Best of ASCO 2020

Nicoletta Colombo

Università Milano-Bicocca

Istituto Europeo di Oncologia , Milano

Ovarian Cancer

Gynecological cancers

Nicoletta Colombo

Design: AGO DESKTOP III

(ENGOT-ov20; NCT01166737)

Sponsor: AGO
ENGOT Model A

Pts. with:
- 1st relapse
- PSROC
- AGO Score +ve

R
n = 408

Cytoreductive Surgery with max. effort for complete resection → **Platinum-based Combination therapy** *strongly recommended*

No OP → **Immediate Platinum-based Combination therapy** *strongly recommended* → *OP Allowed 3rd line*

- 80 centres in 12 countries
- Recruitment 9/2010 - 3/2015
- 407 pts evaluable

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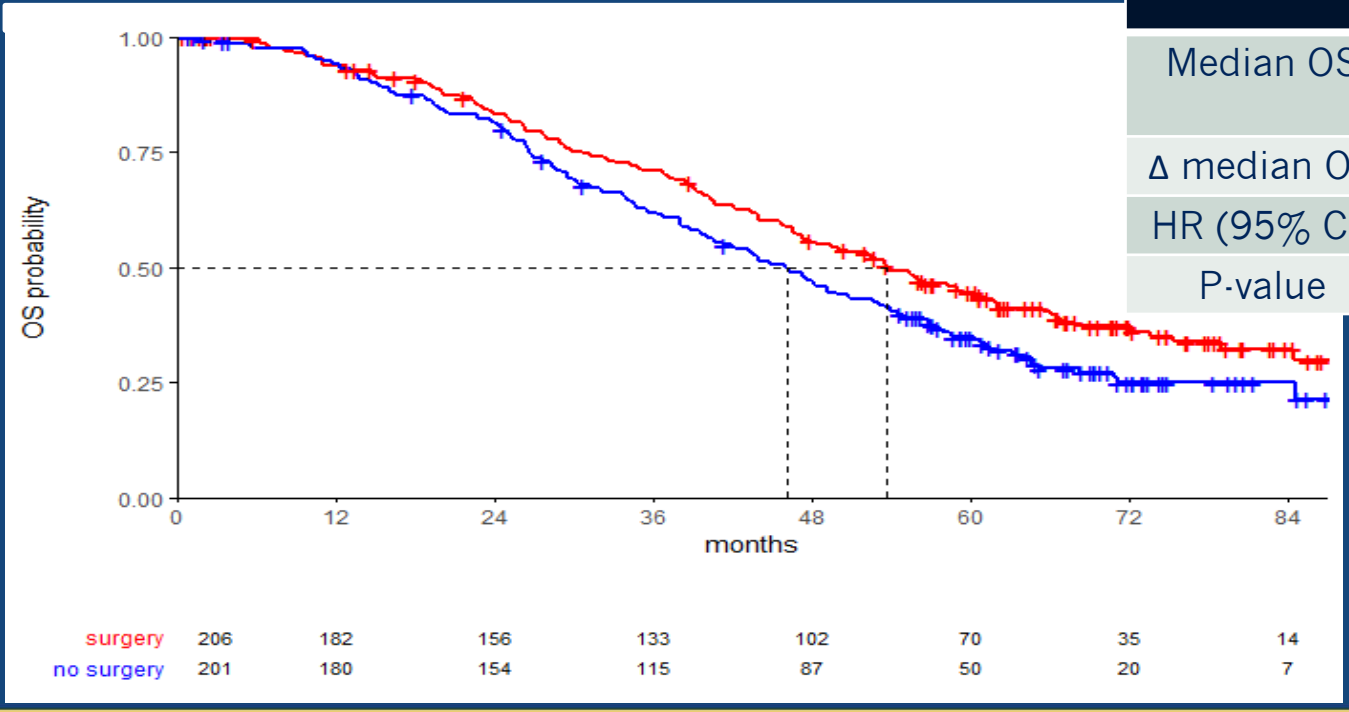
AGO & KEM Essen, Germany

AGO Score consisted of (1) good PS (ECOG 0), (2) complete resection during 1st line therapy, and (3) ascites less than 500 ml

AGO DESKTOP III: Outcome 1 (OS, ITT population)

(AGO–OVAR OP.4; ENGOT-ov20; NCT01166737)



	surgery	no surgery
Median OS	53.7 mos	46.0 mos
Δ median OS	**7.7 mos**	
HR (95% CI)	**0.75** (0.58 – 0.96)	
P-value	**0.02**	

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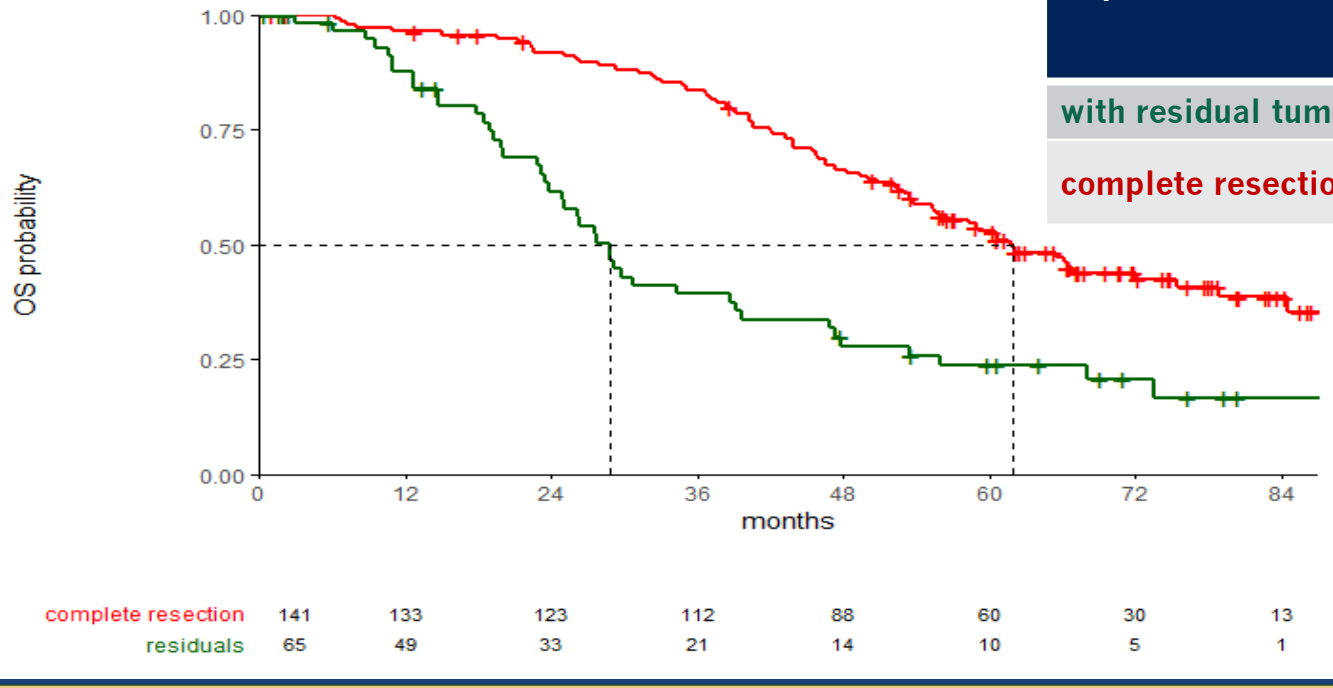
AGO DESKTOP III: post hoc Subgroup analysis – surgical arm only

(OS by surgical outcome) - (AGO–OVAR OP.4; ENGOT-ov20; NCT01166737)



post-OP status	Median OS [mos]	Δ OS [mos]	HR (95% CI)
with residual tumor	28.8		1
complete resection	61.9	+33.1	0.40 (0.28-0.59)

