

Real-World Comparative Effectiveness of Nab-Paclitaxel and Paclitaxel in Combination with Bevacizumab in Patients with Platinum-Resistant Ovarian Cancer (COMPASS)

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CONCLUSIONS

- To our knowledge, this is the first study assessing the real-world effectiveness of nab-paclitaxel + bevacizumab vs paclitaxel + bevacizumab in patients with platinum-resistant ovarian cancer (PROC)
- Effectiveness of nab-paclitaxel + bevacizumab was similar to paclitaxel + bevacizumab across unadjusted and adjusted analyses for real-world progression-free survival (rwPFS) and overall survival (OS)
- Nab-paclitaxel + bevacizumab is an effective PROC treatment option and a valid comparator for clinical trials

BACKGROUND

- PROC is ovarian cancer with disease progression within 6 months of the last dose of platinum-based therapy¹
- Weekly paclitaxel is an efficacious therapy for patients with PROC, with a median (m) PFS of 3.9–5.5 months, objective response rate (ORR) of 17.6–39.5%, and mOS of 11.1–14.9 months^{2–8}
- Nab-paclitaxel is an albumin-bound nanoparticle of paclitaxel with similar efficacy to paclitaxel in patients with PROC, with an mPFS of 3.8–5.5 months, ORR of 23–35.8%, and mOS of 11.5–17.4 months^{9–11}
- In the primary analysis of the real-world COMPASS study of patients with PROC, nab-paclitaxel monotherapy exhibited comparable effectiveness and less peripheral neuropathy compared with paclitaxel monotherapy¹²
- The efficacy of chemotherapy is improved when combined with bevacizumab in patients with PROC
 - In the AURELIA trial, adding bevacizumab to paclitaxel showed a PFS hazard ratio (HR) of 0.46 (95% confidence interval [CI], 0.30, 0.71), ORR of 53.3% vs 30.2%, and OS HR of 0.65 (95% CI, 0.42, 1.02) vs paclitaxel alone²
 - Real-world data for paclitaxel + bevacizumab showed an mPFS of 8.3 months, ORR of 48.6%, and mOS of 14–21 months^{13,14}
 - An open-label trial of nab-paclitaxel + bevacizumab found an mPFS of 8.1 months, ORR of 50%, and mOS of 17.2 months¹⁵
- However, no studies have compared the efficacy or effectiveness of nab-paclitaxel + bevacizumab vs paclitaxel + bevacizumab in patients with PROC

Objective

- To compare the real-world effectiveness of nab-paclitaxel + bevacizumab vs paclitaxel + bevacizumab in US patients with PROC

METHODS

- Details of this analysis mirror those of the previously published primary analysis of the COMPASS study of nab-paclitaxel and paclitaxel monotherapies¹²

Study Design and Data Source

- Retrospective cohort study using de-identified patient data from the Flatiron Health Research Database (FHRD), a US nationwide electronic health record (EHR)-derived oncology database (Figure 1)¹⁶

Patient Population

- Key inclusion criteria
 - International Classification of Diseases (ICD) code 9: 183x, 158x; ICD 10: C56x, C57.0x, C48x; ≥2 documented clinical visits, and diagnosis with invasive ovarian, fallopian tube, and/or primary peritoneal cancer
 - Previously received a non-maintenance platinum-containing line of therapy (carboplatin, cisplatin, or oxaliplatin)
 - Evidence of PROC: a real-world progression event after the start date of platinum + 14 days and <6 months after the last platinum drug episode in any platinum-containing line
 - Treatment with nab-paclitaxel + bevacizumab or paclitaxel + bevacizumab in the PROC setting

