

# Meta-Analysis of different treatments for platinum-resistant ovarian cancer (PROC)

*Based on 7 clinical trials*

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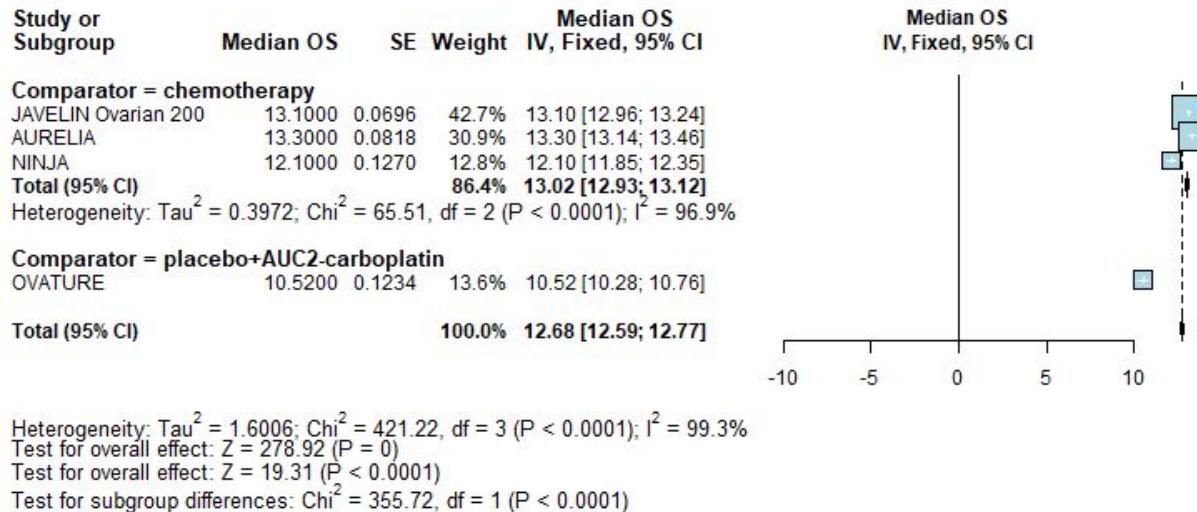
# Background & Objective

- To perform meta-analysis i.e. to systematically combine results from multiple independent studies to reach more generalizable conclusions than any single study can offer.
- We summarized different kinds of outcomes for eg Overall Survival, Progression Free Survival and Objective Response Rate from 7 clinical trials evaluating different treatments in PROC compared to different kinds of single-agent chemotherapies.

# Methodology

- Software : R (packages – meta, readxl, dplyr)
- Models : Fixed Effect and Random Effects model.

## Forest plot for Fixed effects model for Overall Survival



# Interpretations

Comparator = Chemotherapy

- Studies: JAVELIN Ovarian 200, AURELIA, NINJA  
Combined Median OS (Fixed Effects Model): 13.02 months  
(95% CI: 12.93 to 13.12)
- Heterogeneity:  $I^2 = 96.9\%$  → indicates substantial variability between these studies.

Comparator = Placebo + AUC2-carboplatin

- Study: OVATURE  
Median OS: 10.52 months (95% CI: 10.28 to 10.76)
- Pooled Median OS (across all 4 studies): 12.68 months
- The large  $I^2$  values (96.9% and 99.3%) suggest significant heterogeneity across studies.

## Forest plot for Random effects model for Overall Survival

Study or Subgroup	Median OS	SE	Weight	Median OS IV, Random, 95% CI
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**Comparator = chemotherapy**

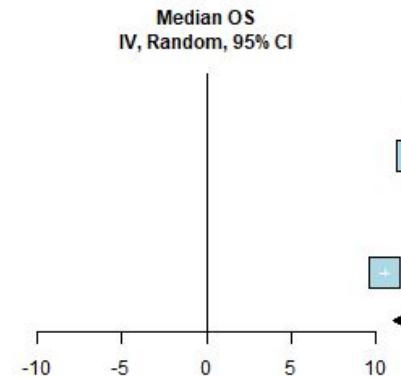
JAVELIN Ovarian 200	13.1000	0.0696	25.1%	13.10 [12.96; 13.24]
AURELIA	13.3000	0.0818	25.1%	13.30 [13.14; 13.46]
NINJA	12.1000	0.1270	24.9%	12.10 [11.85; 12.35]
<b>Total (95% CI)</b>			<b>75.1%</b>	<b>12.84 [12.12; 13.56]</b>