p-value Wald-Test < 0.001

Complete cytoreduction: 74.2%

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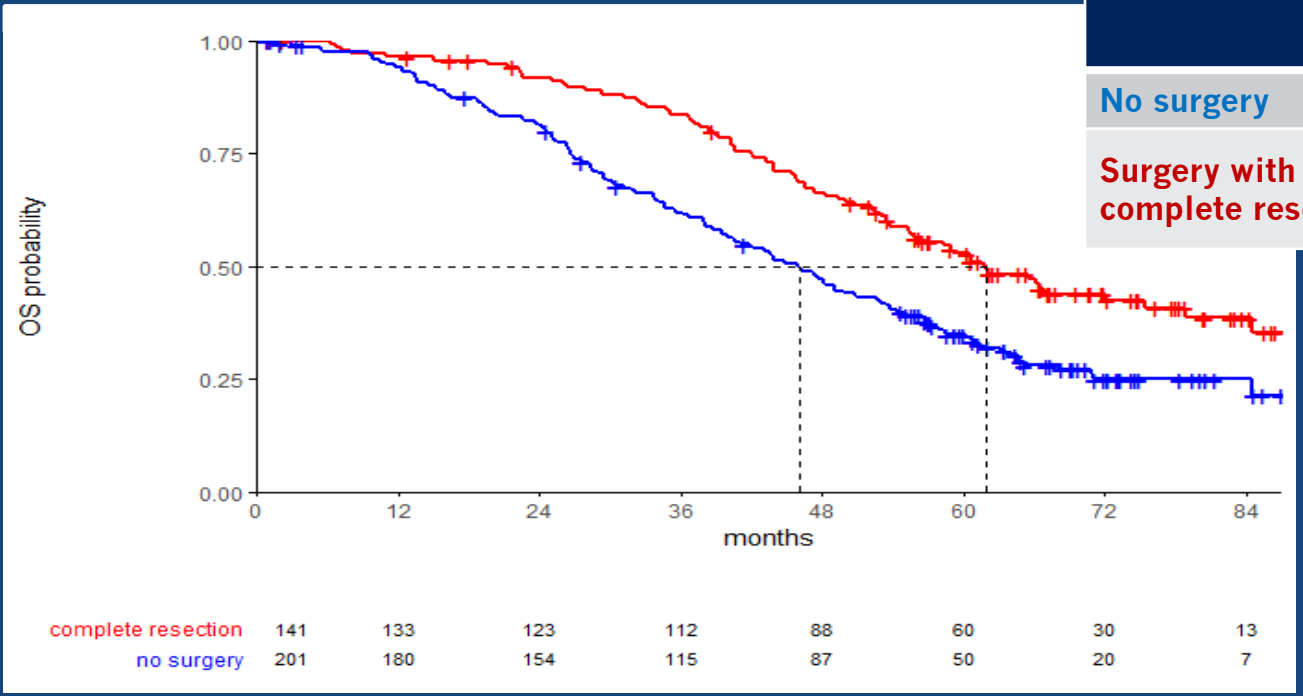
AGO DESKTOP III: post hoc Subgroup analysis

(impact of complete resection – cohort with incomplete resection excluded)



	Median OS [mos]	Δ OS [mos]	HR (95% CI)
No surgery	46.0		1
Surgery with complete resection	**61.9**	**+ 15.9**	**0.57** (0.43-0.76)

p-value Wald-Test **< 0.001**

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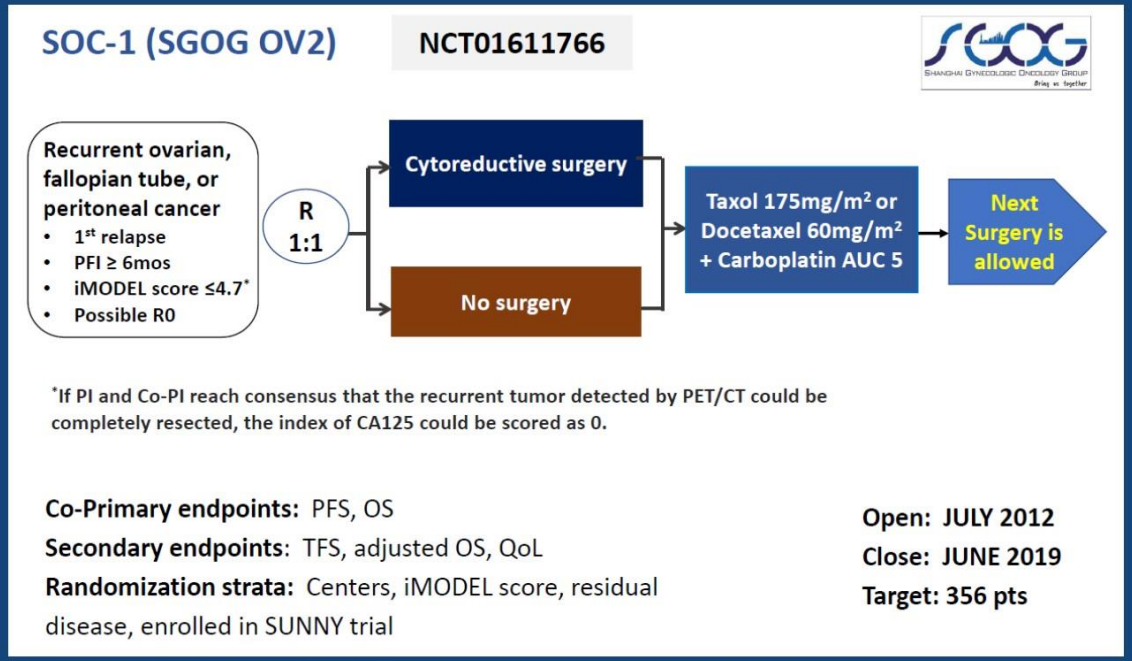
SOC-1: Study Design

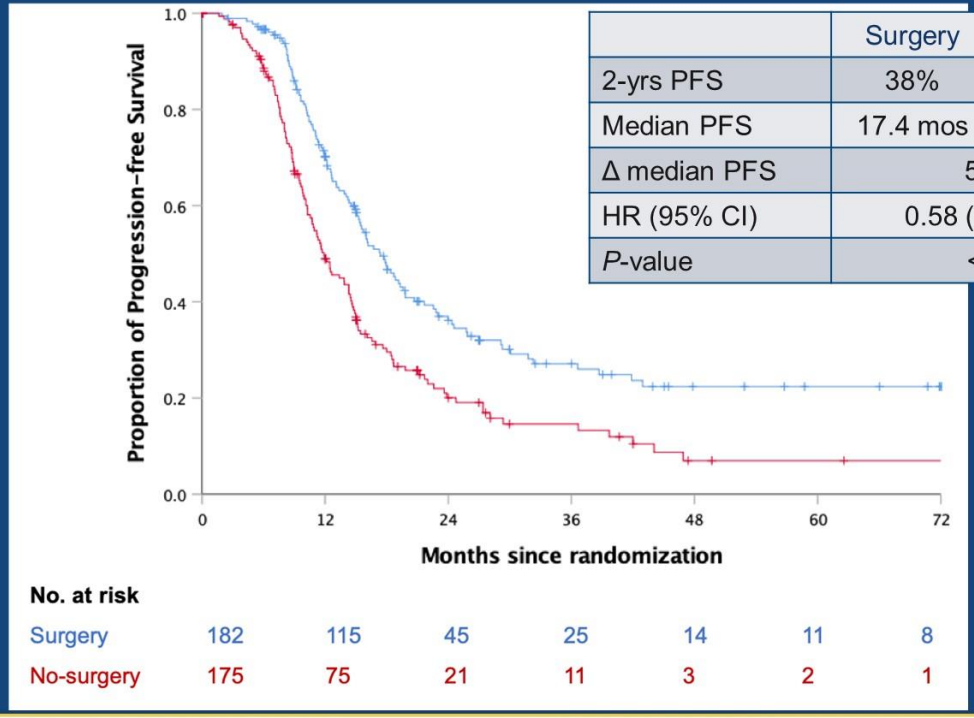


4 centers with 200-800 ovarian cancer surgery per year participated, including the top 3 cancer centers in China

FPI: July 19, 2012

LPI: June 3, 2019

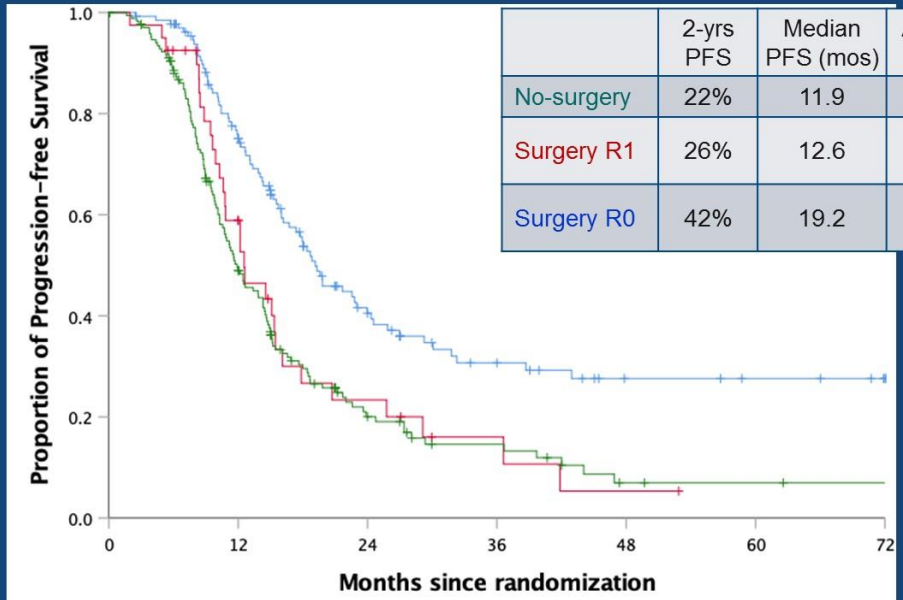
SGOG SOC-1 : Co-Primary Endpoint -PFS



	Surgery	No-surgery
2-yrs PFS	38%	22%
Median PFS	17.4 mos	11.9 mos
Δ median PFS	5.5 mos	
HR (95% CI)	0.58 (0.45 – 0.74)	
P-value	< 0.001	

