ovacome..
ovarian cancer

Treatments for relapsed ovarian cancer

Ovacome is a national charity providing support and information to anyone affected by ovarian cancer.

We run a free telephone and email support line and work to raise awareness and give a voice to all those affected by ovarian cancer.

This booklet is part of a series giving clinical information about ovarian cancer.

It is for those whose ovarian cancer has come back after initial treatment. It describes what further treatments may be available and how to get a second opinion.

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Patient Information Forum

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

Sometimes, first line treatment is not completely successful, and the cancer does not respond, or it comes back.

This booklet mainly discusses treatments for relapsed high grade serous ovarian cancer. Relapsed rarer epithelial ovarian cancers such as low grade serous, mucinous, clear cell and endometrioid ovarian cancers, and other rarer types, may need other treatments.

Why has my cancer come back?

Ovarian cancer is usually treated with surgery and chemotherapy. Some people may also be treated with targeted therapies such as a PARP inhibitor and/or bevacizumab (Avastin). These are first line treatments.

However, the cancer may not have responded, or it may have come back. This is called a relapse or a recurrence, and you will need further treatment to keep the cancer under control.

We do not know what causes cancers to return. You may have signs that your cancer has come back, such as a rising level of the cancer blood test CA125, or signs of disease on a scan.

Sometimes you might have symptoms that are like the original symptoms you noticed, such as bloating or pain. But you might have no symptoms at all.

In this situation your medical team may suggest waiting until you do experience symptoms before starting any treatment. This is because research has shown that treatment is as effective if started when symptoms develop.

Waiting for symptoms to begin can allow you to maximise the time between treatments and have a longer time of feeling well. If you find it too worrying to wait for symptoms to show before beginning treatment, you can discuss this with your medical team.

Recent evidence has suggested that in some cases a second operation might be helpful to you. This is described below, and you can discuss this with your oncology team, even if you don't have symptoms yet.

How is relapse treated?

Your second treatment will depend on how successful the first treatment was. This is judged by how long the cancer has taken to come back.

Relapsed ovarian cancer is put into one of two groups, depending on how well it responded to the first line of treatment.

1. Cancer that has come back less than six months after finishing platinum-based chemotherapy, such as carboplatin or cisplatin.

This is called platinum resistant cancer. Your oncologist will explain whether they think you will benefit from further treatment with platinum chemotherapy, or not. If the cancer never improved with platinum-based chemotherapy this is called platinum refractory ovarian cancer.

If your tumour responded well to platinum chemotherapy, but still came back within six months, your oncologist may recommend trying a different platinum combination from your first line treatment.

In these situations, your oncologist will discuss treatment options with you such as paclitaxel (Taxol) or liposomal doxorubicin (Caelyx), or suggest you try new treatments that may be available in a clinical trial.

Some centres offer weekly chemotherapy treatments for platinum resistant ovarian cancer.

2. Cancer that has responded to platinum chemotherapy, which has come back more than six months after the end of treatment.

This is called platinum sensitive ovarian cancer. Usually, cancer that returns more than six months after chemotherapy is treated with platinum-based chemotherapy plus another drug such as paclitaxel (Taxol) or liposomal doxorubicin (Caelyx).

Your doctor may suggest adding additional drugs that are available in a clinical trial.

Whether your cancer is platinum resistant, or platinum sensitive will affect the decision you and your oncologist take about which treatment is best for you now.

Other factors may be:

- Does your illness need to be treated now, or can it be monitored by scans and blood tests?
- How did your illness respond to the drugs before?
- What are the drugs' possible side effects? You may prefer to avoid drugs that cause numbness in your fingers and toes (neuropathy), or which can cause hair loss.
- Do you have an allergy to certain chemotherapy drugs?
- What are the likely benefits of the recommended drug?

Maintenance therapies – PARP inhibitors

If you have completed treatment for platinum-sensitive ovarian cancer, and tests show the tumour has shrunk and your CA125 has gone down, you may be offered a PARP inhibitor to keep the cancer under control. This is as long as you have not taken a PARP inhibitor before.

PARP inhibitors are drugs that stop cancer cells repairing themselves. They can be taken at home as maintenance therapy.

Research shows that PARP inhibitors are helpful when they are used once. If you have already used them after your first line chemotherapy, and your ovarian cancer has recurred, you may be offered an alternative therapy such as hormonal treatments (see below).

If you have not taken PARP inhibitors before, you may be offered them if you have a recurrence, particularly if your cancer responded to platinum chemotherapy.

There is more information here: ovacome.org.uk/targeted-therapies-booklet

Can I have more surgery?

Some patients, whose ovarian cancer has recurred, are offered further (secondary) surgery.

