

QS Ovar: A national quality assurance program in Germany

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Conflicts of interest

Philipp Harter

Honoraria: Amgen, Astra Zeneca, GSK, Roche, Immunogen, Sotio, Stryker, Zai Lab, MSD, Clovis, Miltenyi, Eisai, Mersana, Exscientia, Daiichi Sankyo, Karyopharm, Abbvie

Advisory Board: Astra Zeneca, Roche, GSK, Clovis, Immunogen, MSD, Miltenyi, Novartis, Eisai, Corcept, BionTech

Research Funding (Inst): Astra Zeneca, Roche, GSK, Genmab, DFG, European Union, DKH, Immunogen, Seagen, Clovis, Novartis, Immatics

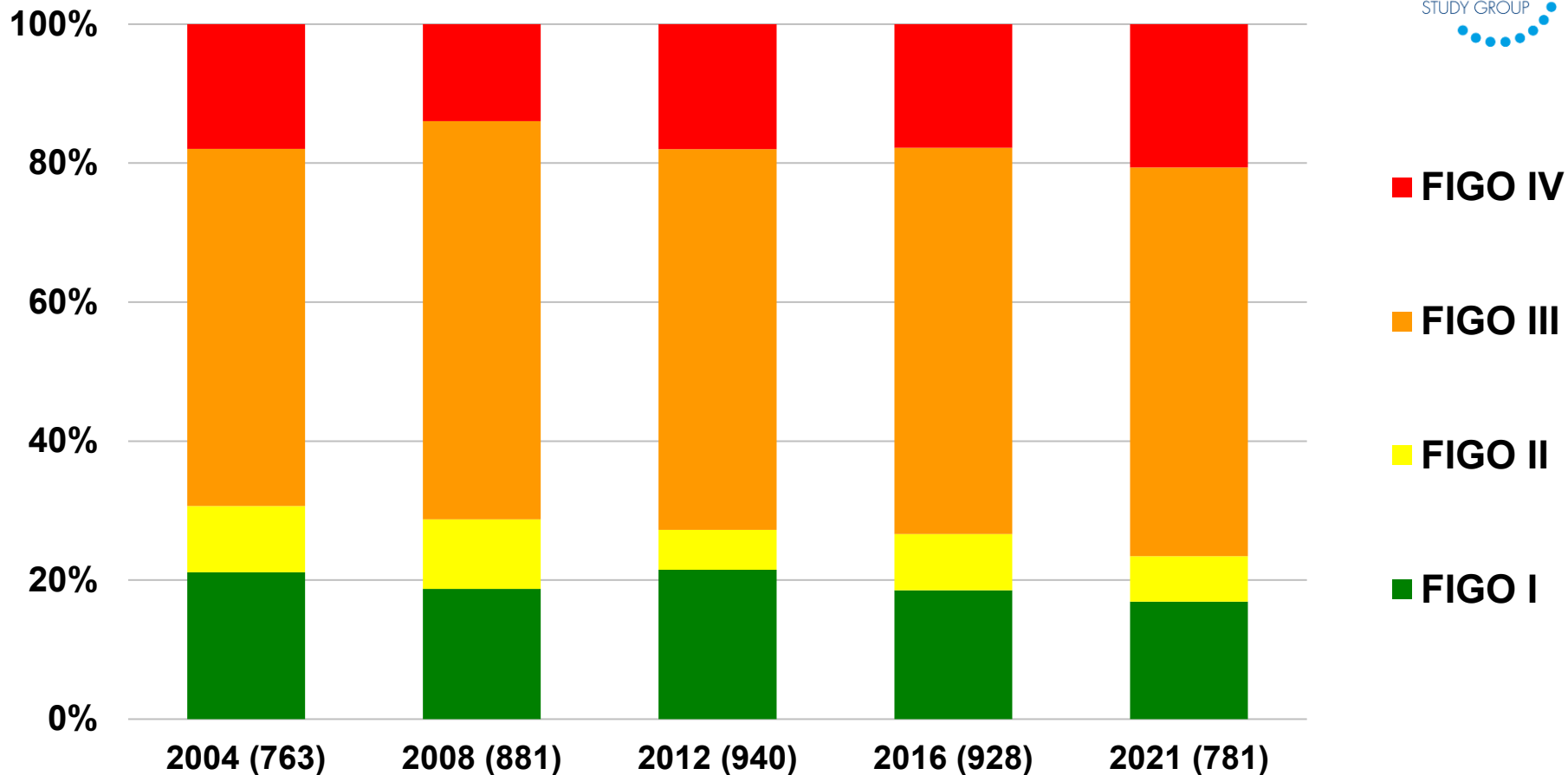
Use of real world data – what is the intention?