- Key exclusion criteria: mucinous, borderline, or clear cell histology

Study Outcomes

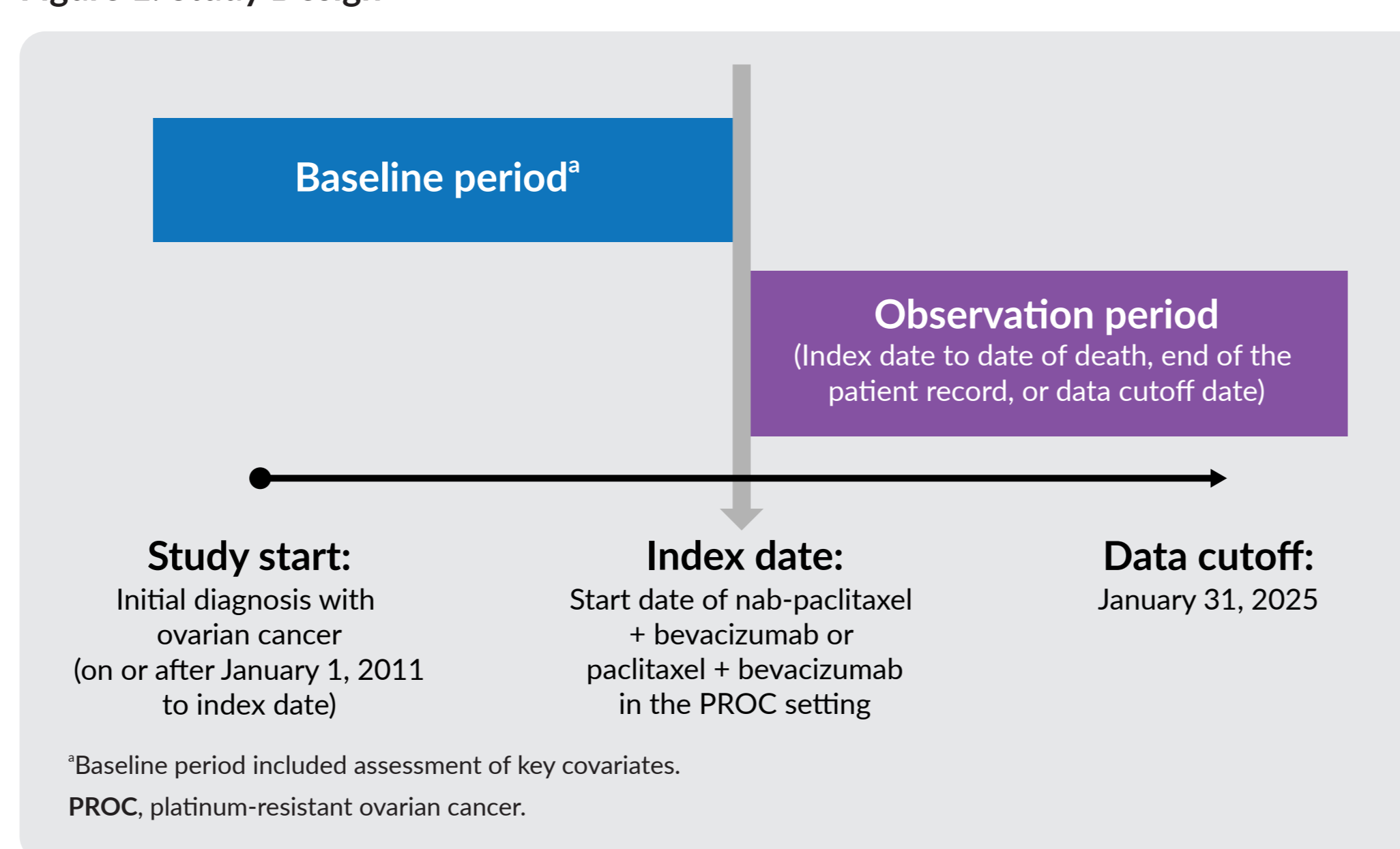
- rwPFS: time from index date to first progression or date of death; patients without an event were censored at the last clinic note date

- OS: time from index date to date of death; patients without a date of death were censored at their last confirmed EHR activity date

Statistical Analysis

- Descriptive statistics to summarize baseline characteristics and outcomes
- Weighting of treatment groups by inverse probability of treatment (IPTW), which allows for fairer comparisons by controlling for confounding bias
- Time-to-event Kaplan–Meier analyses to estimate rwPFS and OS
 - Log-rank tests to compare differences between treatment groups
 - Cox proportional hazards models to determine the association of treatment choice with outcomes, adjusting for covariates

Figure 1. Study Design



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RESULTS

Patient Selection and Baseline Characteristics

- Of the 12,416 patients in the Ovarian Cancer FHRD, 93 patients met the eligibility criteria and were included in the study (nab-paclitaxel + bevacizumab therapy, n=32; paclitaxel + bevacizumab therapy, n=61; Table 1)
- Baseline patient demographic and clinical characteristics are shown in Table 2