Heterogeneity:  $\tau^2 = 0.3972$ ;  $\chi^2 = 65.51$ , df = 2 ( $P < 0.0001$ );  $I^2 = 96.9\%$

**Comparator = placebo+AUC2-carboplatin**

OVATURE	10.5200	0.1234	24.9%	10.52 [10.28; 10.76]
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**Total (95% CI)** **100.0%** **12.26 [11.01; 13.50]**



Heterogeneity:  $\tau^2 = 1.6006$ ;  $\chi^2 = 421.22$ , df = 3 ( $P < 0.0001$ );  $I^2 = 99.3\%$

Test for overall effect:  $Z = 278.92$  ( $P = 0$ )

Test for overall effect:  $Z = 19.31$  ( $P < 0.0001$ )

Test for subgroup differences:  $\chi^2 = 35.71$ , df = 1 ( $P < 0.0001$ )

# Interpretations

## 1. Comparator = Chemotherapy

- Studies: JAVELIN Ovarian 200, AURELIA, NINJA  
Pooled Median OS: 12.84 months (95% CI: 12.12 to 13.56)
- Heterogeneity:  $\tau^2 = 0.3972$ ,  $\chi^2 = 65.51$  ( $P < 0.0001$ )  
 $I^2 = 96.9\%$  → high heterogeneity among these studies

## 2. Comparator = Placebo + AUC2-carboplatin (OVATURE)

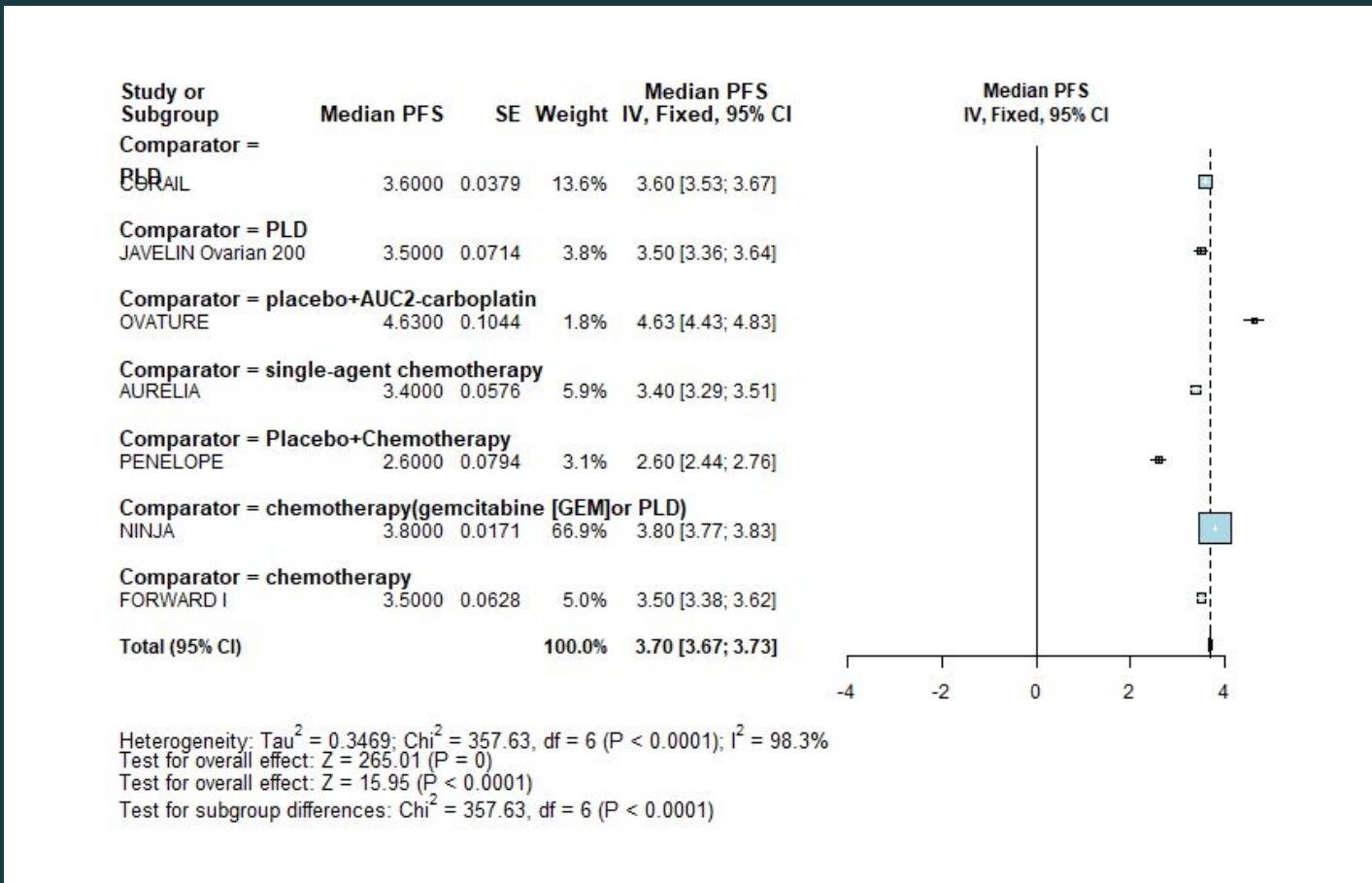
- Median OS: 10.52 months (95% CI: 10.28 to 10.76)
- Pooled Median OS: 12.26 months (95% CI: 11.01 to 13.50)
- $I^2 = 99.3\%$  → extreme heterogeneity

