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## 2019 Call for Grants: Healthcare Quality Improvement Program

**Release Date:** Friday, February 22, 2019

**Therapeutic Area:** Oncology

**Disease State:** Ovarian Cancer

**Audience for Education:** Medical & Gynecologic Oncologists and, if applicable, Patients

**Funding Available:** Up to \$400,000

### Educational Gap:

ZEJULA® (niraparib), Rubraca® (rucaparib), and Lynparza® (olaparib) are poly(ADP-ribose) polymerase (PARP) inhibitors indicated for the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to platinum-based chemotherapy. Three double-blinded studies showed positive outcomes for the maintenance treatment of adult patients with recurrent epithelial ovarian cancer, including reduction of the risk of recurrence and increased progression-free survival (PFS).<sup>1-3</sup> Additionally, maintenance treatment resulted in maintained quality of life compared to placebo.<sup>4</sup>

Recognizing that the effectiveness of platinum-based chemotherapy regimens diminishes with each subsequent line of treatment,<sup>5,6</sup> it is paramount to provide ovarian cancer patients with efficacious and timely maintenance treatment options. This diminishing return for patients with ovarian cancer is observed in clinical trials as a decrease in PFS and overall survival after each subsequent treatment regimen.<sup>5</sup> Until recently, the standard of care after receiving chemotherapy was observation, colloquially known as “watch and wait.” This observation period is generally associated with high levels of patient anxiety due to fear of recurrence.<sup>7,8</sup> Barriers for the adoption and timely use of PARP inhibitors include limited staffing and resources for maintenance therapy monitoring, uncertainty about the optimal choice of agent, skepticism regarding clinical findings, and lack of inclusion in guidelines.<sup>9</sup> Additionally, gynecologic oncologists are more likely than general oncologists to prescribe PARP inhibitors. **A critical need exists to provide patients in response to platinum-based chemotherapy timely access to PARP inhibitor maintenance therapy.**

### References:

1. Mirza MR, Monk BJ, Herrstedt J, Oza AM, Mahner S, Redondo A, et al; ENGOT-OV16/NOVA Investigators. Niraparib maintenance therapy in platinum-sensitive, recurrent ovarian cancer. *N Engl J Med*. 2016;375(22):2154–2164.
  2. Coleman RL, Oza AM, Lorusso D, Aghajanian C, Oaknin A, Dean A, et al; ARIEL3 investigators. Rucaparib maintenance treatment for recurrent ovarian carcinoma after response to platinum therapy (ARIEL3): a randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet*. 2017;390(10106):1949–1961.
  3. Pujade-Lauraine E, Ledermann JA, Selle F, Gebski V, Penson RT, Oza AM, et al; SOLO2/ENGOT-Ov21 Investigators. Olaparib tablets as maintenance therapy in patients with platinum-sensitive, relapsed ovarian cancer and a BRCA1/2 mutation (SOLO2/ENGOT-Ov21): a double-blind, randomised, placebo-controlled, phase 3 trial. *Lancet Oncol*. 2017;18(9):1274–1284.
  4. Oza AM, Matulonis UA, Malander S, Hudgens S, Sehouli J, Del Campo JM, et al. Quality of life in patients with recurrent ovarian cancer treated with niraparib versus placebo (ENGOT-OV16/NOVA): results from a double-blind, phase 3, randomised controlled trial. *Lancet Oncol*. 2018;19(8):1117–1125.
  5. Hanker LC, Loibl S, Burchardi N, Pfisterer J, Meier W, Pujade-Lauraine E, et al; AGO and GINECO Study Group. The impact of second to sixth line therapy on survival of relapsed ovarian cancer after primary taxane/platinum-based therapy. *Ann Oncol*. 2012;23(10):2605–2612.
  6. Lorusso D, Mancini M, Di Rocco R, Fontanelli R, Raspagliesi F. The role of secondary surgery in recurrent ovarian cancer. *Int J Surg Oncol*. 2012;2012:613980.
  7. Cesario S. Advances in the early detection of ovarian cancer: how to hear the whispers early. *Nurs Womens Health*. 2010;14(3):222–234.
  8. Mirabeau-Beale KL, Kornblith AB, Penson RT, Lee H, Goodman A, Campos SM, et al. Comparison of the quality of life of early and advanced stage ovarian cancer survivors. *Gynecol Oncol*. 2009;114(2):353–359.
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9. CE Outcomes. Educational Needs Assessment of US Practicing Oncologists: Identifying the key factors in the use of maintenance therapy in patients with ovarian cancer. 2018. Unpublished.

### **Call for Grants:**

TESARO is seeking to support a healthcare improvement program that addresses the educational gap for access and utilization of PARPi in the recurrent maintenance setting with an initiative evaluating the impact of quality-focused interventions on assessment, treatment and patient care in a local or national healthcare institution or system. The purpose of this call for grants is to facilitate the translation of evidence-based medicine into measurable clinical outcomes.

Accreditation is not required unless appropriate for resulting educational interventions. If a publication or conference abstract is planned in order to share the results with a broader audience, please provide a description of the plan.

This grant will remain independent, fair-balanced and adhere to ACCME's Standards for Commercial Support.

### **Next steps:**

Medical education providers interested in responding to this CFG should send a letter of intent with a description of the proposed QI program to [grants@tesarobio.com](mailto:grants@tesarobio.com) by **Friday, March 8**.

Within 2 weeks, the TESARO Grants Team will notify selected providers to submit a full application to our [CyberGrants](#) portal. More information, including the deadline for application, will be included in the notification email.

A final decision will be made in late April and the grant recipient will be notified shortly thereafter.

We thank you for your interest in TESARO.

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