

Biomarkers in Ovarian Cancer: Roundtable Policy Brief

This paper summarizes the key discussion points from a Roundtable hosted by the World Ovarian Cancer Coalition in December 2025. The session involved patient advocates, clinicians, researchers and policy leaders to discuss an area of growing interest, and sets out practical recommendations for health ministries, cancer control programs, and partners, with specific guidance for low- and middle-income countries (LMIC). The discussion was not intended to be a thorough overview of this field and instead focused on pre-agreed topics.

Background and context

The Roundtable is part of the Coalition's global advocacy work - raising awareness, generating evidence for policy change, and building capacity across partner organizations. The objectives were to:

- Update on the latest developments in emerging biomarkers for ovarian cancer for both diagnostic and treatment options;
- Understand the challenges in both high- and low- and-middle-income settings and;
- Learn from the experiences of other tumor sites and identify practical actions and opportunities to prepare our network such as information needs for patients

Ovarian cancer is one of the four major women's cancers (breast, cervical, uterine and ovarian) and is the deadliest of the four. According to GLOBOCAN 2022, 324,603 women were diagnosed with ovarian cancer and 206,956 died in the same year, giving a mortality-to-incidence ratio of 0.64 — the highest of the four major women's cancers.

By 2050, annual ovarian cancer diagnoses are projected to rise to 503,790 and deaths to 351,164, with the mortality-to-incidence ratio increasing to 0.70 — meaning that, taken as a proxy, 7 in 10 women diagnosed will die from the disease. Like uterine cancer, ovarian cancer is not currently the subject of a dedicated global WHO initiative, despite its growing burden. This creates a risk that investments being made through existing women's cancer initiatives do not fully benefit women affected by ovarian cancer.

While every woman is at risk, ovarian cancer remains overlooked and underfunded. Women in LMIC face the highest mortality rates across the four women's cancers combined, reflecting inequities in early diagnosis and treatment access. These inequities also shape access to biomarker testing and precision oncology.

Ahead of the Roundtable, the Coalition asked their patient and clinician network to assess knowledge and awareness of biomarkers in ovarian cancer. The results showed high awareness among patient advocates but surprisingly lower awareness among healthcare professionals. This may indicate the high levels of health literacy among the Coalition's patient network, but clinical practice gaps persist.



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Executive Summary

The summary points made included:

- Biomarker-informed care now touches the full pathway -risk assessment, diagnosis, treatment selection, and response monitoring.
- Biomarker testing is essential to precision oncology in ovarian cancer—without it, effective therapies may be denied to eligible patients and ineffective/toxic ones may be used.
- HRD/BRCA testing at diagnosis should be the default; multi-gene panels and genomic scar assays have roles but require quality assurance and clear reporting.
- Antibody–drug conjugates (ADCs) targeting folate receptor-alpha and HER2 show promise, but require reliable immunohistochemistry (IHC) workflows and toxicity monitoring.
- Low awareness and inconsistent understanding of biomarker testing among both patients and healthcare providers, even in high-income countries. In particular, there is a lack of coordinated, accessible patient-facing communication about biomarkers.
- These access and awareness gaps are pronounced—especially outside major centers and across LMICs, for example in Nigeria—due to limited laboratory capacity, uneven reimbursement, long turnaround times, and variable clinician familiarity.
- Emphasis was on the need for standardized testing pathways, clinician education, patient-friendly communication tools, laboratory quality assurance, sustainable reimbursement models, and international collaboration.
- Policy action requires a consideration of the country specificities especially those LMIC over the coming years action should be considered around integrated testing pathways into national cancer control plans (NCCPs) with dedicated funding and staffing, and UHC packages.



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Key Themes from the Roundtable

The discussion underscored how biomarker-guided care—particularly homologous recombination deficiency (HRD) and BRCA testing, and emerging targets such as folate receptor-alpha and HER2—can improve outcomes when paired with equitable access to testing, treatment, and clear communication.

Biomarker-informed care now touches the full pathway—risk assessment, diagnosis, treatment selection, and response monitoring. HRD biology helps explain responses to platinum and PARP-inhibitors; conversely, reversion mutations can confer resistance, underscoring the value of timely and sometimes repeated testing. Participants also stressed that ovarian cancer remains under-recognized relative to its burden, and called for embedding biomarker access into global and national cancer agendas (e.g., NCCPs, essential diagnostics lists, and payor benefits).

The scientific overview examined four primary maintenance trials which have been evolutionary in treating patients who have homologous recombination deficiency (HRD). It emphasized HRD as a foundational concept underpinning sensitivity to DNA-damage-directed therapies (including platinum and PARP inhibition), while underscoring that HRD assessment varies by assay and interpretation. The session also highlighted expanding biomarker-linked therapy options, including anti-body drug conjugates (ADCs) tied to targets such as HER2 expression and folate receptor alpha (FR α).

Many patients do not know whether they have been tested; clinicians outside specialist centers feel under-prepared. Research from *IQNPath-EFPIA-ECPC* survey highlighted barriers that include low clinician awareness, limited lab capacity, inconsistent reimbursement, poor tissue quality, and slow turnaround times. Northern Europe leads, while Eastern Europe lags significantly. Reimbursement is patchy; tests may exist without coverage, and treatments may be unaffordable or unavailable, especially in LMICs.

When it comes to patient information, there are lessons that can be learned from the efforts of wider patient campaigning, for example colorectal cancer advocacy demonstrates the importance of unified messaging, clear patient tools, QR-code-based updates, and early education.

A cross-cutting theme highlighted by many participants is that ovarian cancer remains under-recognized relative to its burden, and called for embedding biomarker access into global and national cancer agendas (e.g., NCCPs, essential diagnostics lists, and payor benefits).

