

Fact Sheet 8

Treatments for relapsed advanced ovarian cancer- what choices do I have?

Ovacome is a national advice and support organisation that works to connect patients, their family and friends; provide information on treatments, screening and research; raise awareness and support and give a voice to all those affected by ovarian cancer.

Treatment for ovarian cancer usually involves chemotherapy. The first course of chemotherapy is called first-line treatment. Sometimes first-line treatment is not completely successful. Tumours either do not respond or, in time, they come back. This is called relapse.

In this situation, you will be offered another course of chemotherapy. This is called second-line treatment. This fact sheet describes what is recommended for second-line treatment.

You might find this fact sheet helpful when talking to your oncologist (doctor who treats your cancer) about which chemotherapy treatment is right for you.

The National Institute for Health and Clinical Excellence (NICE) recommends that you are offered one of four types of treatment depending on your circumstances.

You should be given time to discuss your treatment options with your health-care team, members of your family and others, such as your GP, if you want.

What NICE recommends

NICE (National Institute for Health and Clinical Excellence) advises the NHS. It produces information on how medicines should be used and when they should be used. It was set up to make sure you receive consistently high-quality treatment, wherever you live. NICE works in England and Wales. In Scotland, the Scottish Intercollegiate Guidelines Network produces information. Northern Ireland does not have a similar organisation.

The information that NICE gives on treating relapsed advanced ovarian cancer depends on:

- How successful the first treatment was; and
- How long it has been since the first course of chemotherapy.

Your cancer can be put into four groups.

1. Platinum refractory ovarian cancer- this is cancer that has not responded to first- line platinum based chemotherapy such as Carboplatin or Cisplatin.

2. Platinum-resistant ovarian cancer – this is cancer that comes back within six months of finishing first-line platinum-based chemotherapy.
3. Platinum-sensitive ovarian cancer – this is cancer that has responded to first-line platinum-based chemotherapy, but has come back 12 months or more after finishing first-line treatment.
4. Partially platinum-sensitive ovarian cancer – this is cancer that had responded to first-line platinum-based chemotherapy but has returned between six and 12 months after finishing first-line treatment.

You and your oncologist can use these circumstances to help decide which drugs you should have in second-line chemotherapy. Other things to be considered include:

- How you responded to the drug before;
- Possible side effects;
- Whether you have an allergy to platinum-based drugs; and
- The likely benefits of the drug.

Your oncologist should discuss the risks and benefits of each treatment option with you before making any decision on second-line chemotherapy or any further chemotherapy.

If you have any questions or if you want to discuss these options before making your decision, please phone our nurse-led support line on 0845 371 0554. You may also want to speak with your oncology nurse.

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Information taken from NICE
guidelines, May 2005

Reviewed 01-06-11

Disclaimer:

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The type of cancer you have	What NICE recommends
Platinum refractory or platinum resistant, or women who are allergic to platinum-based chemotherapy.	Paclitaxel (Taxol) on its own as an option for second-line (or further) treatments.
Platinum refractory or platinum resistant, or women who are allergic to platinum-based chemotherapy.	Topotecan as an option for second-line or further treatment if PLDH, Pegylated Liposomal Doxorubicin Hydrochloride (Caelyx) or Paclitaxel (Taxol) are not suitable.
Platinum sensitive or partially platinum sensitive. For women who are not allergic to platinum-based chemotherapy.	Paclitaxel (Taxol) with a platinum-based chemotherapy (Carboplatin or Cisplatin), as an option for second-line or further treatment.
Partially platinum sensitive, platinum resistant or platinum refractory and women who are allergic to platinum-based chemotherapy.	PLDH, Pegylated Liposomal Doxorubicin Hydrochloride (Caelyx) as an option for second-line or further treatment.



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