The experience of patients with platinum-resistant ovarian cancer: findings from a qualitative interview study in France, the UK, and the US

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OBJECTIVES

- This study aimed to understand how PROC affects patients' QOL, symptom burden, and functional capacity
  - The primary objective was to explore the patient experience with PROC, including the signs, symptoms, and impacts of the disease

INTRODUCTION

- The emergence of platinum resistance in patients with recurrent ovarian cancer is almost inevitable and is associated with poor prognosis[1,2]
- Current treatment options for patients with PROC are limited and include non-platinum chemotherapy ± bevacizumab, or mirvetuximab soravtansine[1–3]
  - Non-platinum chemotherapy ± bevacizumab offers a modest benefit (OS: 10–17 months) with substantial toxicity[1–4]
  - Mirvetuximab soravtansine offers modest benefit (OS: 14–16 months), with ocular adverse events frequently reported (52–56%), and is restricted to patients with FRα-positive tumors (~one-third of patients)[5,6]
- PROC is also complicated by the cumulative patient burden of progressive disease, as well as prior treatment burden[2,7]
  - Goals of treatment include maximizing survival benefits with limited toxicity, reducing treatment burden, and improving QOL[2,7]
- Despite well-documented clinical outcomes in patients with PROC, a notable lack of data reflecting the patient experience remains
- This study aims to understand how PROC affects patients' QOL, symptom burden, and functional capacity

METHODS

Study design

- This was a noninterventional qualitative interview study in patients with PROC
- Data were collected between December 2024 and August 2025

Participants

- Women aged ≥18 years with PROC (high-grade epithelial ovarian, primary peritoneal, or fallopian tube cancer) and residing in France, the UK, or the continental US (Puerto Rico excluded)
- Participants must have received 1–3 prior systemic lines of therapy

Study procedures

- Interview study materials, including the semi-structured interview discussion guide, interview study protocol, and patient-facing materials, were drafted, reviewed, and approved
  - Approval was obtained from the relevant French, UK, and US institutional review boards and research ethics committees
- Participants identified via recruitment partners were screened for eligibility and provided written informed consent. PROC diagnosis was confirmed either through clinician-provided documentation or patient-provided materials (eg., prescription or medical portal screenshot) that were reviewed to confirm eligibility
- Participants attended a 60-minute one-on-one semi-structured virtual interview with a trained moderator
  - The concept elicitation section of the discussion guide explored the general experiences of women with PROC, including the signs, symptoms, and impacts of the disease, as well as prior treatment experience
  - Participants were asked to rate each symptom/impact experienced since diagnosis on a scale from 0 (not at all bothersome) to 10 (extremely bothersome) and then to identify the 3 most bothersome symptoms/impacts associated with PROC

Data preparation and analysis

- Participant interviews were recorded, transcribed verbatim, coded using MAXQDA 2024 software (VERBI), and analyzed by the project team

RESULTS

Participant characteristics

- The study included 28 women diagnosed with PROC, with a median age of 58.5 years (**Table 1**)
- Overall, 57.1% of participants were White; 17.9% were from France, 14.3% from the UK, and 67.9% from the US
- The majority of participants (53.6%) were diagnosed with PROC between 2023 and 2024
- Among the included PROC diagnoses, most participants across all 3 countries had ovarian cancer; only 1 participant (in the UK) had primary peritoneal cancer, and none had fallopian tube cancer

Prior lines of therapy

- Most participants (25/28; 89.3%) were receiving second- or third-line therapy as their most recent line of therapy at the time of interview (**Table 1**)
- Platinum-based doublet chemotherapy was the most commonly reported regimen across first-line (17/28; 60.7%), second-line (8/25; 32.0%), and third-line (4/15; 26.7%) regimens (**Table 2**)
  - Mirvetuximab soravtansine was received by 2/25 participants (8.0%) in second-line therapy and 4/15 participants (26.7%) in third-line therapy (1 participant received mirvetuximab + bevacizumab as third-line therapy)