Table 1. Patient Flow

Criteria	Nab-paclitaxel + bevacizumab, n	Paclitaxel + bevacizumab, n
Patients included in the February 2025 Ovarian Cancer FHRD		12,416
Treatment with a non-maintenance platinum-containing line of therapy		7675
Evidence of PROC ^c		2382
Treatment with nab-paclitaxel or paclitaxel (monotherapy or combination therapy) in the PROC setting	141	648
Treatment with nab-paclitaxel + bevacizumab or paclitaxel + bevacizumab in the PROC setting	36	62
Excluding mucinous, borderline, or clear cell histology	32	61

^aPlatinum resistance defined as a real-world progression event after the start date of platinum +14 days and <6 months after the last dose of platinum drug in any platinum-containing line. If a patient had multiple platinum-containing lines meeting these criteria, the first platinum-containing line was chosen to define the time point at which the patient was considered platinum resistant. FHRD, Flatiron Health Research Database; PROC, platinum-resistant ovarian cancer.

Table 2. Baseline Demographic and Clinical Characteristics

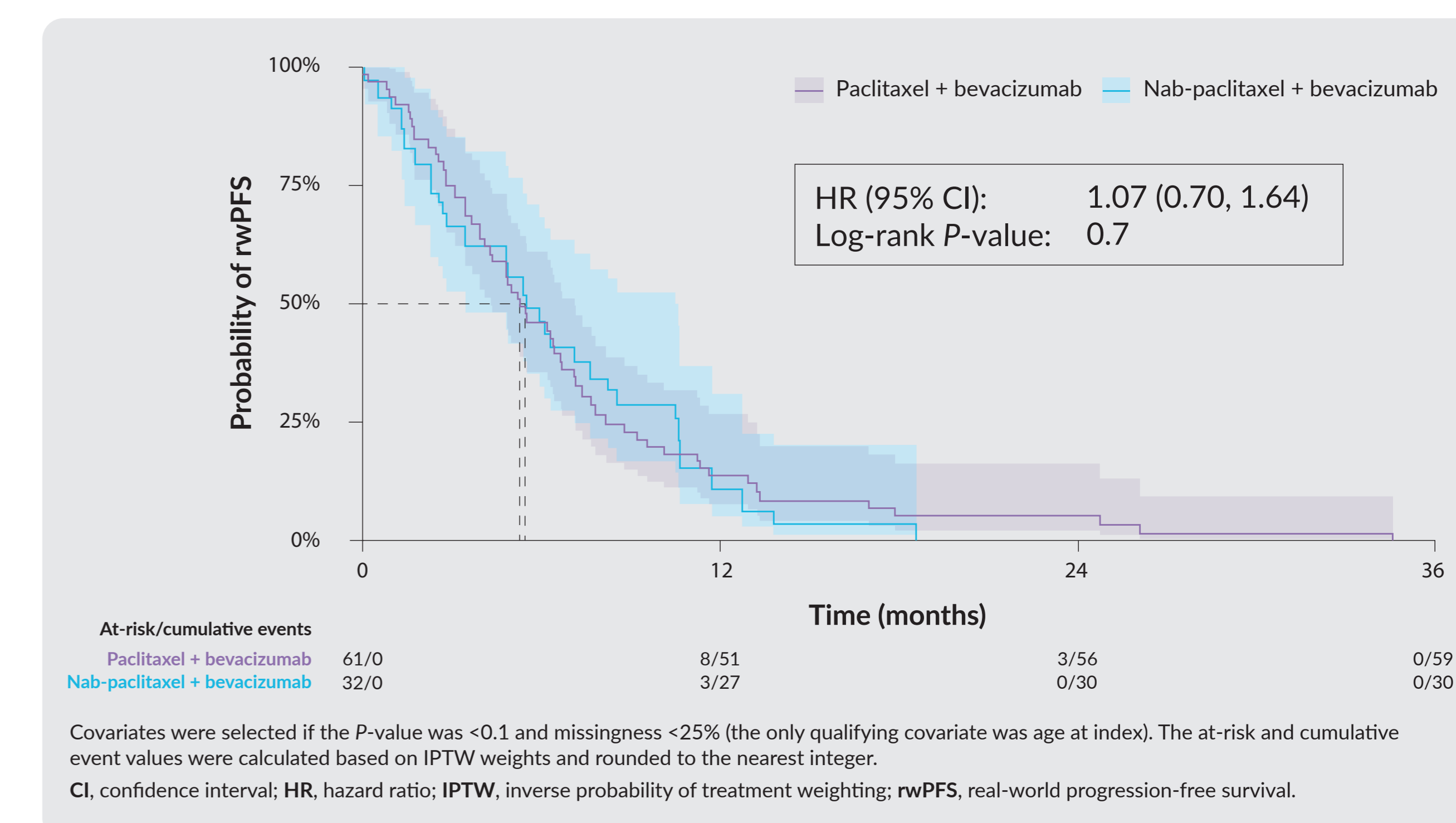
Characteristic	Nab-paclitaxel + bevacizumab (n=32)	Paclitaxel + bevacizumab (n=61)
Age at index date, years		
Median (IQR)	63.0 (57.8, 71.3)	68.0 (60.0, 74.0)
Race, n (%)		
White	23 (71.9)	44 (72.1)
Black/African American	2 (6.3)	5 (8.2)
Asian	1 (3.1)	1 (1.6)
Other/Unknown	6 (18.8)	11 (18.0)
Ethnicity, n (%)		
Hispanic or Latino	5 (15.6)	4 (6.6)
Not Hispanic or Latino	25 (78.1)	53 (86.9)
Unknown	2 (6.3)	4 (6.6)
Practice type, n (%)		
