

Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for advanced recurrent or refractory ovarian cancer: a systematic review and economic evaluation

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Plain English summary

Treatment for advanced recurrent or refractory ovarian cancer

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Ovarian cancer is a common gynaecological cancer affecting women in the UK. Initial treatment (first-line treatment) typically consists of surgery together with one or more drugs (chemotherapy) given directly into a vein. Most first-line chemotherapy will include a drug derived from platinum. Although ovarian cancer usually responds to the first round of treatment, in most people the cancer eventually comes back. This is known as recurrent ovarian cancer. Also, some people have ovarian cancer that does not respond to treatment, which is known as refractory ovarian cancer. The outcome of ovarian cancer is generally poor, with fewer than 4 out of 10 people alive at 5 years after initial diagnosis. There are several different treatment options for recurrent and refractory ovarian cancer that are given with the aim of controlling the disease for as long as possible. The aim of this project is to review technologies for the treatment of ovarian cancer that has recurred after, or does not respond to, treatment with platinum-based chemotherapy. The medical benefit and risks associated with these treatments is assessed and compared across the treatments for advanced recurrent or refractory ovarian cancer. In addition, how likely the drugs are to be considered good value for money for the UK NHS has been evaluated.

This project reviewed therapies for the treatment of ovarian cancer that recurred after, or did not respond to, treatment with platinum-based chemotherapy. It was not possible to compare the clinical effectiveness and cost-effectiveness of platinum-based therapies with non-platinum-based therapies for platinum-sensitive ovarian cancer (cancer that recurs at least 6 months after initial treatment). The project found that paclitaxel plus platinum could be considered cost-effective compared with platinum alone for people who have been treated with regimens including a platinum-based compound.

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This report

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