- QS Ovar was started in 2000 to describe the treatment quality (surgery + chemotherapy) of patients with ovarian cancer in Germany
- The aim was to improve outcome of our patients
- Unfortunately, never supported by public funding....
- Pure academic motivation!

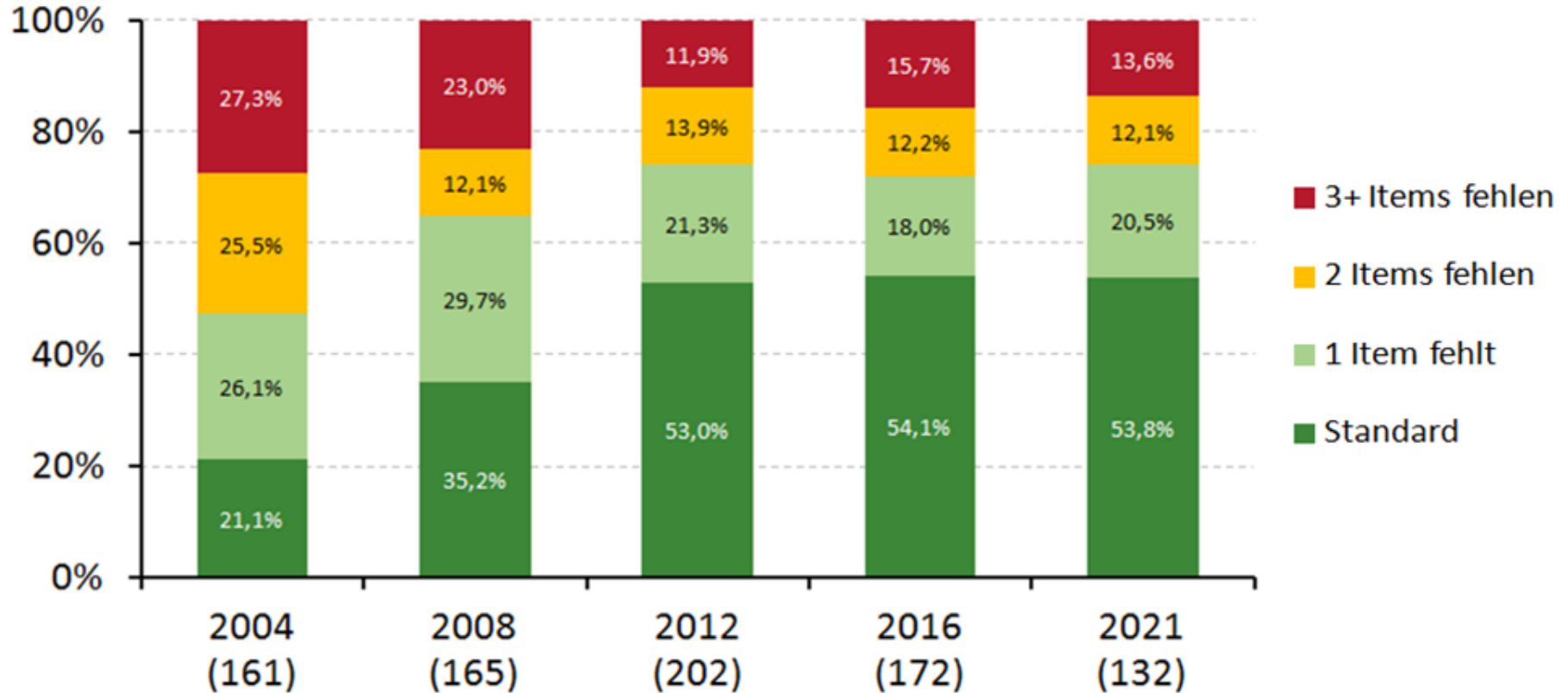
Method: All German hospitals treating patients with ovarian cancer were asked to document prospectively all patients with first diagnosis in the third quarter of the respective year. Details of tumor, treatment and outcome were documented.