Academic	9 (28.1)	26 (42.6)
Community	21 (65.6)	33 (54.1)
Both	2 (6.3)	2 (3.3)
SES Index, n (%)		
1 (lowest SES)	3 (9.4)	7 (11.5)
2–4	16 (50.0)	29 (47.5)
5 (highest SES)	12 (37.5)	18 (29.5)
Unknown	1 (3.1)	7 (11.5)
Insurance status, n (%)		
Commercial health plan	24 (75.0)	43 (70.5)
Medicare	2 (6.3)	7 (11.5)
Uninsured/insurance not documented	3 (9.4)	7 (11.5)
Other ^a	3 (9.4)	4 (6.6)
Stage at diagnosis, n (%)^b		
I	1 (3.1)	2 (3.3)
II	0 (0)	2 (3.3)
III	15 (46.9)	32 (52.5)
IV	14 (43.8)	17 (27.9)
Unknown	2 (6.3)	8 (13.1)
Histology, n (%)		
Serous	27 (84.4)	50 (82.0)
Endometrioid	0 (0)	1 (1.6)
Epithelial, not otherwise specified	4 (12.5)	8 (13.1)
Unknown/not documented	1 (3.1)	2 (3.3)
Baseline ECOG performance status, n (%)		
0	10 (31.3)	8 (13.1)
1	9 (28.1)	28 (45.9)
≥2	7 (21.9)	5 (8.2)
Unknown	6 (18.8)	20 (32.8)
Lines of therapy received prior to index, n (%)		
1	8 (25.0)	19 (31.1)
2	7 (21.9)	14 (23.0)
3	5 (15.6)	14 (23.0)
≥4	12 (37.5)	14 (23.0)

^aIncludes Medicaid, other government program, patient assistance program, worker's compensation, other payer (type unknown), and self-pay. ^bStage based on FIGO and/or AJCC criteria. ^cAJCC, American Joint Committee on Cancer; ECOG, Eastern Cooperative Oncology Group; FIGO, International Federation of Gynecology and Obstetrics; IQR, interquartile range; SES, Socioeconomic Status.

rwPFS

- Unadjusted and IPTW-adjusted rwPFS were similar for nab-paclitaxel + bevacizumab and paclitaxel + bevacizumab (Figure 2)
 - Unadjusted HR (95% CI): 1.1 (0.71, 1.72); log-rank P-value: 0.7

