Prescrire International Editorial

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Out of the frying pan, into the fire

Ovarian cancer is often discovered when the disease is already at an advanced stage. The prognosis is not good, especially when surgical resection does not appear feasible. These women are treated with chemotherapy, then a second line, aimed at achieving at least partial remission. But it comes at the cost of major adverse effects: disorders of all blood cell lines, resulting in fatigue, infections and bleeding; diarrhoea, nausea and vomiting; stomatitis; etc. When remission is achieved, the patient finally gets some respite, with a break from treatment and its adverse effects, hoping that relapse will occur as late as possible.

What if a drug could delay relapse, and prolong the period without aggressive treatment and also perhaps survival?

The hope was that *olaparib* would deliver just that (p. 9). It was authorised in the European Union for use during remission after cytotoxic chemotherapy, on the basis of tentative data that appeared to show that it delays the need for another course of chemotherapy.

But the disappointing reality is that survival is not prolonged. And although the diagnosis of relapse (based on radiological studies) appears delayed, exposure to adverse effects is not. The adverse effects of *olaparib* are blood cell disorders, fatigue, infections, bleeding, diarrhoea, nausea, vomiting, stomatitis... very similar in fact to those of cytotoxic drugs.

By authorising a drug that offers no tangible benefits, yet causes the very harms patients want to avoid, the European Medicines Agency is encouraging these women to jump out of the frying pan and into the fire.

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