About 60% of all patients with ovarian cancer diagnosed in Germany within the observation periods are included in this analysis.

FIGO Stage and year of diagnosis



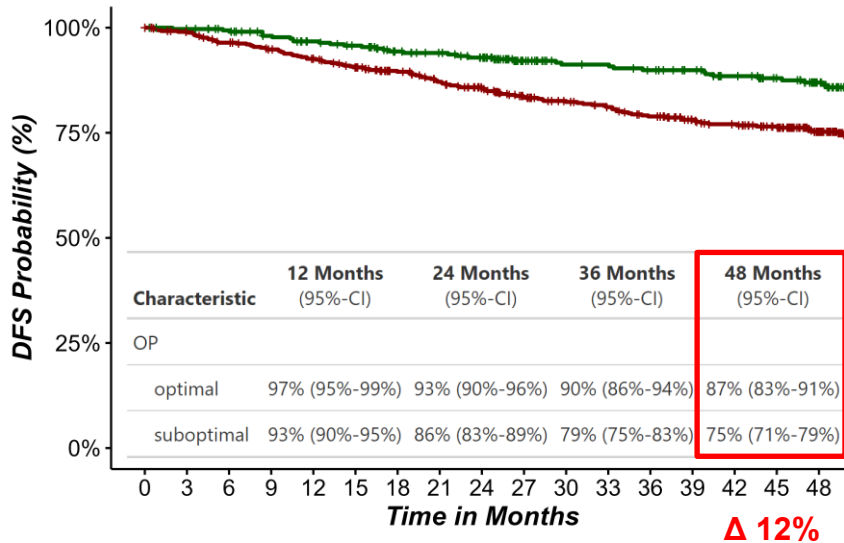
FIGO I: Quality of staging surgery



FIGO I: Quality of surgery (DFS and OS)

Disease-free Survival (DFS)

Strata — optimale OP — suboptimale OP

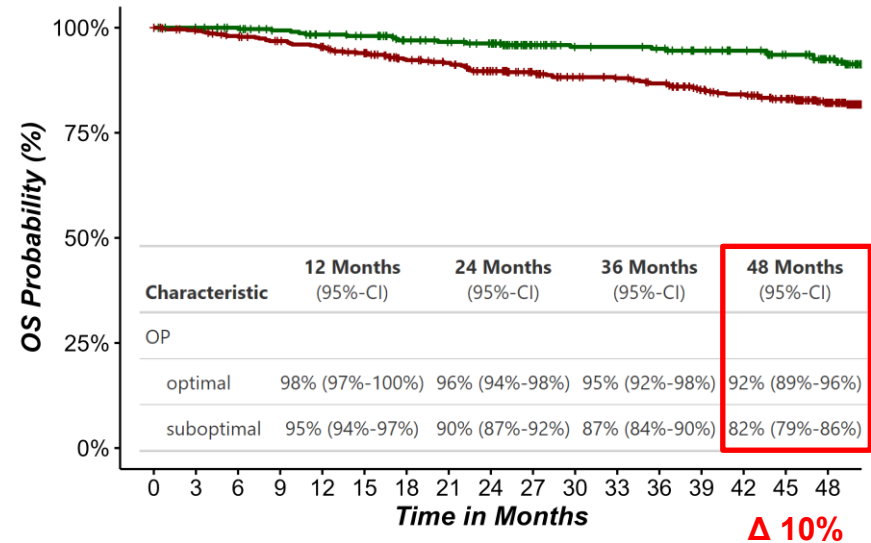


Number at risk

■ 319 315 309 298 288 281 267 260 250 220 206 205 200 192 183 173 155 1
■ 513 500 483 470 456 440 419 400 380 355 340 329 316 296 285 269 228 1

Overall Survival (OS)