Symptoms leading to cancer diagnosis

- The most commonly reported signs and symptoms experienced by participants leading to their cancer diagnosis included abdominal pain (13/28; 46.4%) and abdominal bloating (11/28; 39.3%; **Figure 1**)
  - Among participants who reported abdominal bloating, most (10/11; 90.9%) experienced abdominal bloating along with abdominal pain
- Seven participants (25.0%) experienced a delay in diagnosis after consulting a doctor, with 1 participant attributing the delay to the subtle and easily overlooked symptoms of ovarian cancer

Symptoms and bothersome scores in participants with PROC

- The top 3 most mentioned disease- and/or treatment-related symptoms at the time of interview were fatigue (28/28; 100%), abdominal pain (17/28; 60.7%), and abdominal bloating (15/28; 53.6%; **Figure 2**)
- Salient symptoms (defined as those experienced by ≥50% of participants and with a mean bothersome score ≥5.0) were fatigue, abdominal pain, and abdominal bloating
  - Among patients who provided a response, fatigue, abdominal pain, and abdominal bloating were reported as one of the top 3 most bothersome symptoms by 79.2%, 61.5%, and 50.0% of participants, respectively

Impacts and bothersome scores in participants with PROC

- The top 3 most mentioned disease- and/or treatment-related impacts at the time of interview were anxiety (23/28; 82.1%), change in future perspectives (21/28; 75.0%), and reduced sleep quality (16/28; 57.1%; **Figure 3**)
- Salient impacts (defined as those experienced by ≥50% of participants and with a mean bothersome score ≥5.0) were anxiety, change in future perspectives, feeling vulnerable, reduced physical functioning, and reduced sleep quality
  - Among patients who provided a response, reduced physical functioning, change in future perspectives, and anxiety were reported as one of the top 3 most bothersome impacts by 66.7%, 42.9%, and 33.3% of participants, respectively

Table 1. Participant characteristics

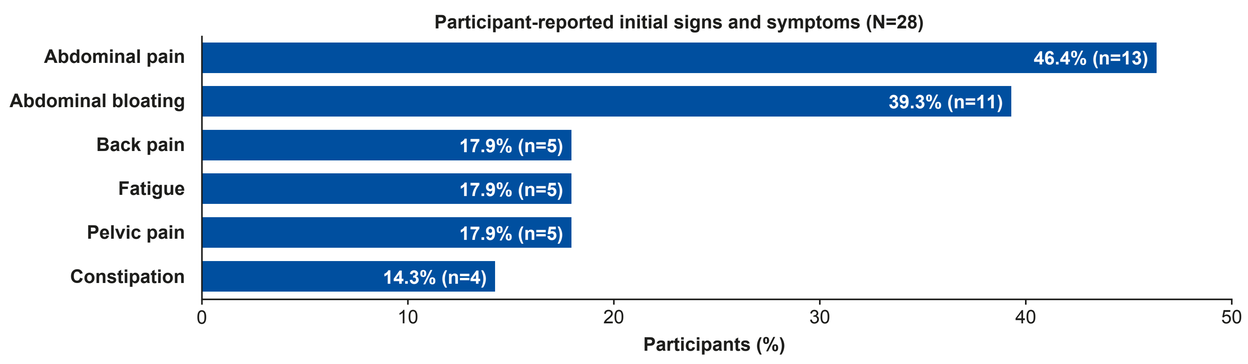
	France (n=5)	UK (n=4)	US (n=19)	Total (N=28)
Age, median (range), years	61.0 (41–67)	56.0 (52–62)	59.0 (49–68)	58.5 (41–68)
Race/ethnicity, n (%)				
White	0	4 (100)	12 (63.2)	16 (57.1)
Hispanic	0	0	2 (10.5)	2 (7.1)
Black	0	0	1 (5.3)	1 (3.6)
Hispanic and White	0	0	1 (5.3)	1 (3.6)
Native Hawaiian	0	0	1 (5.3)	1 (3.6)
Not given or prefer not to say	5 (100)	0	2 (10.5)	7 (25.0)
Cancer primary site, n (%)				
Ovarian	5 (100)	3 (75.0)	19 (100)	27 (96.4)
Primary peritoneal	0	1 (25.0)	0	1 (3.6)
Fallopian tube	0	0	0	0
Most recent line of therapy at time of interview, n (%)				
First line	0	0	3 (15.8)	3 (10.7)
Second line	1 (20.0)	1 (25.0)	8 (42.1)	10 (35.7)
Third line	4 (80.0)	3 (75.0)	8 (42.1)	15 (53.6)