A research trial called DESKTOP 3 looked at the benefits of having a further operation and found that it can help some patients. The people in the trial had platinum-sensitive ovarian cancer which had recurred. They were otherwise fit and well. Their initial surgery had removed all visible cancer. They did not have significant ascites (fluid in the abdomen) when their recurrent disease was detected. One group was treated with chemotherapy alone; a second group had surgery followed by chemotherapy.

Results showed that those who had surgery and chemotherapy lived an average of eight months longer than those who had chemotherapy alone. However, this benefit was seen only when the second surgery removed all the recurrent tumour. There was no benefit to people whose tumours were partly removed. This means that if your surgeon cannot remove all of the tumour seen on a scan, then second surgery is not helpful.

You can find out more about secondary surgery here: ovacome.org.uk/secondary-surgery-booklet

Are other treatments available?

Hormonal treatments

If you don't want to have chemotherapy again, you may want to discuss hormonal treatments with your oncologist. We know some drugs such as tamoxifen and letrozole can control cancer by blocking hormones.

These drugs are taken as tablets. They can cause menopause symptoms such as hot flushes and vaginal dryness. Letrozole can thin bones and your bone density needs to be monitored if you use it for a long time. You can ask your GP to arrange a dual-energy X-ray absorptiometry (DEXA) scan to check your bone density.

Targeted therapies: Bevacizumab (Avastin)

Avastin is currently available through the NHS for ovarian cancer as a first line treatment only, although research has shown it can be effective as a second line treatment too. You may have to pay for it or use insurance to access it for this and further treatments.

It works by interfering with the cancer's blood supply. It is available (privately) to people being treated for advanced (stage 3 or stage 4) ovarian cancer and can be taken alongside carboplatin and Taxol chemotherapy. It is given every two to three weeks and can be used for 12 months.

If you have large tumour deposits in your abdomen or pelvis or have bowel symptoms, then Avastin might not be a safe choice for you. You can discuss Avastin with your oncologist to see if it is suitable for you to use.

Clinical trials

Clinical trials investigate new treatments for ovarian cancer. Most trials have strict guidelines on who can take part. You might want to talk to your oncologist to see if there is a trial that is suitable for you. You will need to discuss the risks and benefits of taking part. You can also call Ovacome's free support line on 0800 008 7054 or email support@ovacome.org.uk for information about current trials.

Immune therapy

There is on-going research into immunotherapy drugs that can boost the immune system to resist cancer. So far, the results for ovarian cancer have not been promising.

What if my ovarian cancer comes back - again?

Ovarian cancer that keeps coming back can still be treated. Your options will depend on the treatments you have tried, how long it is since your last treatment, if you are well and where in your body the recurrence has occurred. Ovarian cancer most commonly recurs in the abdomen, but it may reach the liver and more distant organs.

The best treatment for you may still be chemotherapy. If your cancer is platinum sensitive then you could try carboplatin again, sometimes with another chemotherapy drug such as paclitaxel (Taxol), liposomal doxorubicin (Caelyx) or gemcitabine.

Ovarian cancer that was initially platinum sensitive can become platinum resistant over time. If this happens, or your cancer was always platinum resistant or refractory, then you may be offered Taxol alone

as a weekly treatment or Caelyx, gemcitabine, liposomal doxorubicin, cisplatin, etoposide or cyclophosphamide.

If you have not used a PARP inhibitor before and your ovarian cancer responded to platinum combination chemotherapy, you could benefit from a PARP inhibitor such as niraparib or olaparib.

Trametinib is an anti-cancer drug that stops cancer cells growing and spreading. It can be used for recurrent low grade serous ovarian cancer – as long as you haven't used it before.

Radiotherapy is sometimes used to shrink tumours and reduce symptoms, including pain. It can be used to treat cancer that has spread outside the abdomen.

There may be a clinical trial that you could join looking at new cancer drugs and chemotherapy.

Bowel problems

Recurrent ovarian cancer can press on the bowel causing a partial or complete blockage. The symptoms of this are, feeling bloated and full, feeling and being sick, abdominal pain and constipation.

Bowel obstruction is usually managed by eating a low fibre diet, using bowel softeners or a course of steroids.

If there is only one site of blockage then your team may discuss surgery with you.

Sometimes a stent can be used to hold the bowel open and so relieve symptoms, but further surgery may still be needed.

Getting a second opinion

You may want another doctor to give their opinion on your diagnosis and treatment. This usually means seeing a different hospital specialist from your current one. Anyone can ask for a second opinion. You can have one on the NHS so you don't have to pay, or you can choose to have one privately.

You can see more information about how to get a second opinion here: https://www.ovacome.org.uk/getting-a-second-opinion

We welcome your feedback on this booklet. Please email ovacome@ovacome.org.uk or call 0800 008 7054. If you would like to discuss anything about ovarian cancer you can call the Ovacome support line on 0800 008 7054, Monday to Friday 10am-5pm. You can also visit our website at www.ovacome.org.uk.

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