Presented By Rongyu Zang at ASCO 2020

Exploratory Endpoint of PFS: R0 vs. R1 or No-Surgery



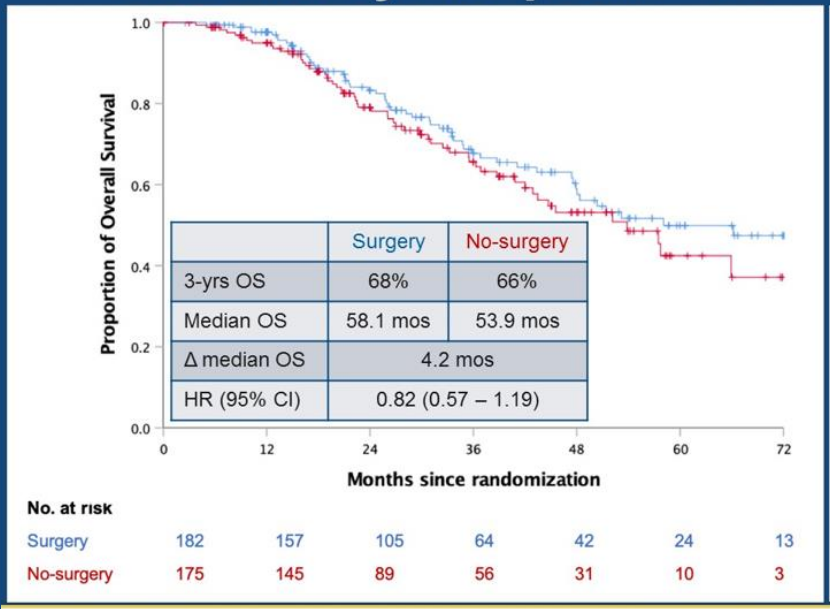
	2-yrs PFS	Median PFS (mos)	Δ PFS (mos)	HR (95% CI)	*P*-value
No-surgery	22%	11.9	-	1	-
Surgery R1	26%	12.6	+ 0.7	1.10 (0.74 – 1.63)	0.650
Surgery R0	42%	19.2	+ 7.3	0. 50 (0. 37– 0.66)	< 0.001

R0, No gross residual in surgery group; R1, Gross residual in surgery group; No-surgery group.

PRESENTED BY: Rongyu Zang MD, PhD
SGOG/Fudan University Zhongshan Hospital

SOC-1: Interim Analyses of OS and TFSa

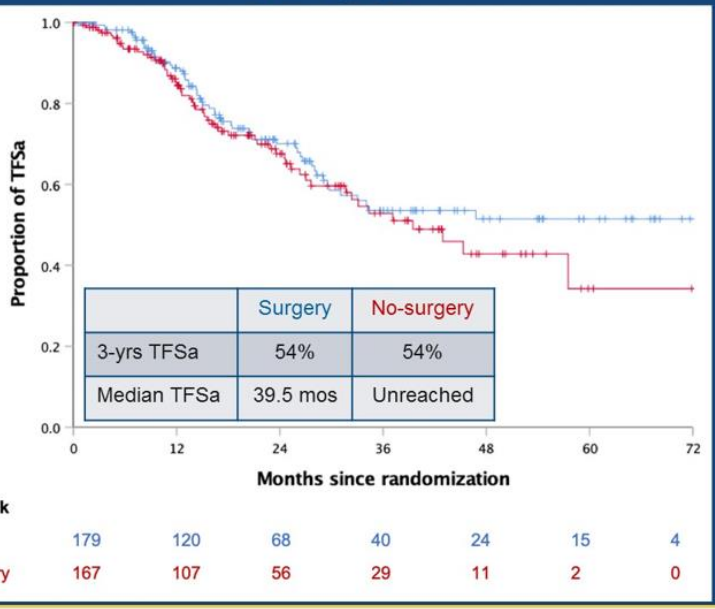
Co-Primary Endpoint -OS



	Surgery	No-surgery
3-yrs OS	68%	66%
Median OS	58.1 mos	53.9 mos
Δ median OS	4.2 mos	
HR (95% CI)	0.82 (0.57 – 1.19)	

No. at risk							
Surgery	182	157	105	64	42	24	13
No-surgery	175	145	89	56	31	10	3

TFSa



	Surgery	No-surgery
3-yrs TFSa	54%	54%
Median TFSa	39.5 mos	Unreached

No. at risk							
Surgery	179	120	68	40	24	15	4
No-surgery	167	107	56	29	11	2	0

PRESENTED BY: Rongyu Zang MD, PhD
SGOG/Fudan University Zhongshan Hospital

Presented By Rongyu Zang at ASCO 2020

Takeaways from DESKTOP III and SOC-1

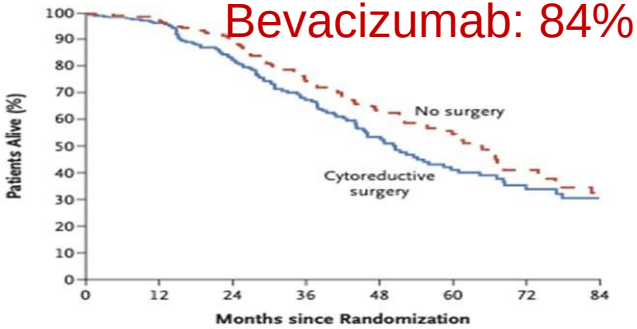
- Both claim secondary cytoreduction favorably impacts patients
  - DESKTOP III: met primary endpoint OS
  - SOC-1: met primary endpoint of PFS (OS immature and not significant)
- Both support a triage algorithm for patient selection which can identify patients likely to benefit in ~75% candidates
  - Both caution suboptimal resection is no better and may be worse than no surgery
- Both advocate that such decision be made by experts in facilities with high surgical competency

GOG-213, DESKTOP III and SOC-1 Comparison: OS

	GOG-213	AGO Desktop III	SGOG SOC-1
OS – Surgery (median)	53.6 mos	53.7 mos	58.1 mos
OS - No Surgery (median)	**65.7 mos**	46.0 mos	53.9 mos
HR, 95% CI	1.28 (0.92-1.78) **P = NS**	0.75 (0.58-0.96) **P = 0.04**	0.82 (0.57-1.19) **P = NS**

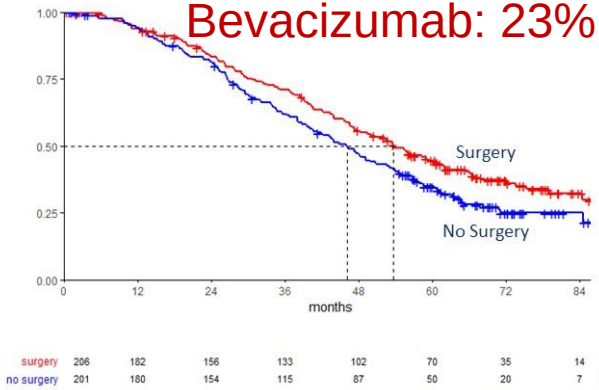
GOG-213

Bevacizumab: 84%



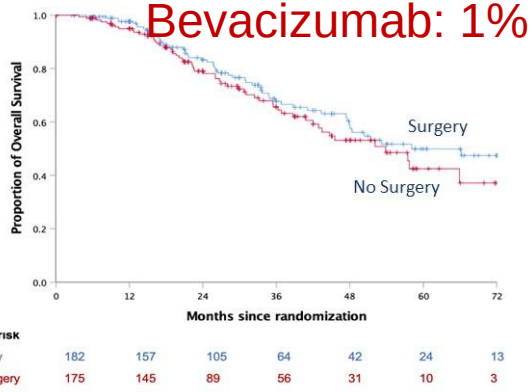
DESKTOP III

Bevacizumab: 23%



SOC-1

Bevacizumab: 1%



Final overall survival results from SOLO2/ENGOT-ov21: a Phase III trial assessing maintenance olaparib in patients with platinum-sensitive, relapsed ovarian cancer and a BRCA mutation

Andrés Poveda,[1] Anne Floquet,[2] Jonathan Ledermann,[3] Rebecca Asher,[4] Richard Penson,[5] Amit Oza,[6] Jacob Korach,[7] Tomasz Huzarski,[8] Sandro Pignata,[9] Michael Friedlander,[10] Alessandra Baldoni,[11] Tjoung-Won Park-Simon,[12] Gabe Sonke,[13] Alla Lisyanskaya,[14] Jae-Hoon Kim,[15] Elias Abdo Filho,[16] Ignace Vergote,[17] Phil Rowe,[18] Eric Pujade-Lauraine[19]

[1]Initia Oncology, Hospital Quirónsalud, Valencia and GEICO, Spain; [2]Institut Bergonié, Comprehensive Cancer Centre, Bordeaux and GINECO, France; [3]UCL Cancer Institute, University College London, London and NCRI, UK; [4]University of Sydney, Camperdown, Sydney, Australia; [5]Harvard Medical School, Massachusetts General Hospital, Boston, MA, USA; [6]Princess Margaret Cancer Centre, University of Toronto, Toronto, Canada; [7]Sheba Medical Center, Tel Aviv University, Tel Hashomer and ISGO, Israel; [8]Department of Genetics and Pathology, Pomeranian Medical University and Read-Gene SA, Grzepnica, Szczecin, Poland; [9]Istituto Nazionale Tumori 'Fondazione G Pascale', IRCCS, Napoli and MITO, Italy; [10]University of New South Wales Clinical School, Prince of Wales Hospital, Randwick, Australia; [11]Istituto Oncologico Veneto, IOV-IRCCS, Padova and MANGO, Italy; [12]Department of Gynaecology and Obstetrics, Hannover Medical School, Hannover and AGO, Germany; [13]The Netherlands Cancer Institute, Amsterdam and DGOG, The Netherlands; [14]St Petersburg City Clinical Oncology Dispensary, St Petersburg, Russia; [15]Yonsei University College of Medicine, Seoul, South Korea; [16]Instituto do Câncer do Estado São Paulo-Faculdade de Medicina da Universidade de São Paulo, São Paulo, Brazil; [17]University Hospital Leuven, Leuven Cancer Institute, Leuven and BGOG, Belgium; [18]AstraZeneca, Cambridge, UK; [19]Université Paris Descartes, AP-HP, Paris, France