Table 2. Prior therapies received by line of therapy

First-line therapy (n=28)		Second-line therapy (n=25)		Third-line therapy (n=15)	
Treatment	**n (%)**	**Treatment**	**n (%)**	**Treatment**	**n (%)**
Platinum-based doublet[a]	17 (60.7)	Platinum-based doublet[a]	8 (32.0)	Platinum-based doublet[a]	4 (26.7)
Platinum monotherapy[b]	9 (32.1)	Platinum monotherapy[b]	3 (12.0)	Mirvetuximab soravtansine	3 (20.0)
Platinum-based doublet[a] + PARPi[c]	1 (3.6)	Bevacizumab	3 (12.0)	Pembrolizumab	2 (13.3)
Platinum CT[b] + bevacizumab	1 (3.6)	Mirvetuximab soravtansine	2 (8.0)	Non-platinum CT[d]	2 (13.3)
		Pembrolizumab	2 (8.0)	Non-platinum CT[d] + bevacizumab	2 (13.3)
		PARPi[c]	2 (8.0)	Platinum-based doublet[a] + bevacizumab	1 (6.7)
		Non-platinum CT[d]	2 (8.0)	Mirvetuximab soravtansine + bevacizumab	1 (6.7)
		Platinum-based doublet[a] + bevacizumab	1 (4.0)		
		PARPi[c] + bevacizumab	1 (4.0)		
		Non-platinum CT[d] + bevacizumab	1 (4.0)		

[a]Platinum-based doublet may include combinations of cisplatin or carboplatin with paclitaxel, docetaxel, gemcitabine, or PLD. [b]Platinum monotherapy may include cisplatin or carboplatin. [c]PARPi may include olaparib or niraparib. [d]Non-platinum CT may include irinotecan, paclitaxel, gemcitabine, or PLD.

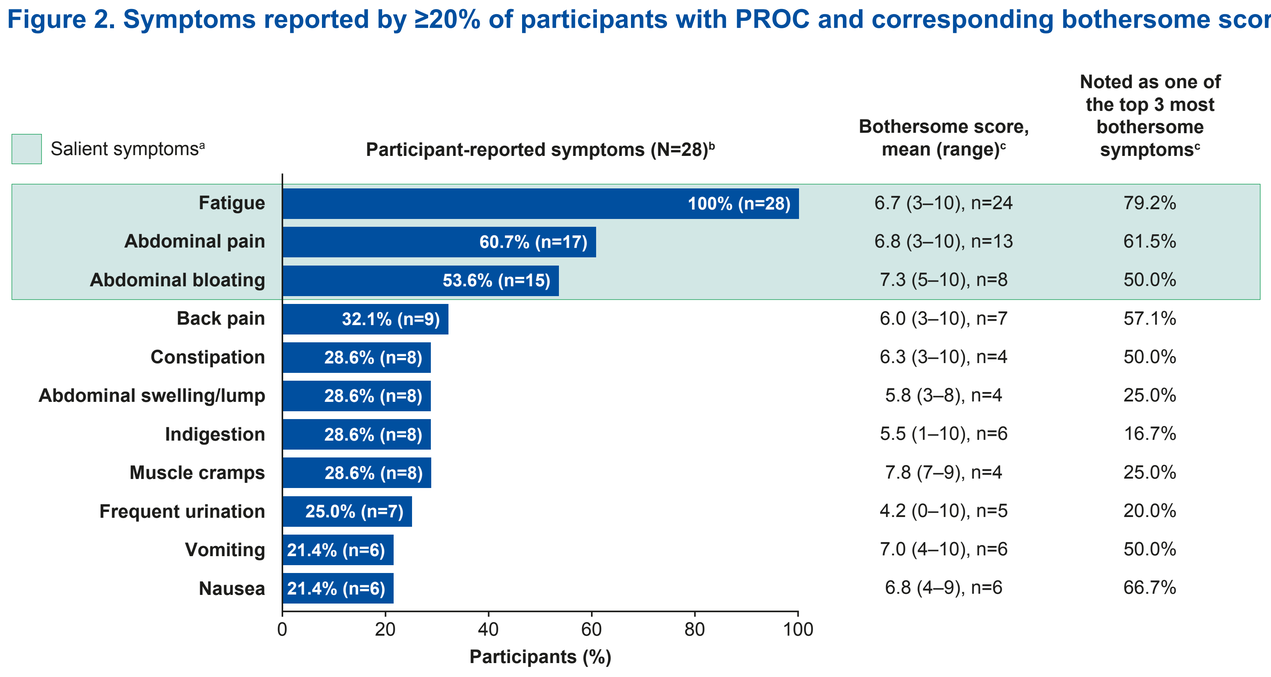
Figure 1. Initial signs and symptoms experienced by ≥10% of participants leading to their cancer diagnosis



