

## **First-line maintenance therapy patterns in *BRCA* wild-type and HRD-negative advanced epithelial ovarian cancer: A European real-world study.**

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### **Background:**

Maintenance therapy is central to the management of advanced epithelial ovarian cancer (AEOC), yet real-world patterns in biomarker-negative populations (i.e. *BRCA* wild-type, HRD-negative or biomarker-unknown) remain poorly described. Cross-country differences may reflect variability in clinical practice, regulatory approvals and reimbursement.

### **Methods:**

Oncologists from the EU5 (UK, France, Germany, Italy and Spain) contributed anonymised patient charts between November 2024 and March 2025 for a real-world study of first-line (1L) maintenance in *BRCA* wild-type, HRD-negative or biomarker-unknown AEOC. Eligible patients had FIGO stage III–IV disease. Maintenance therapies received were recorded. Inter-country differences in treatment allocation were assessed using a chi-square test. Pearson residuals and p-values were calculated to identify statistically significant variation in prescription patterns.

### **Results:**

The study included 977 patients. Reported maintenance treatments were surveillance (n = 110; 11.3%), bevacizumab (bev; n = 380; 38.9%), niraparib (nira; n = 385; 39.4%), rucaparib (ruca; n = 31; 3.2%), and other therapies (n = 71; 7.3%). Maintenance choice varied significantly across countries ( $\chi^2 = 147.8$ , df = 16, p < 0.0001). Surveillance was chosen more frequently in the UK (n

= 63; 18.6%,  $p < 0.0001$ ) and less frequently in Germany ( $n = 5$ ; 2.8%,  $p = 0.0007$ ). Bev use was significantly higher in France ( $n = 182$ ; 57.6%,  $p < 0.0001$ ) and lower in the UK ( $n = 74$ ; 21.9%,  $p < 0.0001$ ). Nira was chosen more often in the UK ( $n = 171$ ; 50.6%,  $p = 0.0011$ ) and less often in France ( $n = 92$ ; 29.1%,  $p = 0.0036$ ). Ruca was used infrequently across all countries, with no statistically significant inter-country differences observed ( $p = 0.41$ ).

### **Conclusions:**

Real-world maintenance choices for biomarker-negative AEOC vary considerably across the EU5. These differences likely reflect heterogeneity in clinical practice, drug availability and reimbursement frameworks. Further research aiming to explore these patterns may help support more aligned, evidence-informed treatment decisions across healthcare systems.

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### **Abstract Disclosures:**

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