ClinicalTrials.gov identifier: NCT01874353. This study was sponsored by AstraZeneca and is part of an alliance between AstraZeneca and Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc., Kenilworth, NJ, USA

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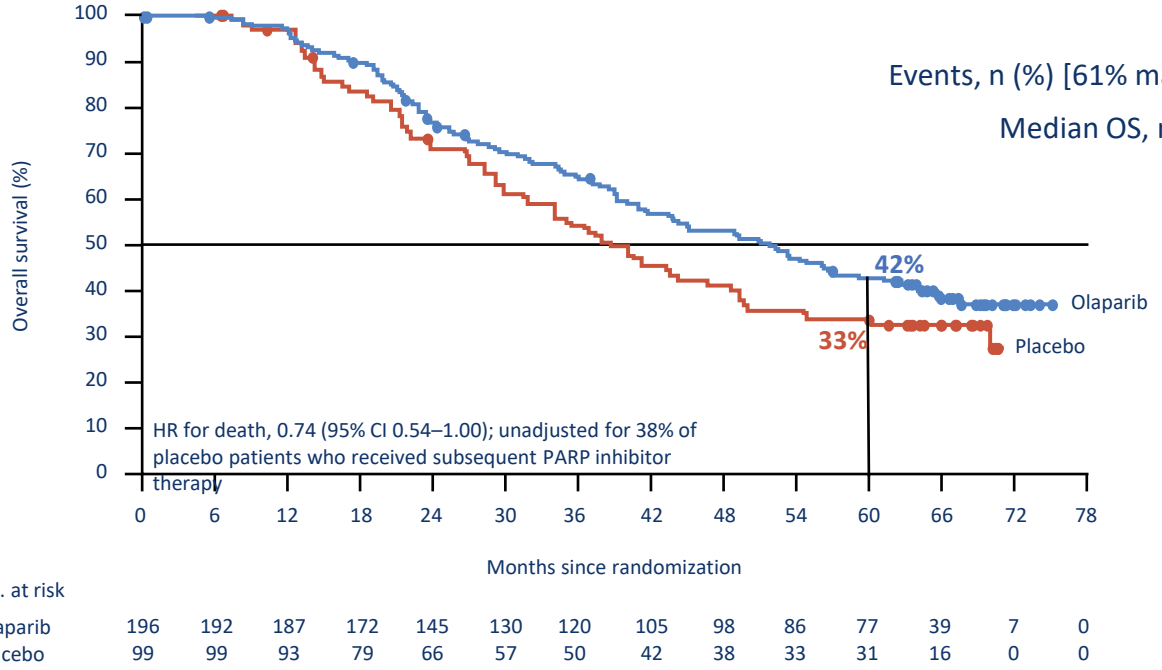
SOLO2: final analysis of OS

Median OS improved by 12.9 months with maintenance olaparib over placebo, despite 38% of placebo patients receiving subsequent PARP inhibitor therapy



No. at risk

Olaparib	196	192	187	172	145	130	120	105	98	86	77	39	7	0
Placebo	99	99	93	79	66	57	50	42	38	33	31	16	0	0

	Olaparib (N=196)	Placebo (N=99)
Events, n (%) [61% maturity]	116 (59)	65 (66)
Median OS, months	51.7	38.8
HR 0.74		
95% CI 0.54–1.00; *P*=0.0537		

38% of placebo patients and 10% of olaparib patients received subsequent PARP inhibitor therapy*

OS analysis per eCRF in the full analysis set†
HR 0.70 (95% CI 0.52–0.96)

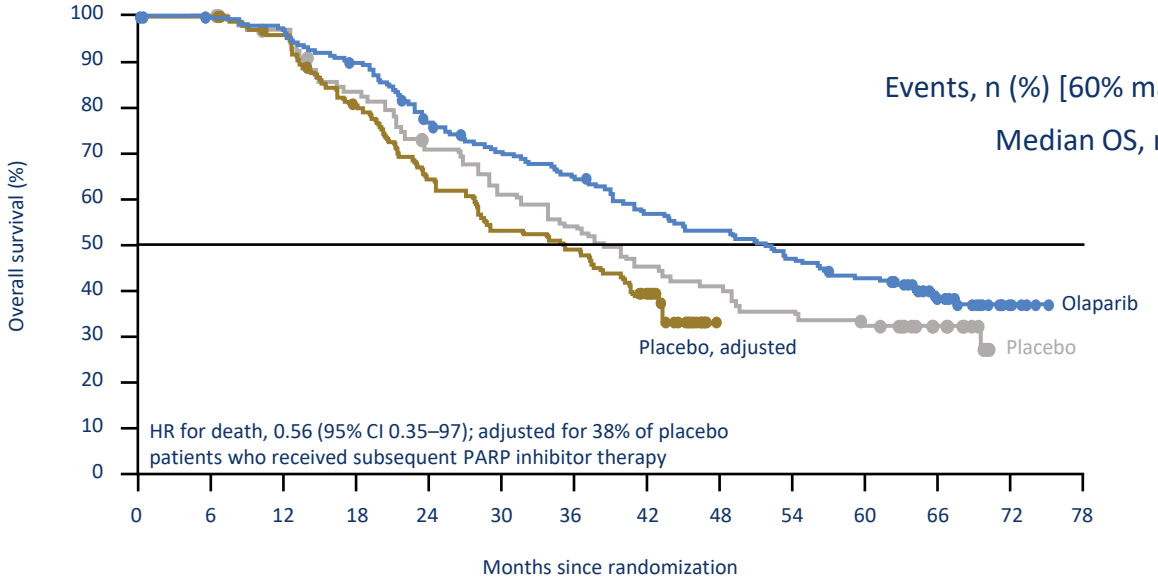
OS analysis in the Myriad gBRCAm subgroup†
HR 0.71 (95% CI 0.52–0.97)

*According to medical review of PARP inhibitor use; †Not adjusted for multiplicity
CI, confidence interval

Andrés Poveda

SOLO2: final analysis of OS, adjusted for subsequent PARP inhibitor therapy in the placebo group

Median OS improved by 16.3 months with maintenance olaparib over placebo, after adjusting for subsequent PARP inhibitor therapy in placebo patients



No. at risk														
Olaparib	196	192	187	172	145	130	120	105	98	86	77	39	7	0
Placebo	99	99	93	79	66	57	50	42	38	33	31	16	0	0
Placebo, adjusted	99	99	92	75	60	50	46	34	0	0	0	0	0	0

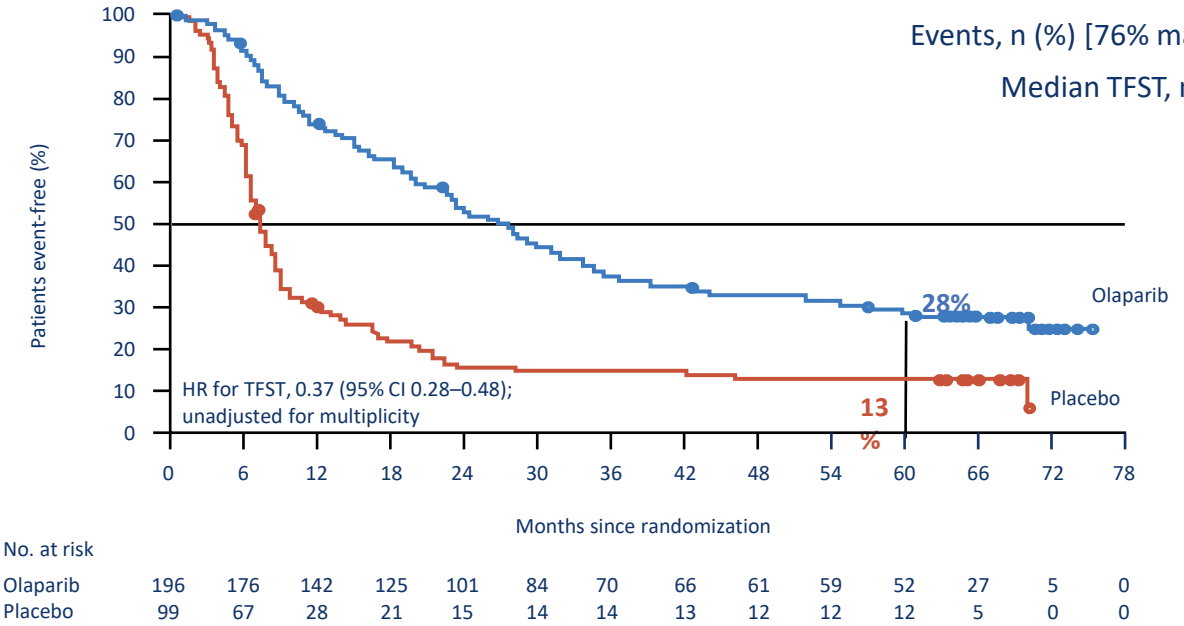
	Olaparib (N=196)	Placebo (N=99)
Events, n (%) [60% maturity]	116 (59)	61 (62)
Median OS, months	51.7	35.4
HR 0.56		
95% CI 0.35–0.97		