# Conclusion

The random effects model accounts for between-study variability, leading to wider, more cautious confidence intervals.

High heterogeneity ( $I^2 > 96\%$ ) makes random effects more appropriate here, as it does not assume that all studies estimate the same underlying effect.

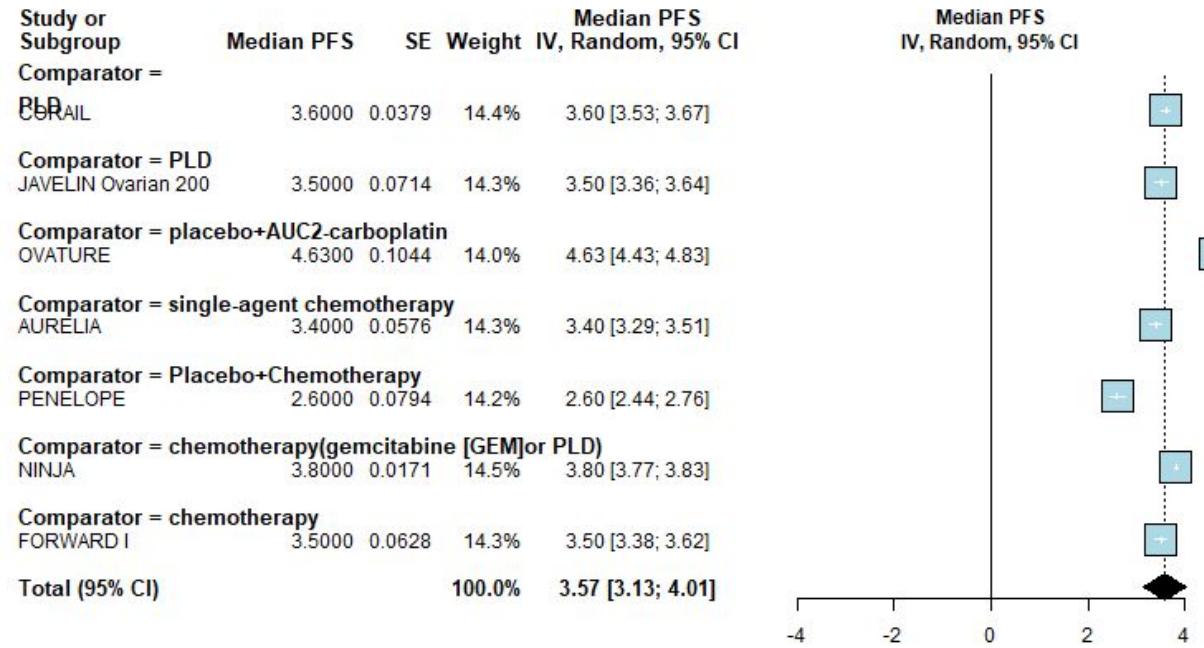
## Forest plot for Fixed effect model for Progression Free Survival