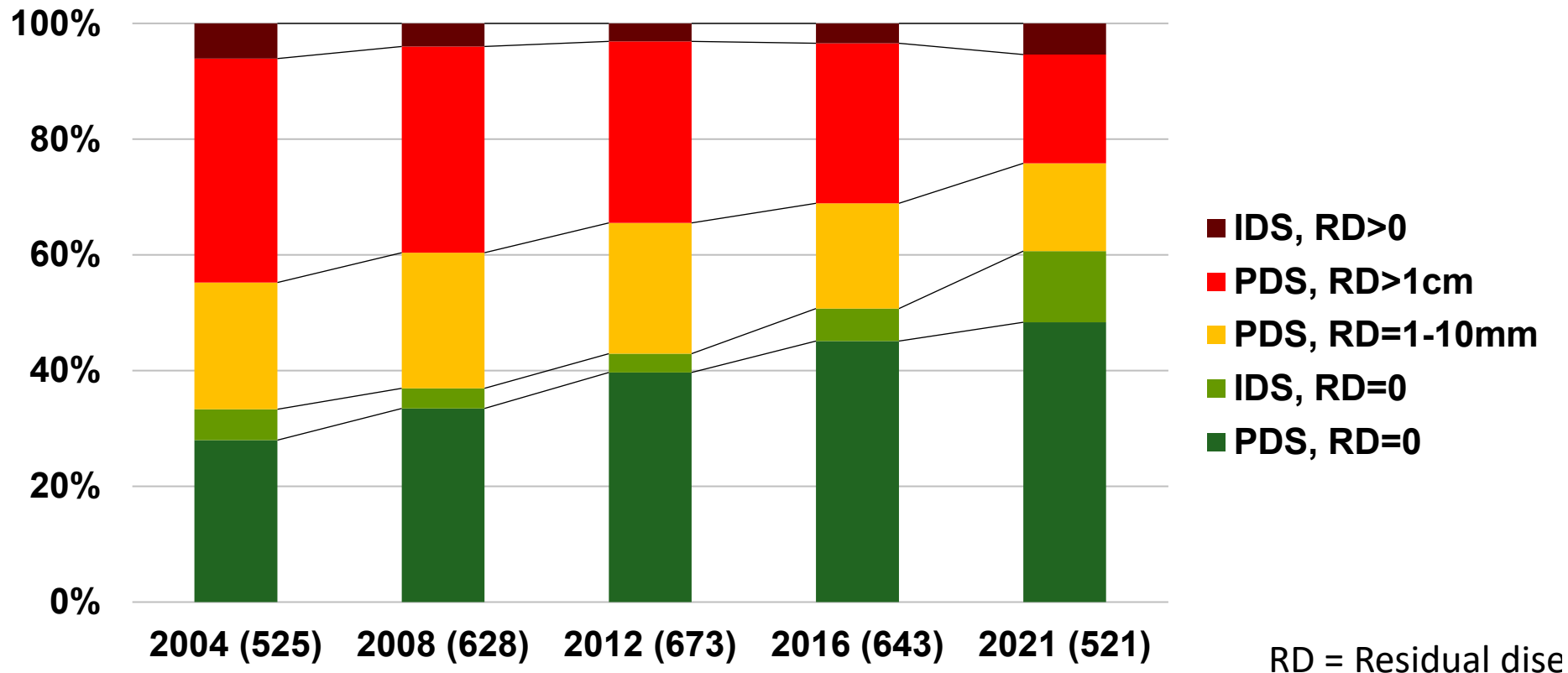
Strata — optimale OP — suboptimale OP



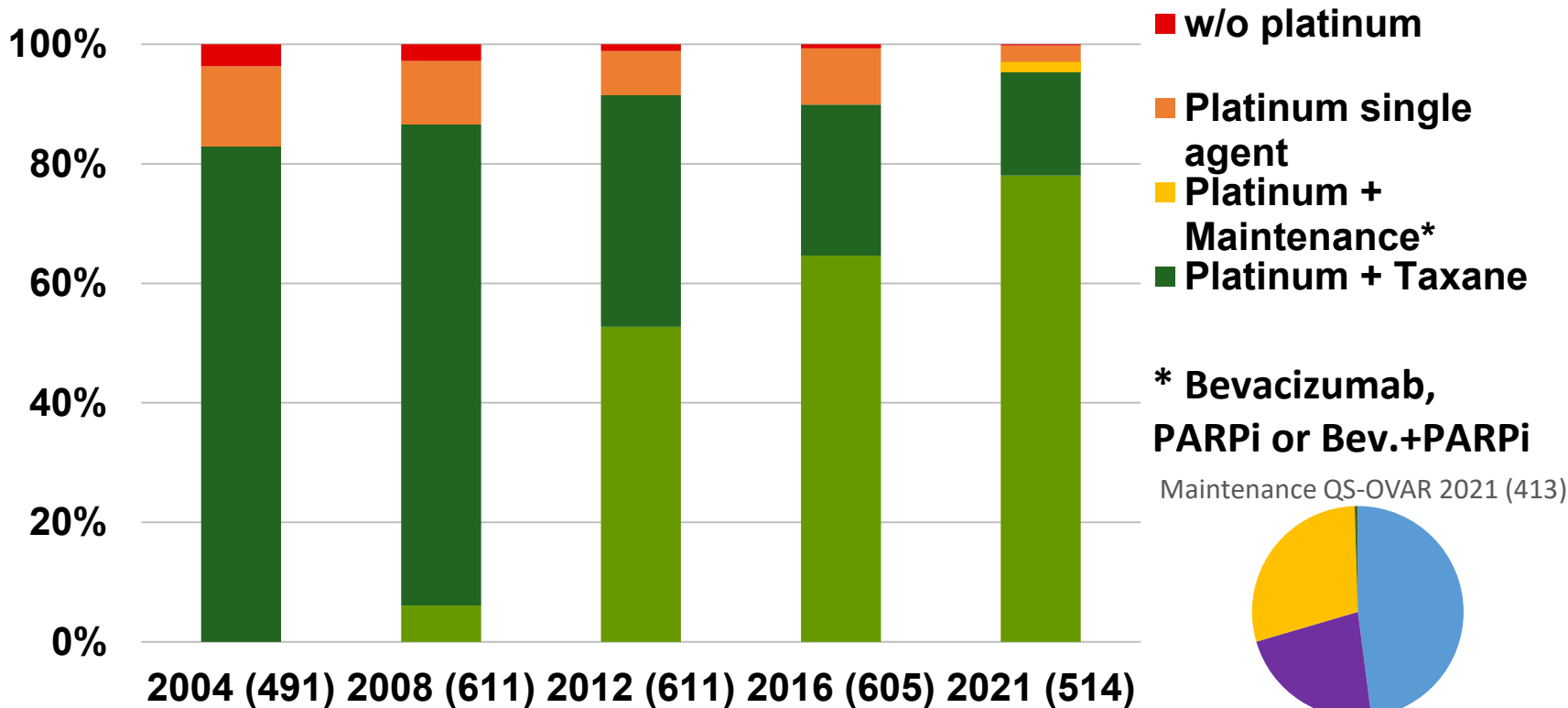
Number at risk

■ 319 316 311 302 293 288 275 268 260 229 215 214 211 201 195 183 164 1
■ 513 502 491 480 470 455 431 420 397 379 363 356 346 323 312 294 253 1

Quality of Surgery: Timing and residual disease FIGO III-IV (only pts with surgery)

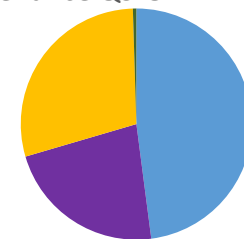


Systemic primary therapy FIGO III-IV (only patients with chemotherapy)