The RPSFT model (re-censored) adjusts for the 38% of placebo patients who received subsequent PARP inhibitor therapy

Andrés Poveda

SOLO2: time to first subsequent therapy

At 5 years, 28% of olaparib patients vs 13% of placebo patients were alive and had not received subsequent therapy



	Olaparib (N=196)	Placebo (N=99)
Events, n (%) [76% maturity]	139 (71)	86 (87)
Median TFST, months	27.4	7.2
HR 0.37		
95% CI 0.28–0.48; *P*<0.0001		

Andrés Poveda

SOLO2: AEs of special interest – primary and final analyses*,†

	Olaparib (N=195)		Placebo (N=99)	
	Primary	Final	Primary	Final
Mean total treatment duration (SD), months	17.4 (9.8)	**29.1 (24.7)**	9.0 (8.1)	**13.1 (18.6)**
MDS/AML, n (%)	4 (2)	**16 (8)**	4 (4)	**4 (4)**
During the safety follow-up period (TEAE)		**7 (4)**		**0**
After the safety follow-up period (non-TEAE)		**9 (5)**		**4 (4)**
Pneumonitis, n (%)	3 (2)	**3 (2)**	0	**0**

MDS/AML

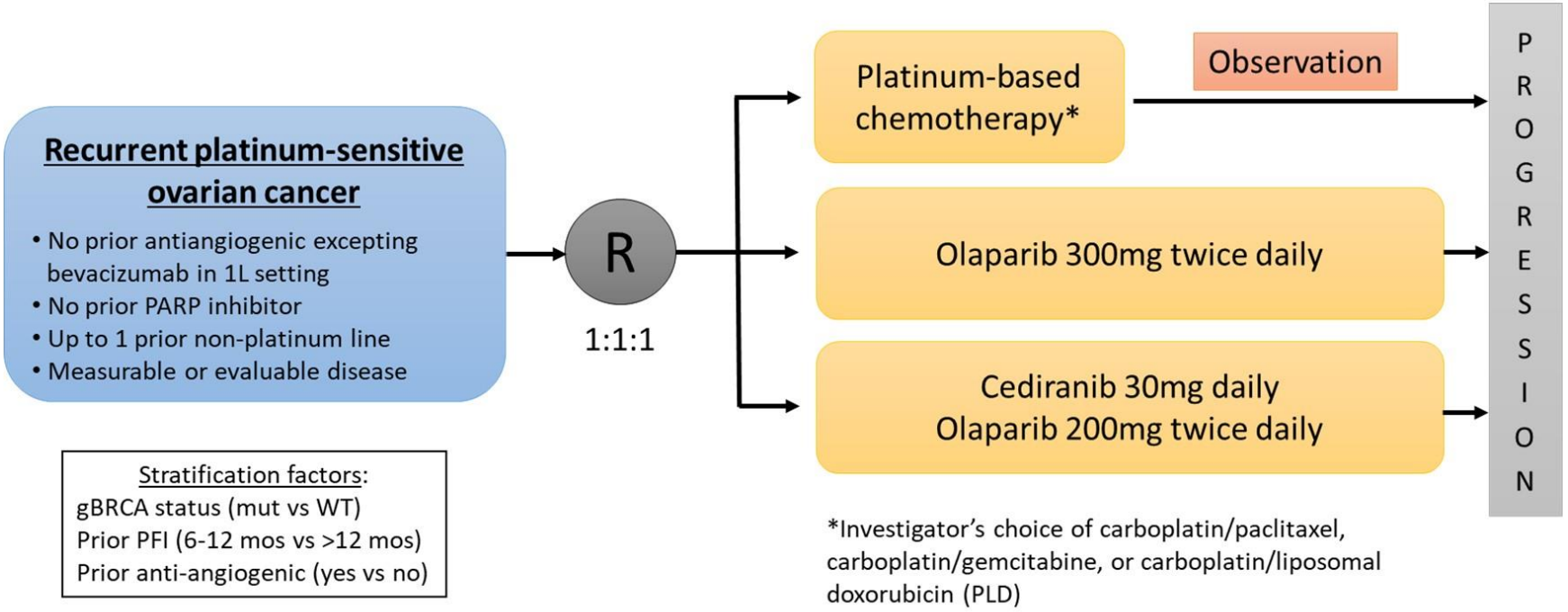
- **Actively solicited throughout study treatment and follow-up**
- **Incidences should be interpreted in the context of their late onset‡ and the longer OS observed with olaparib vs placebo**
- **Association with the number of prior platinum regimens, olaparib treatment and other potential risk factors is being explored**

In patients with newly diagnosed ovarian cancer and a BRCAm, at median follow-up of 65 months, MDS/AML occurred in 1% of olaparib patients and no placebo patients[1]

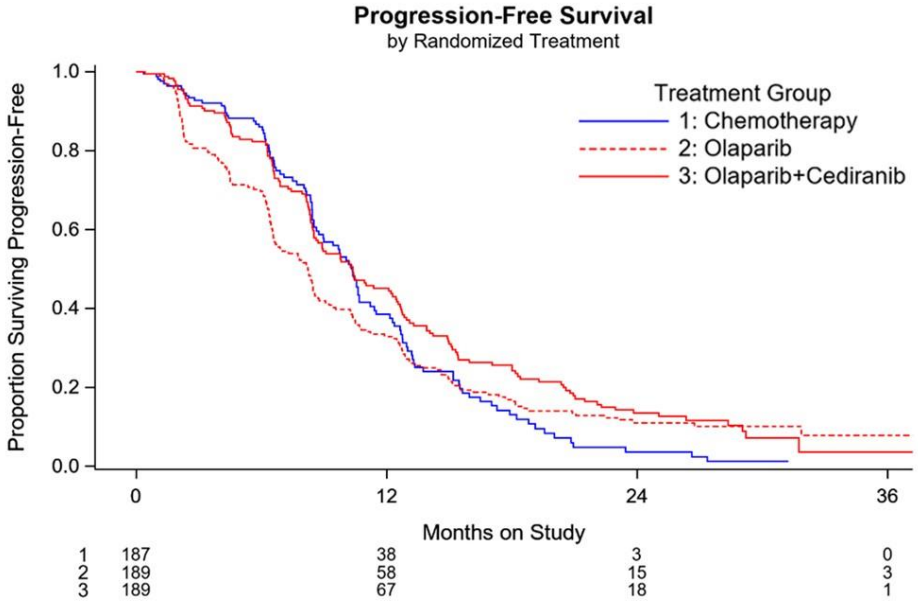
*Includes AEs that occurred outside safety follow-up period (during treatment and up to 30 days after discontinuation); †New primary malignancies (excluding hematologic malignancies) occurred in one olaparib patient (1%) and one placebo patient (1%) in the primary analysis, and in eight olaparib patients (4%) and two placebo patients (2%) in the final analysis; ‡After the safety follow-up period
AML, acute myeloid leukemia; MDS, myelodysplastic syndrome

1. AstraZeneca data on file for the SOLO1 trial (NCT01844986)

NRG-GY004: Study Design



Primary Endpoint: Progression-Free Survival (ITT)

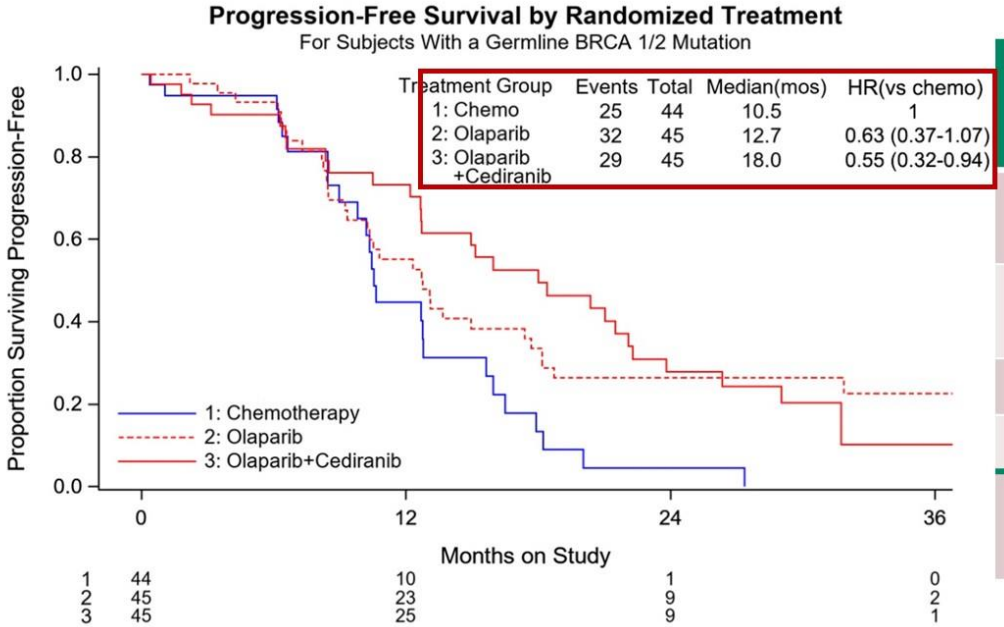


	Chemo†	Cediranib + Olaparib	Olaparib
# of Pts	187	189	189
# of Events	109	140	162
Median PFS (mos)	**10.3**	**10.4**	**8.2**
HR for PFS vs chemo (95% CI)	1	**0.856** (0.663-1.105)	1.20 (0.933-1.54)
p value	--	**0.077**	--