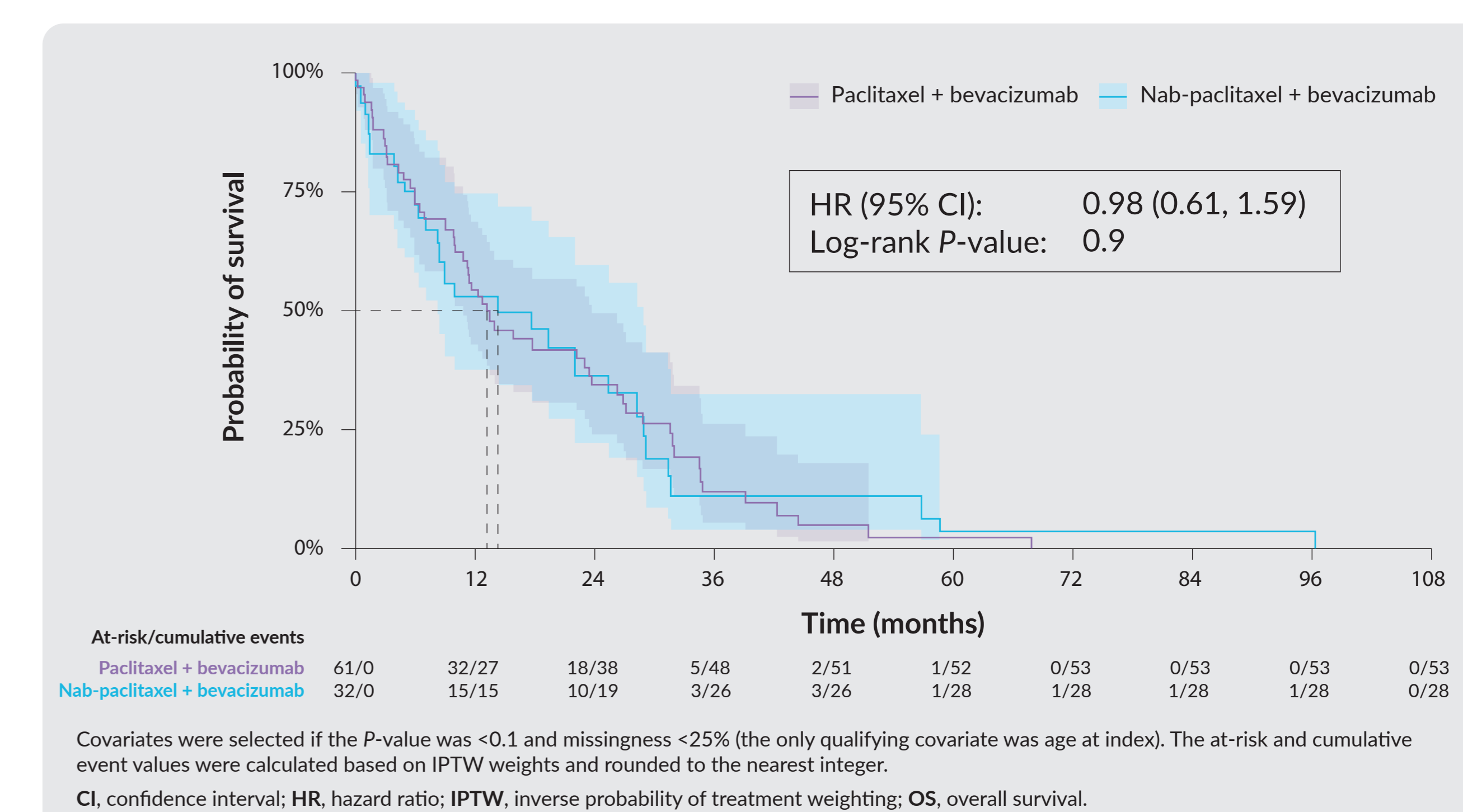
Figure 2. IPTW-Adjusted rwPFS



OS

- Unadjusted and IPTW-adjusted OS were similar for nab-paclitaxel + bevacizumab and paclitaxel + bevacizumab (Figure 3)
 - Unadjusted HR (95% CI): 0.97 (0.61, 1.55); log-rank P-value: 0.9

Figure 3. IPTW-Adjusted OS



- The Kolmogorov-like “supremum” test for proportional hazards assumptions confirmed that the assumption was not violated for either rwPFS or OS

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Disclosures

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