

## Plain English Summary

# Treatments for advanced ovarian cancer

### What does the guidance say?

Niraparib and olaparib are recommended for listing on the Medication Assistance Fund (MAF) for government funding for patients with advanced ovarian, fallopian tube or primary peritoneal cancer who meet certain criteria. Funding has been available since 1 September 2022 for olaparib and will be available from 1 March 2024 for niraparib.

Bevacizumab reference biologic (Avastin) is not recommended for funding for these conditions.

### What is advanced ovarian cancer?

Ovarian cancer occurs when abnormal cells grow uncontrollably in one or both of the ovaries, forming a mass (tumour). In rare cases, cancer cells can grow in the fallopian tubes which link the ovaries to either side of the womb (uterus). Cancer cells can also grow in the peritoneum, a layer of tissue that covers the surface of all organs in the abdomen such as the stomach, liver and bowel. When cancer starts in the peritoneum, this is called primary peritoneal cancer.

Ovarian, fallopian tube and primary peritoneal cancer are all treated the same way. Some people can have surgery to remove the tumour from the affected area. If the tumour cannot be removed (unresectable) or has spread to other parts of the body, this is known as advanced or metastatic disease.

Doctors test cancer cells to see if they have any biomarkers or genetic mutations that might help some treatments work better than others. Cancer cells that have a homologous recombination deficiency (HRD-positive) or a mutation in the BRCA 1/2 genes can be treated with targeted therapies. About half of patients with advanced ovarian cancer have HRD-positive cells.

### What are niraparib and olaparib?

Niraparib and olaparib belong to a group of targeted medicines called PARP inhibitors. PARP (poly-ADP-ribose polymerase) is a protein (enzyme) that helps damaged cells repair themselves. PARP inhibitors stop PARP from working in cancer cells that are HRD-positive or have BRCA mutations and cause the cells to die.

Niraparib and olaparib are used as maintenance treatment after chemotherapy to stop or delay the cancer from coming back. They are taken orally alone. Olaparib may also be taken in combination with bevacizumab. Your doctor will tell you which treatment is suitable for you, how much you need to take and how long you need to take it for.

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## What is bevacizumab?

Bevacizumab belongs to a group of biologic medicines called vascular endothelial growth factor (VEGF) inhibitors that stop cells from growing blood vessels and can slow or shrink cancer growth. It is given as a drip into a vein (intravenously) in combination with olaparib as maintenance treatment in patients with HRD-positive advanced ovarian cancer.

Mvasi is a biosimilar of bevacizumab (Avastin). Biosimilars are highly similar but not identical to their reference biologics (i.e., the first biologic developed). Biosimilars have similar effectiveness, safety and quality records compared to their reference biologics and can be used to treat the same diseases.

## Who can have niraparib or olaparib?

Niraparib and olaparib are used for maintenance treatment in patients with ovarian, fallopian tube or primary peritoneal cancer if:

- their condition has responded to initial treatment with chemotherapy; and
- they have a BRCA 1/2 genetic mutation or HRD biomarker confirmed by a diagnostic test.

Niraparib and olaparib can be taken until the cancer worsens, or for up to 36 and 24 months respectively. Your doctor can advise if either of these treatments are suitable for you.

## Why were these treatments recommended for funding?

ACE evaluates how well a treatment works in relation to how much it costs compared to other treatments. Niraparib and olaparib were recommended for funding because their benefits in treating certain patients with advanced ovarian cancer justifies their costs.

Bevacizumab reference biologic (Avastin) was not recommended for funding because its benefits do not justify its cost. If you need treatment with Avastin for ovarian cancer, you can speak to a medical social worker to find out if there is other financial assistance available to help with the cost of treatment.

Bevacizumab biosimilar (Mvasi) has previously been recommended for listing on the Cancer Drug List (CDL) and Standard Drug List (SDL) for all approved conditions, including ovarian cancer. It is claimable under MediShield Life. Drugs on SDL are subsidised at 50% for all Singaporean citizens who are treated in a public healthcare institution. Patients from lower to middle income households may receive up to 75% subsidy.

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### What does listing on the MAF mean for me?

The MAF helps people pay for expensive treatments that are clinically effective and cost effective. If your doctor prescribes niraparib or olaparib for you, and you meet the MAF criteria, your treatment cost will be subsidised by 40% to 75%.

Niraparib and olaparib have also been included on the Cancer Drug List (CDL) and are claimable under MediShield Life. The subsidy class and MediShield Life claim limits are available at [go.gov.sg/moh-cancer-drug-list](https://go.gov.sg/moh-cancer-drug-list).

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 Agency for Care Effectiveness - ACE

 Agency for Care Effectiveness (ACE)

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