†Choice of chemotherapy, N (%)
- Carboplatin/PLD: 89 (47.6%)
- Carboplatin/gemcitabine: 51 (27.2%)
- Carboplatin/paclitaxel: 47 (25.1%)

Joyce F. Liu

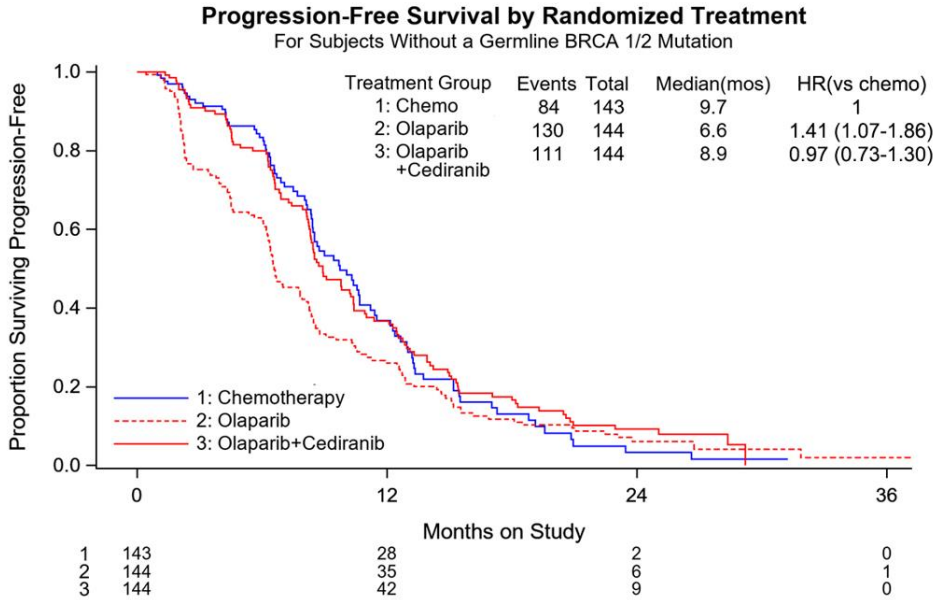
Prespecified subset analysis: g*BRCA*mt outcomes



	Chemo (N = 34)	Cediranib + Olaparib (N = 36)	Olaparib (N = 40)
Complete response	11 (32.3%)	10 (27.8%)	12 (30.0%)
Partial response	13 (38.2%)	22 (61.1%)	24 (60.0%)
Stable	7 (20.6%)	3 (8.3%)	3 (7.5%)
Progression	3 (8.8%)	1 (2.8%)	1 (2.5%)
ORR (CR + PR)	**24 (71%)**	**32 (89%)**	**36 (90%)**

Joyce F. Liu

Prespecified subset analysis: g*BRCA*wt outcomes



	Chemo (N = 109)	Cediranib + Olaparib (N = 121)	Olaparib (N = 120)
Complete response	14 (12.8%)	12 (9.9%)	10 (8.3%)
Partial response	64 (58.7%)	65 (53.7%)	38 (31.7%)
Stable	28 (25.7%)	35 (28.9%)	44 (36.7%)
Progression	3 (2.8%)	9 (7.4%)	28 (23.3%)
ORR (CR + PR)	**78 (72%)**	**77 (64%)**	**48 (40%)**

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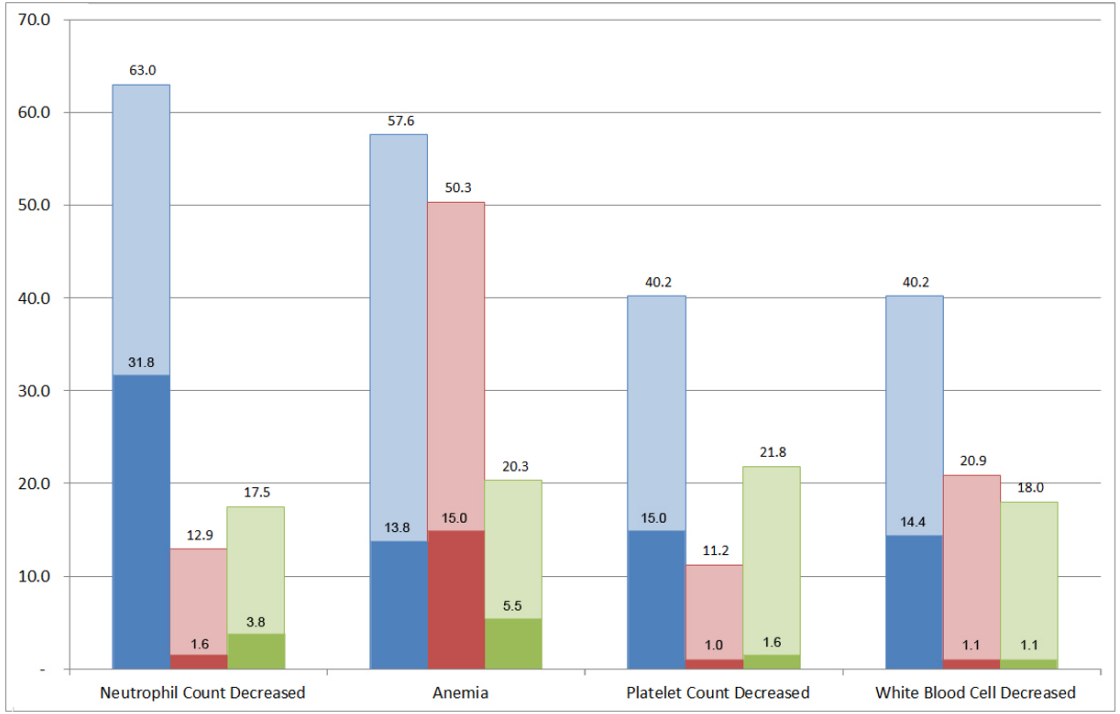
Treatment-emergent adverse events: hematologic



Chemo	All AEs	Gr 3+ AEs
Olaparib	All AEs	Gr 3+ AEs
Ced+Olap	All AEs	Gr 3+ AEs

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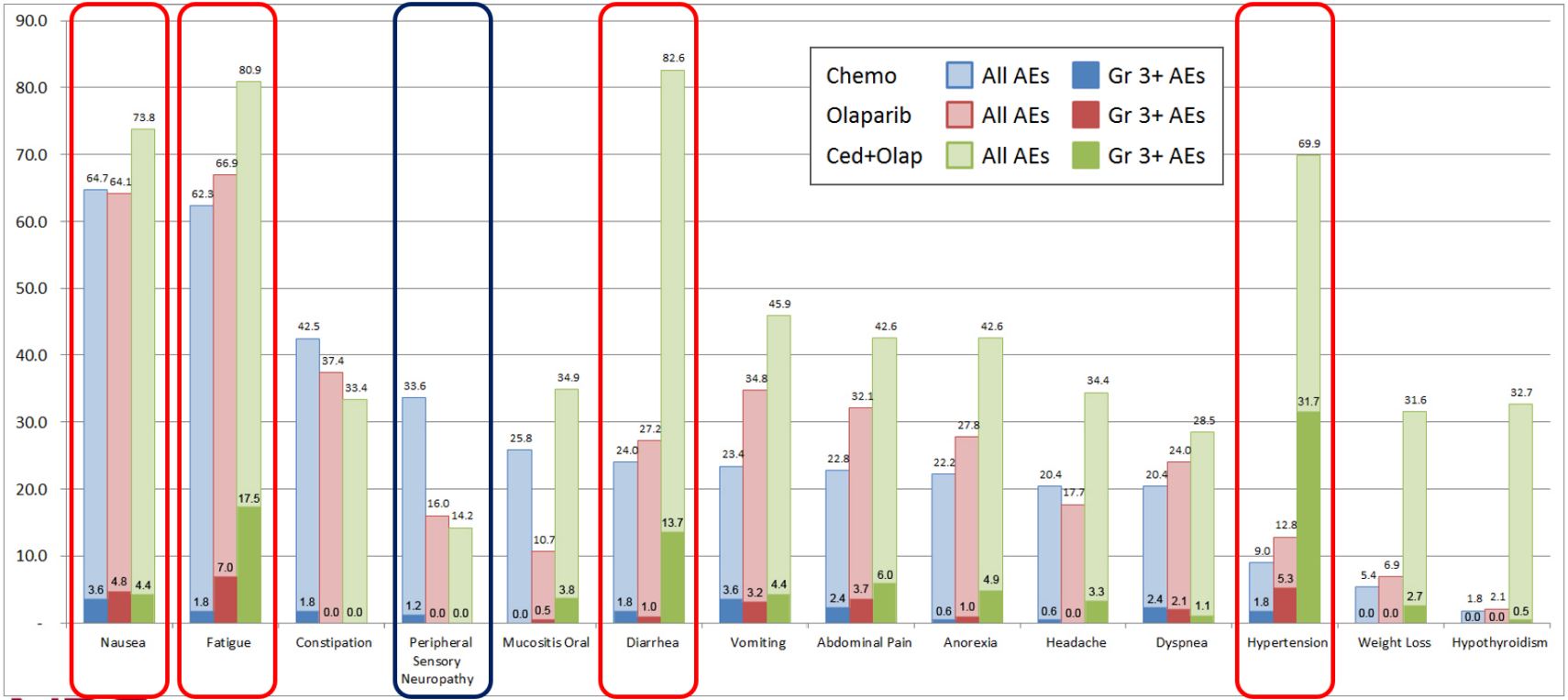
Treatment-emergent adverse events: non-heme