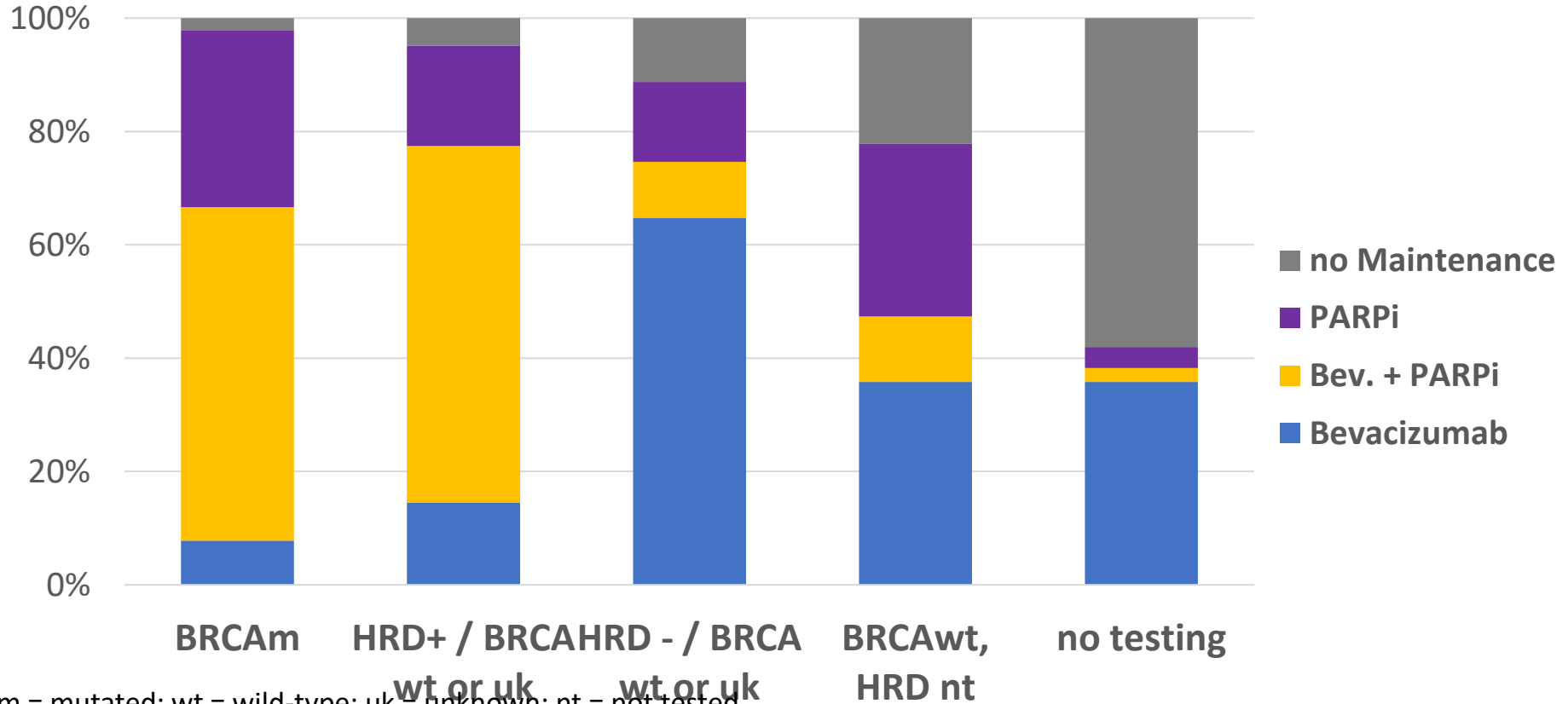
* Bevacizumab, PARPi or Bev.+PARPi

Maintenance QS-OVAR 2021 (413)



- Bevacizumab
- PARPi
- Bev.+PARPi
- Endocrine Th.