Well, I had developed a **sudden excruciating pelvic pain, abdominal pain. I was quite concerned.** We'd gone to the emergency room […]. **It was when the test came back that they had said that I needed to follow up with the oncologist**...
Age 55, US

I was getting a lot of […] **stomach bloating, and I was getting pain.** In my pelvic area, I was getting **a lot of pain there** […]. I went to my primary care doctor, and then **he sent me to an oncologist.**
Age 64, US

Figure 2. Symptoms reported by ≥20% of participants with PROC and corresponding bothersome scores

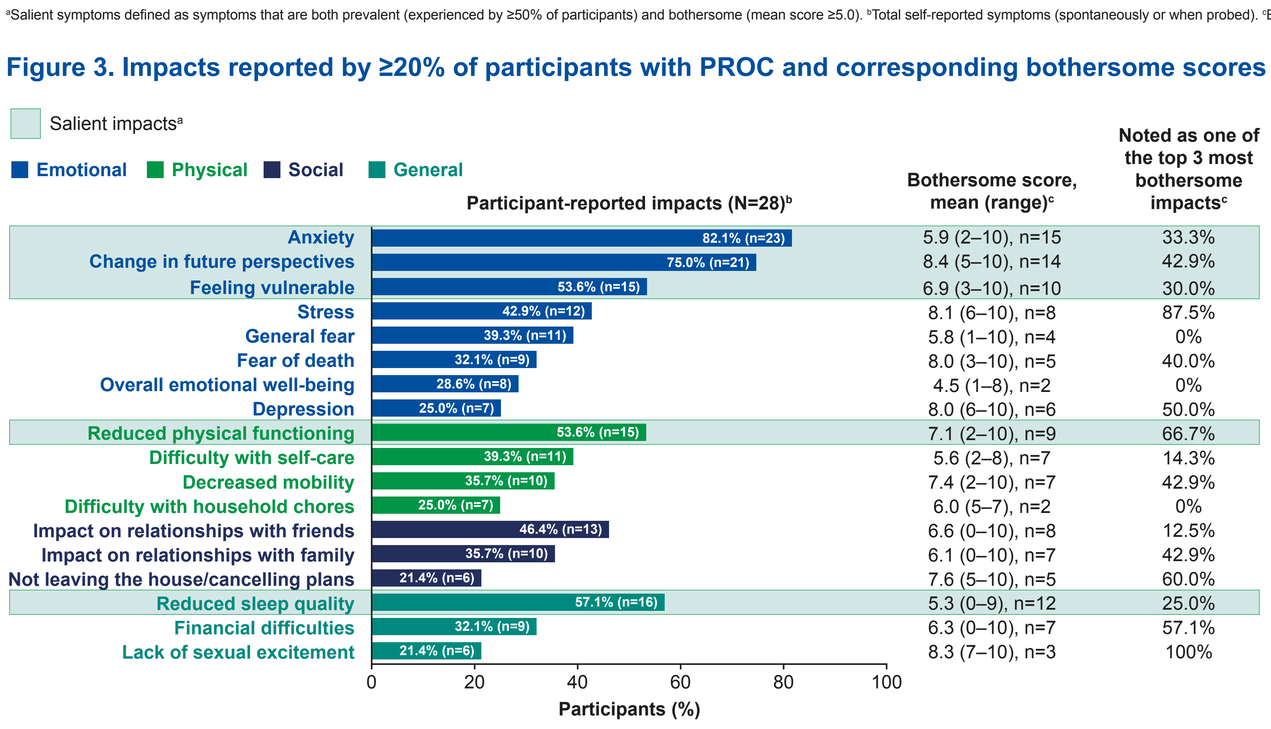


Just an overwhelming tiredness. The cancer treatments have left me with sore limbs. […] **I couldn't wash the dishes. Having a shower was monumental. Just unbelievably tired.**
Age 58, UK

I have a lot of **abdominal bloating and pain**, which is kind of **hard to control.**
Age 49, US

I'm **very, very weak.** I still get that abdominal […] **stomach pain and bloating.**
Age 62, US

Figure 3. Impacts reported by ≥20% of participants with PROC and corresponding bothersome scores



I need more help. Yet, I'm a very active woman and I need help to carry heavy things or because **I no longer feel capable.**
Age 56, France

There's a lot of **stress and anxiety** because my daughters are still young and we're **not really sure what we're going to do.**
Age 49, US

[…] it's a fatigue that actually **prevents me from leaving the house.** It's really severe. […] on those days, I'm on sick leave, **I can't work, or at least I limit myself** and rest a lot.
Age 41, France

[a]Salient impacts defined as impacts that are both prevalent (experienced by ≥50% of participants) and bothersome (mean score ≥5.0). [b]Total self-reported impacts (spontaneously or when probed). [c]Bothersome scores were not provided by all participants.

STUDY LIMITATIONS