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Treatment discontinuation rates

	Chemotherapy (N = 187)	Cediranib + Olaparib (N = 189)	Olaparib (N = 189)
Adverse Event	28 (15.0%)	40 (21.2%)	16 (8.5%)
Death	3 (1.6%)	1 (0.5%)	2 (1.1%)
Patient Withdrew	19 (10.2%)	17 (9.0%)	5 (2.6%)
Bowel Obstruction	0 (0.0%)	3 (1.6%)	0 (0.0%)
Other Reason	13 (7.0%)	15 (7.9%)	8 (4.2%)
Withdrew without receiving treatment	20 (10.7%)	6 (3.2%)	2 (1.1%)

Joyce F. Liu

Conclusions

- Combination cediranib/olaparib did not meet the primary endpoint of improved PFS compared to platinum-based chemotherapy, but had comparable clinical activity (PFS, ORR)
- In patients with g*BRCA* mutation, both olaparib and cediranib/olaparib demonstrated substantial activity.
- **Non chemotherapy SOC options? The future BUT we need to carefully consider the toxicity profiles and management**
- **What about other patient populations GY005 (randomized study in platinum resistant ovarian cancer) is ongoing?**

Endometrial Cancer

#6009

A Phase 2 trial of the WEE1 inhibitor adavosertib (AZD1775) in recurrent uterine serous carcinoma

Joyce F. Liu[1], Niya Xiong[1], Susana M. Campos[1], Alexi A. Wright[1], Carolyn Krasner[1], Susan Schumer[1], Neil Horowitz[1,2], Jennifer Veneris[1], Nabihah Tayob[1], Stephanie Morrissey[1], Gabriela West[1], Roxanne Quinn[1], Ursula A. Matulonis[1], Panagiotis A. Konstantinopoulos[1]

[1]Dana-Farber Cancer Institute, Boston, MA; [2]Brigham and Women's Hospital, Boston, MA

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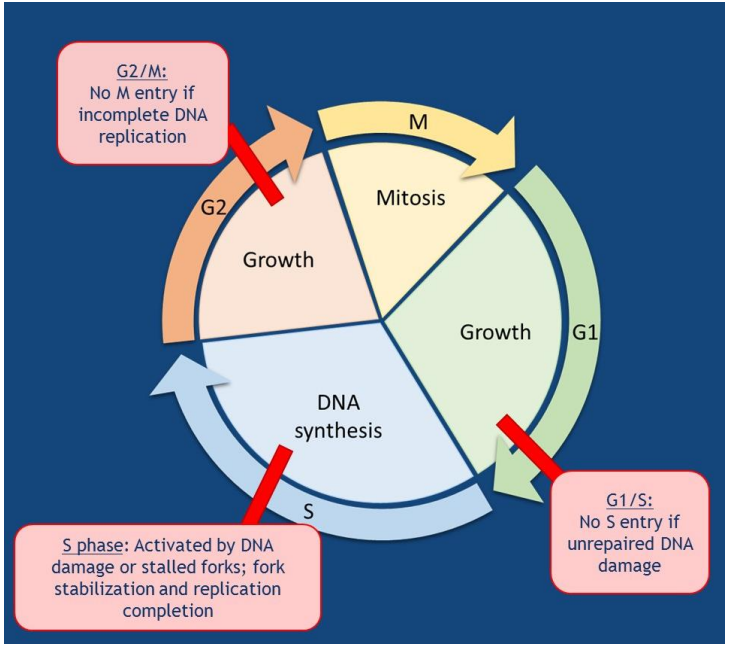
Detection of DNA Damage Results in Activation of Checkpoints That Enforce Cell Cycle Arrest

Cell cycle checkpoints slow down the cell cycle

- **Allow time for appropriate DNA replication**
- **Prevent progression to mitosis with DNA damage or underreplicated DNA**



Adavosertib (AZD1775) inhibits WEE1 and may be most active in p53-mutant background

Cell cycle checkpoints slow down the cell cycle

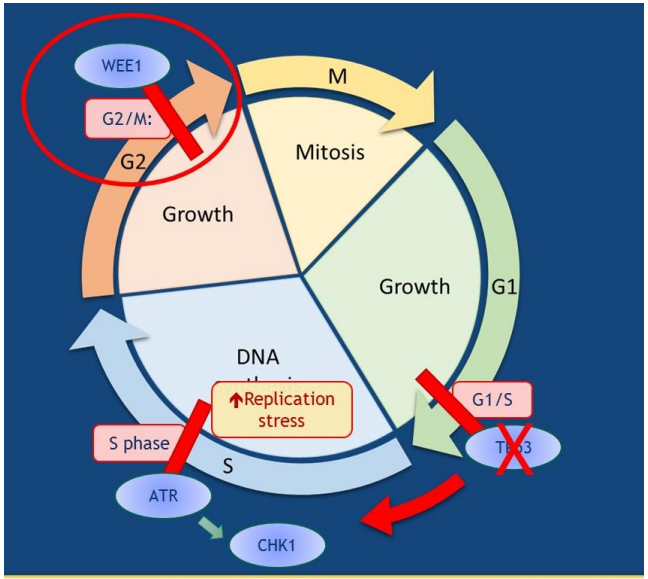
- Allow time for appropriate DNA replication
- Prevent progression to mitosis with DNA damage or underreplicated DNA

Cells with TP 53 mutation/loss lose their G1/S checkpoint

- Leads to early entry into S phase
- Increases replication stress
- Increases dependency on the G2/M checkpoint

WEE1 is a Key regulator of G2/M checkpoint

- WEE1 inhibition leads to disregulation of the G2/M checkpoint and to mitotic catastrophy



VIRTUAL 2020 ESMO congress

Study Conduct

- **35 women enrolled to study between Oct-11-2018 and Sep-30-2019**
  - 34 patients considered evaluable
  - 1 patient withdrew for non-AE, non-clinical personal reasons after receiving 5 doses of study drug
- **Data cut-off for analysis was Apr-15-2020**
- **Median follow-up time 5.9 months**

Primary endpoints:
- ORR
- PFS6

Patient characteristics

	Overall, N = 34
Median age in years (range)	70.2 (58.9-88.5)
Race	
White	29 (85.3%)
Black or African American	2 (5.9%)
Asian	2 (5.9%)
Other	1 (2.9%)
Stage at initial diagnosis	
I	8 (23.5%)
II	3 (8.8%)
III	13 (38.2%)
IV	10 (29.4%)
ECOG Performance Status	
0	11 (32.4%)
1	23 (67.6%)
Prior Lines	
Median (range)	3 (1-8)

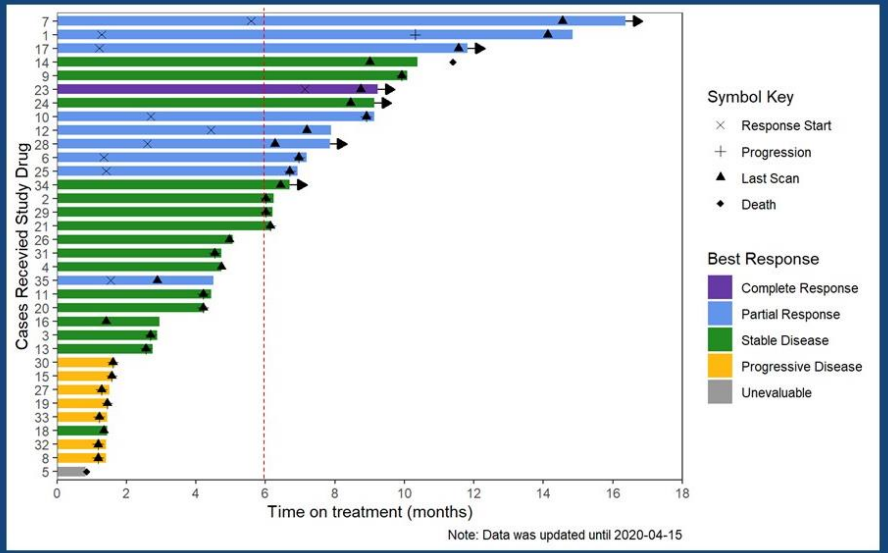
#6009, ASCO 2020

VIRTUAL 2020 ESMO congress

Clinical Activity: response rate

Best Overall Response	Overall N=34
Complete response (confirmed)	1 (2.9%)
Partial response Confirmed Unconfirmed	 8 (23.5%) 1 (2.9%)
Stable disease ≥ 6 months < 6 months	 7 (20.6%) 9 (26.5%)
Progressive disease	7 (20.6%)
Unevaluable	1 (2.9%)
Objective response rate (confirmed and unconfirmed)	**10 (29.4%)**
Clinical benefit rate (CR + PR + SD≥6 mos)	**17 (50.0%)**