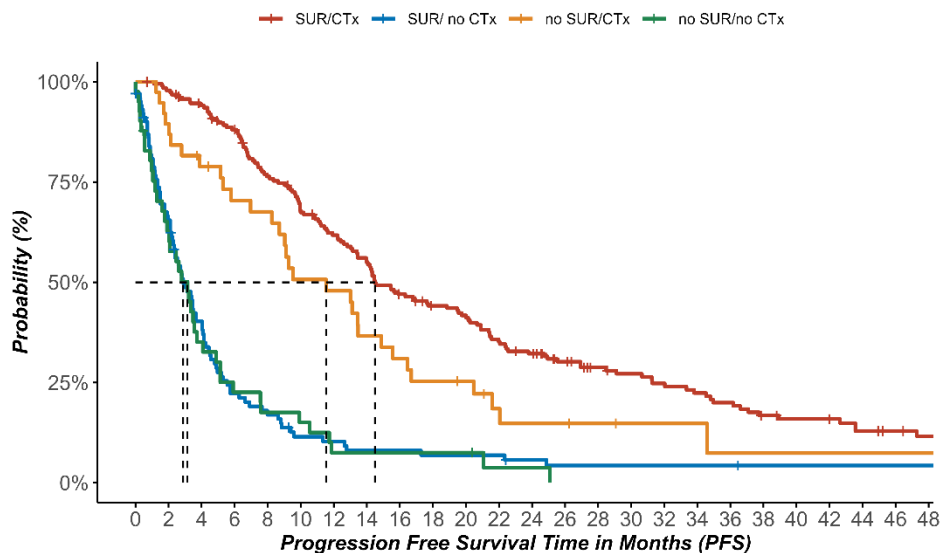
Maintenance therapy in high-grade FIGO III/IV in 2021 (only pts with chemotherapy)



m = mutated; wt = wild-type; uk = unknown; nt = not tested

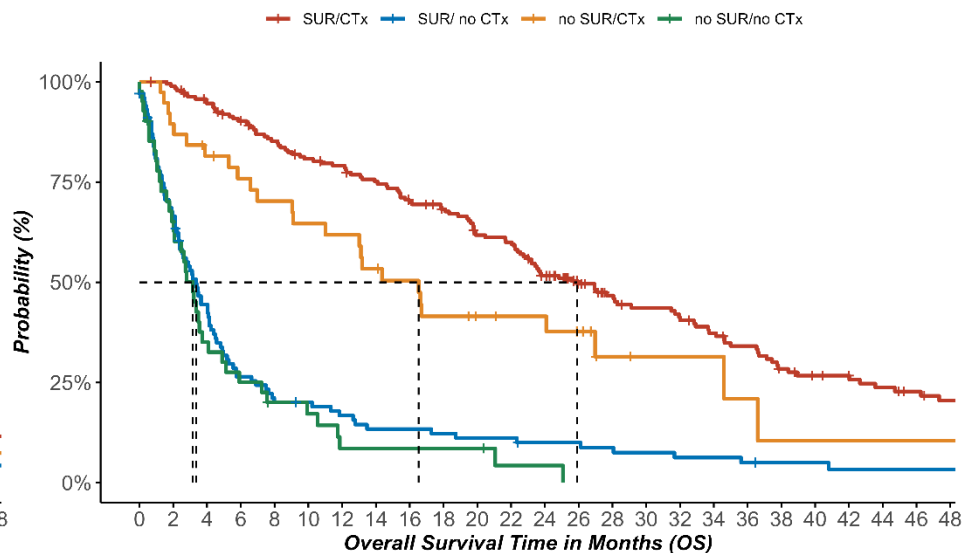
Treatment and outcome of elderly patients (≥ 75 years)

- PFS and OS in pts with TR > 0 or no surgery: impact of CTX



Number at risk

—	188	183	173	160	137	120	109	97	82	74	70	59	53	44	37	34	31	28	25	20	18	16	13	11	9
—	102	64	38	21	16	10	9	7	7	6	6	6	4	3	3	3	3	3	2	2	2	2	2	2	2
—	38	34	29	25	24	18	17	13	11	9	8	5	4	4	3	2	2	2	1	1	1	1	1	1	1
—	41	25	14	9	7	6	3	3	3	3	3	1	1	0	0	0	0	0	0	0	0	0	0	0	0



Number at risk

—	188	185	174	164	153	144	140	132	122	116	104	101	85	71	61	56	53	47	42	34	30	27	24	21	18
—	102	65	42	25	19	18	15	12	12	11	10	10	8	8	7	6	5	5	4	3	3	2	2	2	2
—	38	34	30	27	25	23	22	19	17	14	12	11	11	9	4	3	3	2	1	1	1	1	1	1	1
—	41	26	14	10	7	6	3	3	3	3	3	1	1	0	0	0	0	0	0	0	0	0	0	0	0

The triage for or against surgery should be done with respect to subsequent CTX, whose omission seems to be the worst prognostic factor among the therapeutic modalities

Survival of OC patients with tumor but without CTX was 3 months