11.95-32.85) months for stage I, II, III and IV, respectively.
- Among patients with disease recurrence (n=117), median survival from recurrence was 24.03 (95% CI 19.81-28.25) and 13.40 months (95% CI 8.54-18.25) for early and advanced stage at diagnosis, respectively.
- Patients with recurrence received a median of two (range 0-6) treatment lines. Overall, 96/117 (82%), 55/117 (47%) and 29/117 (24%) received second, third and fourth treatment lines, respectively.

RESULTS (Cont.)

Patient’s Characteristics (N=184)		
Age (median)		53 (range 30-79)
FIGO stage at diagnosis	Stage I	81/184 (44%)
	Stage II	37/184 (20%)
	Stage III	58/184 (32%)
	Stage IV	8/184 (4%)
Primary treatment	Primary debulking	173/184 (94%)
	Interval debulking	9/184 (5%)
	No surgery	2/184 (2%)
Surgery outcome	Optimal debulking	172/184 (93%)
	Sub-optimal debulking	10/184 (5%)
	Unknown	2/184 (1%)
Adjuvant treatment	Platinum based chemotherapy	169/184 (92%)
	CT Followed by Radiotherapy	5/184 (3%)
New agents used	Immunotherapy	
	anti-PD-1/L1 monotherapy	12/184 (6%)
	anti-PD-L1 + anti-CTLA4	1/184 (1%)
	anti-PD-1 + bevacizumab	1/184 (1%)
	Antiangiogenic agents	
	Bevacizumab in first line maintenance	17/184 (9%)
	Bevacizumab in recurrent disease setting	9/184 (5%)
Participation in clinical trials		56/184 (30%)



RESULTS (Cont.)



SUMMARY / CONCLUSION

- We report a retrospective single centre series of advanced OCCC which includes patients treated in an era of novel therapies and clinical trials.
- Survival remains poor for advanced/recurrent OCCC with high recurrence rate also for early disease patients. Improved treatment strategies are urgently needed
- These results may serve as reference for clinical outcomes when evaluating new agents for OCCC.

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SPH reports no conflict of interest