Ontario Health
Cancer Care Ontario

Guideline 4-1 Version 2

A Quality Initiative of the Program in Evidence-Based Care (PEBC), Ontario Health (Cancer Care Ontario)

Neoadjuvant and adjuvant systemic therapy for newly diagnosed stage II, III, or IV epithelial ovary, fallopian tube, or primary peritoneal carcinoma

H. Hirte, R. Poon, X. Yao, T. May, J-L. Ethier, L. Petz, J. Speakman, L. Elit, and the Ovarian Cancer Guideline Development Group

Report Date: January 27, 2021

An assessment conducted in November 2024 deferred the review of Guideline 4-1 Version 2. This means that the document remains current until it is assessed again next year. The PEBC has a formal and standardized process to ensure the currency of each document
(PEBC Assessment & Review Protocol)

Guideline 4-1 Version 2 is comprised of 5 sections. You can access the summary and full report here:
https://www.cancercareontario.ca/en/guidelines-advice/types-of-cancer/2311

Section 1:	**Recommendations**
Section 2:	**Guideline – Recommendations and Key Evidence**
Section 3:	**Guideline Methods Overview**
Section 4:	**Systematic Review**
Section 5:	**Internal and External Review**

For information about this document, please contact Hal Hirte, the author, through the PEBC via: Phone: 905-527-4322 ext. 42822 Fax: 905 526-6775 E-mail: ccopgi@mcmaster.ca

For information about the PEBC and the most current version of all reports, please visit the OH (CCO) website at http: https://www.cancercareontario.ca/en/guidelines-advice or contact the PEBC office at: Phone: 905-527-4322 ext. 42822; Fax: 905 526-6775; E-mail: ccopgi@mcmaster.ca

PEBC Report Citation (Vancouver Style): Hirte H, Poon R, Yao X, May T, Ethier J-L, Petz L, Speakman J, Elit L, and the Ovarian Cancer Guideline Development Group. Neoadjuvant and adjuvant systemic therapy for newly diagnosed stage II, III, or IV epithelial ovary, fallopian tube, or primary peritoneal carcinoma. Toronto (ON): Ontario Health (Cancer Care Ontario); 2021 January 27. Program in Evidence-Based Care Guideline No.: 4-1 Version 2.

PUBLICATIONS FROM THIS REPORT

1. Hirte H, Poon R, Yao X, May T, Ethier JL, Petz L, Speakman J, Elit L. Neoadjuvant and adjuvant systemic therapy for newly diagnosed stage II- IV epithelial ovary, fallopian tube, or primary peritoneal carcinoma: A systematic review. Crit Rev Oncol Hematol. 2021 Jun;162:103324.
2. Hirte H, Poon R, Yao X, May T, Ethier JL, Petz L, Speakman J, Elit L. Neoadjuvant and Adjuvant Systemic Therapy for Newly Diagnosed Stage II-IV Epithelial Ovary, Fallopian Tube, or Primary Peritoneal Carcinoma: A Practice Guideline. Curr Oncol. 2022 Jan 8;29(1):231-242.

Neoadjuvant and adjuvant systemic therapy for newly diagnosed stage II, III, or IV epithelial ovary, fallopian tube, or primary peritoneal carcinoma

Recommendations

This is a quick reference guide and provides the guideline recommendations only. For key evidence associated with each recommendation, the systematic review, and the guideline development process, see the Full Report.

Strength of Recommendations for This Guideline

Strength	Definition
Recommendation to use the intervention	The guideline Working Group* believes the benefits of the neoadjuvant or adjuvant therapy in newly diagnosed stage II, III, or IV ovarian cancer patients clearly outweigh the harms for nearly all patients and the group is confident to support the recommended action.
Weak recommendation to use the intervention	The guideline Working Group* believes the benefits and harms of the neoadjuvant or adjuvant therapy in the target patients are closely balanced or are more uncertain but still adequate to support the recommended action.
No recommendation for the intervention	The guideline Working Group* is uncertain whether the benefits and harms of the neoadjuvant or adjuvant therapy in the target patients are balanced and does not recommend a specific action.
Weak recommendation *not* to use the intervention	The guideline Working Group* believes the benefits and harms of the neoadjuvant or adjuvant therapy in the target patients are closely balanced or are more uncertain but still adequate to support the recommended action.
Recommendation *not* to use the intervention	The guideline Working Group* believes the harms of the neoadjuvant or adjuvant therapy in the target patients clearly outweigh the benefits for nearly all patients and the group is confident to support the recommended action.
	The factors considered in the above judgments include desirable and undesirable effects of the maintenance therapy, the certainty of evidence, patient preference, health equity, acceptability, feasibility, and generalizability in Ontario.