## Interpretations

- Pooled Median PFS: 3.70 months. 95% CI: [3.67 to 3.73]
- $\Tau^2 = 0.3469$ ,  $\Chi^2 = 357.63$  ( $df = 6$ ,  $P < 0.0001$ ) - Significant heterogeneity ,  $I^2 = 98.3\%$  - Very high heterogeneity → results vary substantially across studies,  $\Chi^2 = 357.63$ ,  $P < 0.0001$  shows significant variation between comparator types.

## Forest plot for Random effects model for Progression Free Survival



Heterogeneity:  $\tau^2 = 0.3469$ ;  $\chi^2 = 357.63$ , df = 6 ( $P < 0.0001$ );  $I^2 = 98.3\%$   
 Test for overall effect:  $Z = 265.01$  ( $P = 0$ )  
 Test for overall effect:  $Z = 15.95$  ( $P < 0.0001$ )  
 Test for subgroup differences:  $\chi^2 = 357.63$ , df = 6 ( $P < 0.0001$ )

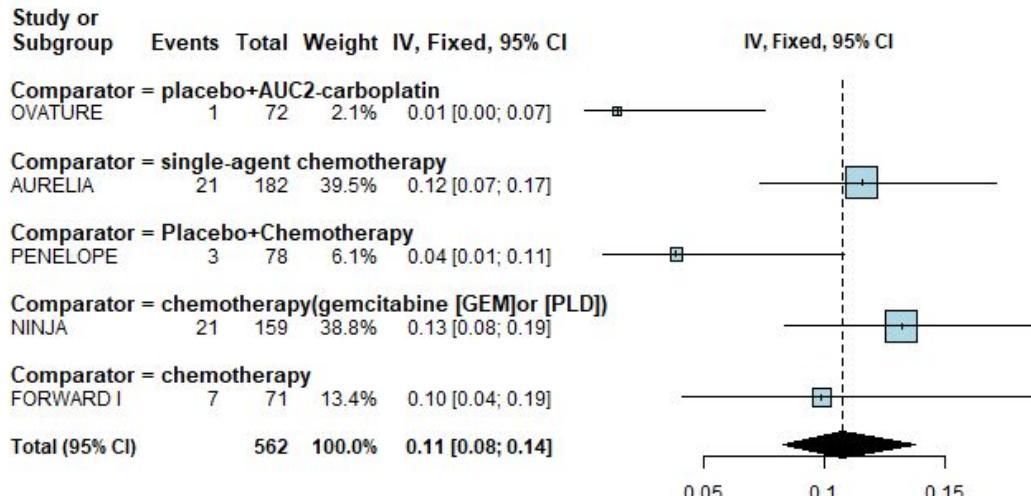
## Interpretations

- Pooled Median PFS: 3.57 months. 95% CI: [3.13, 4.01], this wider CI reflects uncertainty from inter-study differences, which are accounted for in the random model.
- $\tau^2 = 0.3469$ ,  $Z = 15.95$ ,  $P < 0.0001 \rightarrow$  PFS differences are highly significant overall.  $\chi^2 = 357.63$ ,  $df = 6$ ,  $P < 0.0001 \rightarrow$  Strong evidence that PFS varies significantly across comparator types.

## Conclusion

Median PFS ranges across studies from 2.60 to 4.63 months, showing considerable variation. Random effects model provides a more conservative, cautious estimate. High heterogeneity ( $I^2 = 98.3\%$ ) validates the choice of random effects model. The subgroup differences are statistically significant, meaning treatment comparator type does impact PFS outcome.