LMIC examples



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There were stakeholders from multiple jurisdictions in attendance including LMIC, an important stakeholder viewpoint, especially so given that 70% of ovarian cancer cases are in these countries. The Coalition's groundbreaking Every Woman Study™ LMIC revealed extremely low access to genetic testing and zero access to PARP-inhibitors for women in Africa, demonstrating urgent need for healthcare system strengthening and investment.

From Nigeria, it was noted that there are significant infrastructure challenges such as power reliability is a major barrier, limited lab footprint, cost barriers/out-of-pocket costs, low access to targeted therapies, and the need to develop local genomic data. Promising initiatives include national genomic policies, regional sequencing hubs in Lagos and Abuja with EQA participation and academic partnerships are emerging. Pilot subsidies have enabled limited HRD/BRCA testing; next step is formal reimbursement.

In India highlights included: Tiered adoption models with district hospitals collecting samples and state hubs performing NGS/IHC. Virtual tumor boards support clinicians; public insurance schemes are starting to cover genetic tests.

However, better public infrastructure alongside adequate data systems and workforce upskilling are prerequisites in LMICs if access and outcomes are to be improved for patients in LMIC.

Stakeholder viewpoints

What patients said (and need)

- Plain-language explanations up front: what testing is, why it matters now, and how results influence treatment choices and family cascade testing.
- Speed: shorter turnaround times to avoid missing treatment windows.
- Avoiding harm: using biomarkers to skip treatments unlikely to work and their side effects.
- Transparency: test names, methods, and results provided with a patient summary, not just technical reports.
- Affordability and access: coverage for both tests and matched therapies; pathways for those outside major centers.

What clinicians highlighted

- Validated panels and clear cut-offs for HRD/BRCA and ADC-related targets; clarity on when to repeat testing.
- Standardized protocols and ready access to genetics and pathology expertise.
- Operational enablers: funded tests, rapid logistics, and decision support.
- Data systems to re-interrogate archived samples and learn from real-world outcomes.



Policy recommendations for Health Ministries and policymakers

Short-term

- Adopt a national ovarian cancer testing pathway: HRD/BRCA at diagnosis for all eligible patients.
- Name and fund designated reference laboratories with mandatory EQA/ISO accreditation timelines.
- Create a ring-fenced budget line for biomarker testing separate from drug budgets.
- Issue patient-facing communications templates with plain-language results summaries.

Medium-term

- Integrate biomarker testing and matched treatments into NCCPs with dedicated funding and staffing, and UHC packages.
- Scale regional hubs for NGS/IHC and establish virtual molecular tumor boards.
- Develop workforce pipelines and continuous education for clinicians.
- Build national registries linking biomarker status to treatments and outcomes.

Cross-cutting enablers

- Patient and caregiver co-design of materials and programs.
- Transparent, multi-stakeholder procurement to reduce costs.
- Ethical data governance and consent processes enabling re-analysis as technology advances.

Policy Recommendations for LMIC

- Invest in power backup, and basic digital infrastructure; consider public-private partnerships.
- Grow workforce capacity through training and partnerships.
- Prioritize high-value tests first: HRD/BRCA at diagnosis using validated, affordable platforms.
- Use tiered service models: sample collection at district hospitals with couriered testing to regional [genomic] hubs.
- Leverage international collaborations for sequencing while ensuring local interpretation and training.
- Develop financing mechanisms: inclusion in public benefits, targeted subsidies, compassionate use programs.
- Embed patient navigation and community awareness to counter late presentation and expand culturally tailored patient education.



Conclusion

The Roundtable revealed a rapidly evolving biomarker landscape alongside widening global inequities. Awareness and knowledge of biomarkers among both patients and healthcare professionals should be prioritized. Effective engagement with policy makers is required to improve survival for women with ovarian cancer, specifically better education, communication, infrastructure, particularly in LMIC, and global collaboration.

List of participants

Attendees
Sachia Powell, Powell Drescher Ovarian Cancer Research Foundation (Chair)
Asima Mukhopadhyay, Gynecological Oncologist. James Cook University Hospital, Newcastle, UK and Chittaranjan National Cancer Institute, Kolkata, India
Jennifer Hollington, BRCA2-positive ovarian cancer survivor and breast cancer previvor
Jennifer Garam, BRCA1-positive ovarian cancer survivor and breast cancer previvor
Nasiru Abdullahi (Ph.D.) Kano Research Centre Trust, Kano State, Nigeria
Nicole Sheahan, Global Colon Cancer Association
Louise De Brot, Pathologist AC Camargo Centre, Sao Paulo, Brazil
Kathi Apostolidis. F.A.V.O.—Italian Federation of Volunteer Cancer Patient Associations
Premal Thaker, Gynecologic oncologist and surgeon, Washington University, US [pre-recorded only]
Garth Funston, GP and Lecturer, Wolfson Institute of Population Health (UK)
Ronny Drapkin, Franklin Payne Professor of Pathology in Obstetrics & Gynecology, University of Pennsylvania, US
Marcia Horn, ICAN (Pre-recorded only)
Silvia Ramirez, Astra Zeneca
Leana Bellanca, Astra Zeneca
Charlotte Herd, AbbVie
Shawn Keoghan, Genmab
Yvonne Lin Liu, Roche
Christel Paganoni-Bruijns, World Ovarian Cancer Coalition
Clara Mackay, immediate past CEO World Ovarian Cancer Coalition
Mikis Euripides, World Ovarian Cancer Coalition
Frances Reid, World Ovarian Cancer Coalition
Jesica Martinez de Hoz, World Ovarian Cancer Coalition
Helen Shik, World Ovarian Cancer Coalition



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