- The small sample size and limited number of participants per country may constrain the generalizability of the findings and prevent country-specific conclusions
- Of the 28 participants enrolled, 67.9% (19/28) were recruited from a single care setting in the US, which may introduce bias based on their treatment experience
  - However, no differences in study outcomes were observed between these individuals and the remaining 9 participants from France and the UK, suggesting minimal impact on the overall findings
- Although the study initially aimed to include participants with PROC, including high-grade epithelial ovarian, primary peritoneal, and fallopian tube cancer, 27/28 interviews were conducted in participants with ovarian cancer, and in only 1 participant with peritoneal cancer
  - Consequently, the study may not fully capture symptom or QOL differences specific to patients with platinum-resistant primary peritoneal or fallopian tube cancers

CONCLUSIONS

- Patients with PROC experience a high symptom burden, particularly fatigue, abdominal pain, and abdominal bloating, alongside a spectrum of other symptoms, accompanied by reduced physical functioning
- These qualitative data provide a holistic understanding of the impact of PROC on patients' QOL, highlighting a significant unmet need for more effective treatments

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ABBREVIATIONS

CT, chemotherapy; **FRα**, folate receptor alpha; **OS**, overall survival; **PARPi**, poly (ADP-ribose) polymerase inhibitor; **PLD**, pegylated liposomal doxorubicin; **PROC**, platinum-resistant ovarian cancer; **QOL**, quality of life; **UK**, United Kingdom; **US**, United States.

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DECLARATION OF INTERESTS

Olivia Le Saux: No conflicts of interest to disclose

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