*The guideline Working Group includes one medical oncologist, three gynecologic oncologists, two guideline methodologists, and two patient representatives.

GUIDELINE OBJECTIVES

To provide guidance for the use of neoadjuvant and adjuvant systemic therapy in women with newly diagnosed stage II, III, or IV epithelial ovary, fallopian tube, or primary peritoneal carcinoma (EOC).

TARGET POPULATION

Women with newly diagnosed stage II, III, or IV EOC.

INTENDED USERS

Gynecologic oncologists, medical oncologists, and other clinicians who are involved in the treatment of the target population in the province of Ontario.

RECOMMENDATIONS

Neoadjuvant chemotherapy

Recommendation 1 (Strength: Weak recommendation to use the intervention)
For women with stage III or IV EOC who may have a high-risk profile for primary cytoreductive surgery as determined by a gynecologic oncologist, neoadjuvant chemotherapy with three to four cycles of intravenous three-weekly paclitaxel (175 mg/m^2 over 3 hours) and carboplatin (area under the curve [AUC]=5/6), then interval cytoreductive surgery, followed in turn by three to four cycles of intravenous three-weekly paclitaxel (175 mg/m^2 over 3 hours) and carboplatin (AUC=5/6) can be recommended as an option.
Qualifying Statement for Recommendation 1
• High risk is defined as significant disease-related symptoms (e.g., moderate to severe pleural effusion, cachexia with poor oral intake, hypoalbuminemia and other poor nutritional status), low likelihood of achieving optimal cytoreduction (residual ≤1 cm, but ideally to no visible disease), or poor prognostic factors (e.g., poor performance status [PS] according to Eastern Cooperative Oncology Group, PS >2). The criteria were based on expert consensus from the Working Group and Expert Panel. • ***Added in 2024:*** For patients with newly diagnosed, primary stage III epithelial ovarian, fallopian tube, or primary peritoneal carcinoma, HIPEC should be considered for those with at least stable disease following neoadjuvant chemotherapy at the time of interval CRS if complete or optimal cytoreduction is achieved. (Recommendation 1a from Guideline 17-12 Indications for cytoreductive surgery with hyperthermic intraperitoneal chemotherapy)

Adjuvant therapy

Recommendation 2 (Strength: Recommendation to use the intervention)
For women with stage II, III, or IV EOC and potentially resectable disease as determined by a gynecologic oncologist, primary cytoreductive surgery, followed by six to eight cycles of intravenous three-weekly paclitaxel (175 mg/m^2 over 3 hours) and carboplatin (AUC=5/6) is recommended.
Qualifying Statements for Recommendation 2
• For those who are unable to tolerate paclitaxel, an alternate regimen consisting of docetaxel (75 mg/m^2) may be offered with carboplatin (AUC=5). • Adjuvant chemotherapy with six cycles of dose-dense weekly paclitaxel (80 mg/m^2) in combination with three-weekly carboplatin (AUC=6) administered intravenously can be considered for women with stage II, III, or IV EOC of Japanese descent.

Recommendation 3 (Strength: Recommendation *not* to use the intervention)
The addition of a third chemotherapy agent to standard paclitaxel and carboplatin is not recommended for use as adjuvant therapy in women with stage II, III, or IV EOC.

Recommendation 4 (Strength: Recommendation *not* to use the intervention)
The addition of valspodar or interferon gamma 1b to standard paclitaxel and carboplatin is not recommended for use as adjuvant therapy in women with stage III or IV EOC.

The incorporation of bevacizumab concurrent with paclitaxel and carboplatin is not recommended for use as adjuvant therapy unless bevacizumab is continued as maintenance therapy in women with stage III or IV EOC.

Qualifying Statement for Recommendation 4

- Concurrent use of intravenous three-weekly bevacizumab (7.5 mg/kg) with paclitaxel and carboplatin for six cycles and continued for up to 12 cycles or until progression as maintenance therapy can be recommended for women with newly diagnosed high-risk stage III (residual disease >1 cm or inoperable), or stage IV EOC. Refer to **Guideline 4-18** for details.

Recommendation 5 (Strength: Weak recommendation to use the intervention)

Intravenous paclitaxel (135 mg/m^2 over 24 hours) plus intraperitoneal cisplatin (100 mg/m^2) and paclitaxel (60 mg/m^2) can be considered for stage III optimally debulked women (≤1 cm residual disease) who did not receive neoadjuvant chemotherapy.

Intraperitoneal administration of chemotherapy with bevacizumab should not be considered as an option for stage II to IV optimally debulked women (≤1 cm residual disease).