## Forest plot for Fixed effect model for Objective Response Rate

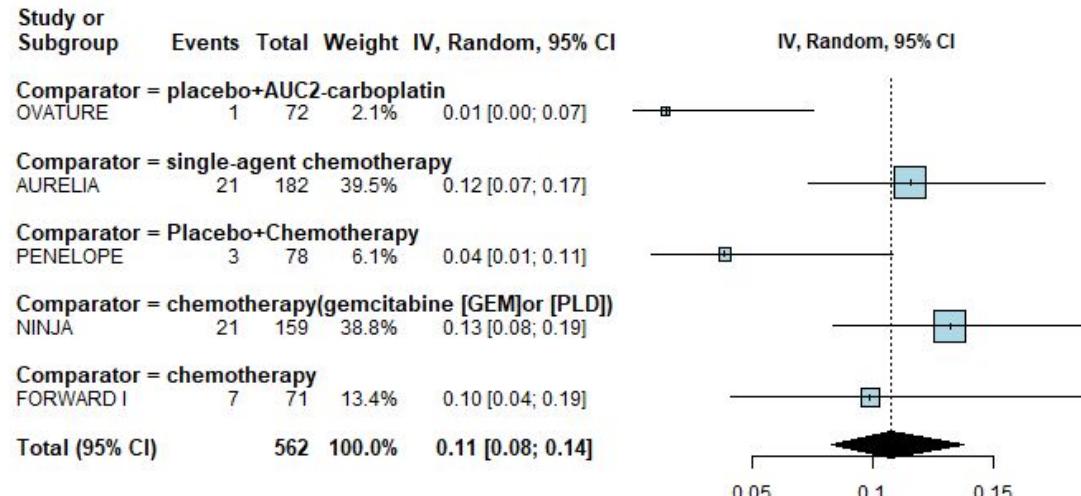


Heterogeneity:  $\tau^2 < 0.0001$ ;  $\chi^2 = 9.22$ , df = 4 ( $P = 0.0558$ );  $I^2 = 56.6\%$   
 Test for subgroup differences:  $\chi^2 = 9.22$ , df = 4 ( $P = 0.0558$ )

## Interpretations

- Pooled ORR across all studies = 0.11 (or 11%). This means, on average, 11% of patients across these control/comparator arms experienced an objective tumor response.
- $\text{Chi}^2 = 9.22$ ,  $\text{df} = 4$ ,  $P = 0.0558$  – Just on the edge of statistical significance – mild variability between studies.  $I^2 = 56.6\%$  – Moderate heterogeneity – ~57% of variation due to study differences.
- $\text{Chi}^2 = 9.22$ ,  $\text{df} = 4$ ,  $P = 0.0558$  – No statistically significant subgroup difference, but borderline (suggests possible trends).

## Forest plot for Random effect model for Objective Response Rate



Heterogeneity:  $\tau^2 < 0.0001$ ;  $\chi^2 = 9.22$ , df = 4 ( $P = 0.0558$ );  $I^2 = 56.6\%$   
 Test for subgroup differences:  $\chi^2 = 9.22$ , df = 4 ( $P = 0.0558$ )

# Interpretations

- Pooled ORR (random effects): 0.11 (i.e., 11%). 95% Confidence Interval: [0.08, 0.14],  $Tau^2 = < 0.0001$  shows very low between-study variance,  $Chi^2 = 9.22$ ,  $df = 4$ ,  $P = 0.0558$  shows borderline heterogeneity,  $I^2 = 56.6\%$  indicates Moderate heterogeneity,  $Chi^2 = 9.22$ ,  $P = 0.0558$ . Subgroup differences are suggestive, but not statistically significant ( $P$  just above 0.05)

# Conclusion

Control arms across studies had low ORRs, ranging 1% to 13%. Random effects model confirms the pooled ORR to be ~11%, with slightly wider CI than fixed-effects, to account for inter-study variability. Moderate heterogeneity ( $I^2 = 56.6\%$ ) suggests differences between studies (treatment types, populations, assessment methods), but not extreme. No significant subgroup differences, but the  $P = 0.0558$  indicates possible trends worth exploring further (e.g., certain comparator regimens having consistently lower ORR).