Clinical activity is durable in many patients

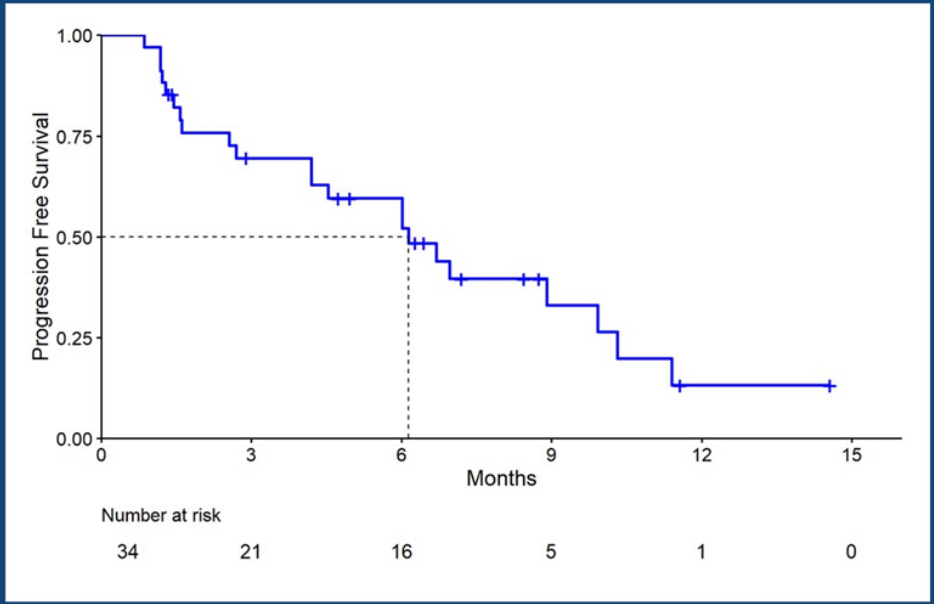


Median duration of response: 9.03 months (95% CI 5.29-NA)

#6009, ASCO 2020

VIRTUAL 2020 ESMO congress

Clinical Activity: progression free survival



Median PFS	6.14 mos (95% CI 4.21-9.92)
PFS rate at 6 months	59.6% (95% CI 40.6%-74.3%)

#6009, ASCO 2020

#6022 : A Big Ten Cancer Research Consortium phase II trial of pembrolizumab with carboplatin and paclitaxel for advanced or recurrent endometrial cancer.

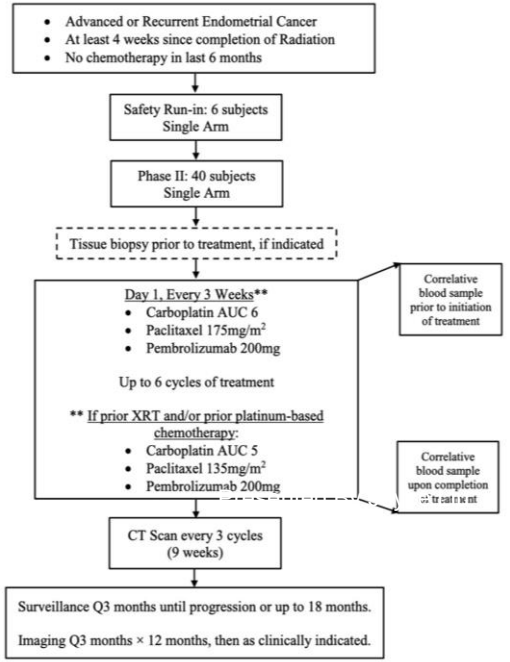
Authors: Mario Javier Pineda[1], Jeanne Schilder[2], Emily K. Hill[3], Deanna Gek Koon Teoh[4], Emma Longley Barber[5,6], Sharon E. Robertson[2], Anna Everett Strohl[5,6], Jiahui Xu[5], Masha Kocherginsky[5], Daniela Matei[5,6]; [1]Ironwood Cancer and Research Centers, Gilbert, AZ; [2]Indiana University, Indianapolis, IN; [3]University of Iowa Hospitals and Clinics, Iowa City, IA; [4]University of Minnesota, Minneapolis, MN; [5]Northwestern University Feinberg School of Medicine, Chicago, IL; [6]Northwestern University, Chicago, IL

Background:

- 20-25% of patients with endometrial cancers (EC) are initially detected at an advanced stage and have poor overall response to chemotherapy
- Historical objective response rates (ORR) to chemotherapy is ~50%.

Methods:

- Single-arm, open-label, multi-center phase II study
- Population:
  - RECIST measurable advanced or recurrent EC
  - May have had 1 prior platinum-based regimen, with a platinum free interval ≥ 6 months, ≤ one non-platinum chemotherapy, or prior hormonal therapy.
- Treatment: See Schema
- Primary endpoint was ORR per immune-related RECIST
- 46 subjects enrolled. Provided 77% power to detect 15% ORR improvement compared to historical controls, with one-tailed test and 10% type I error rate (*a priori*)



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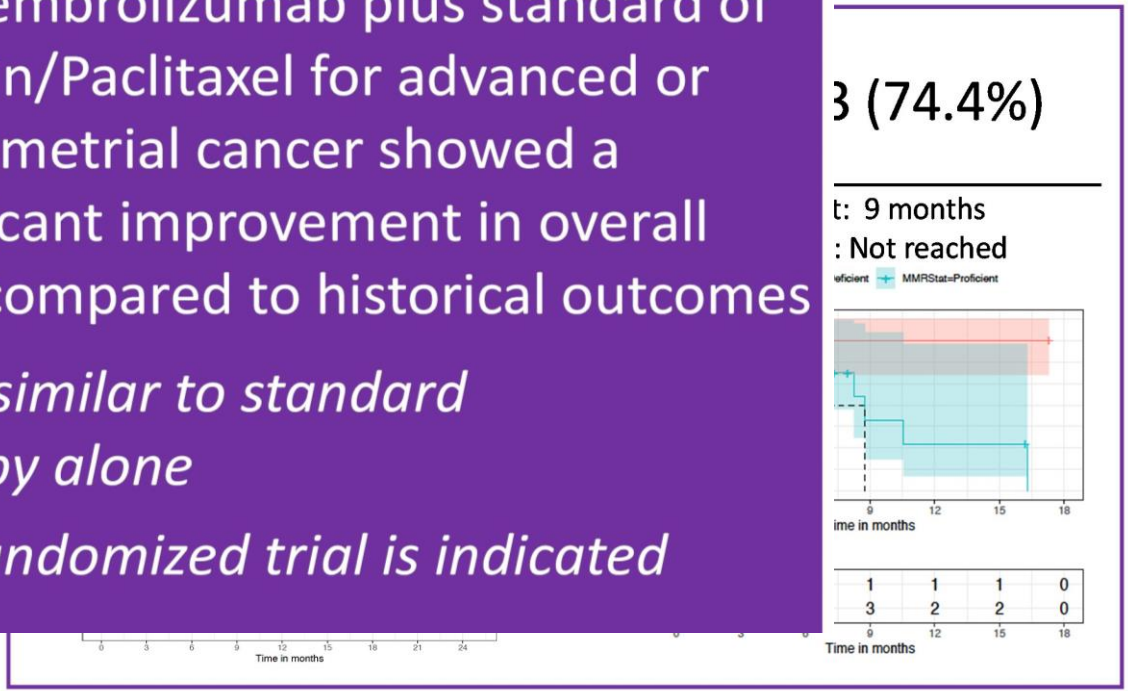
- Key Demographics

Variable	N	
Grade		
1		
2		
3		
Diagnosis at Enrollme		
Primary		
Recurrent		
Histology		
Clear Cell		
Endometrioid		
Serous		
Other		
Mismatch Repair Prot		
Proficient		
Deficient		
Unknown	10	22

- Results

Conclusions: Pembrolizumab plus standard of care Carboplatin/Paclitaxel for advanced or recurrent endometrial cancer showed a clinically significant improvement in overall response rate compared to historical outcomes

- *Toxicity was similar to standard chemotherapy alone*
- *A phase III randomized trial is indicated*



Princess Margaret Phase I/II Consortium

NCI 10104: A Randomized Phase 2 Study of Cabozantinib in Combination with Nivolumab in Advanced, Recurrent Metastatic Endometrial Cancer

Stephanie Lheureux, Daniela Matei, Panagiotis Konstantinopoulos, Matthew Block, Andrea Jewell, Stephanie Gaillard, Michael McHale, Carolyn McCourt, Sarah Temkin, Eugenia Girda, Floor Backes, Theresa L Werner, Linda Duska, Siobhan Kehoe, Lisa Wang, Rachel Wildman, Ben X Wang, Pamela S Ohashi, John Wright, Gini Fleming

Princess Margaret Hospital, Toronto; Indiana University Melvin and Bren Simon Cancer Center, Indianapolis; Dana-Farber Cancer Institute, Boston; Mayo Clinic, Rochester; Johns Hopkins School of Medicine, Baltimore; McHale Inst Cancer and Hem Treatmt, Sioux Falls; Washington University School of Medicine, St. Louis; Virginia Commonwealth University, Richmond; Rutgers Cancer Institute of New Jersey, New Brunswick; Ohio State University, Columbus; University of Utah, Salt Lake City; University of Virginia, Charlottesville; The University of Texas Southwestern Medical Center, Dallas; IDB CTEP NCI; University of Chicago Medicine, Chicago

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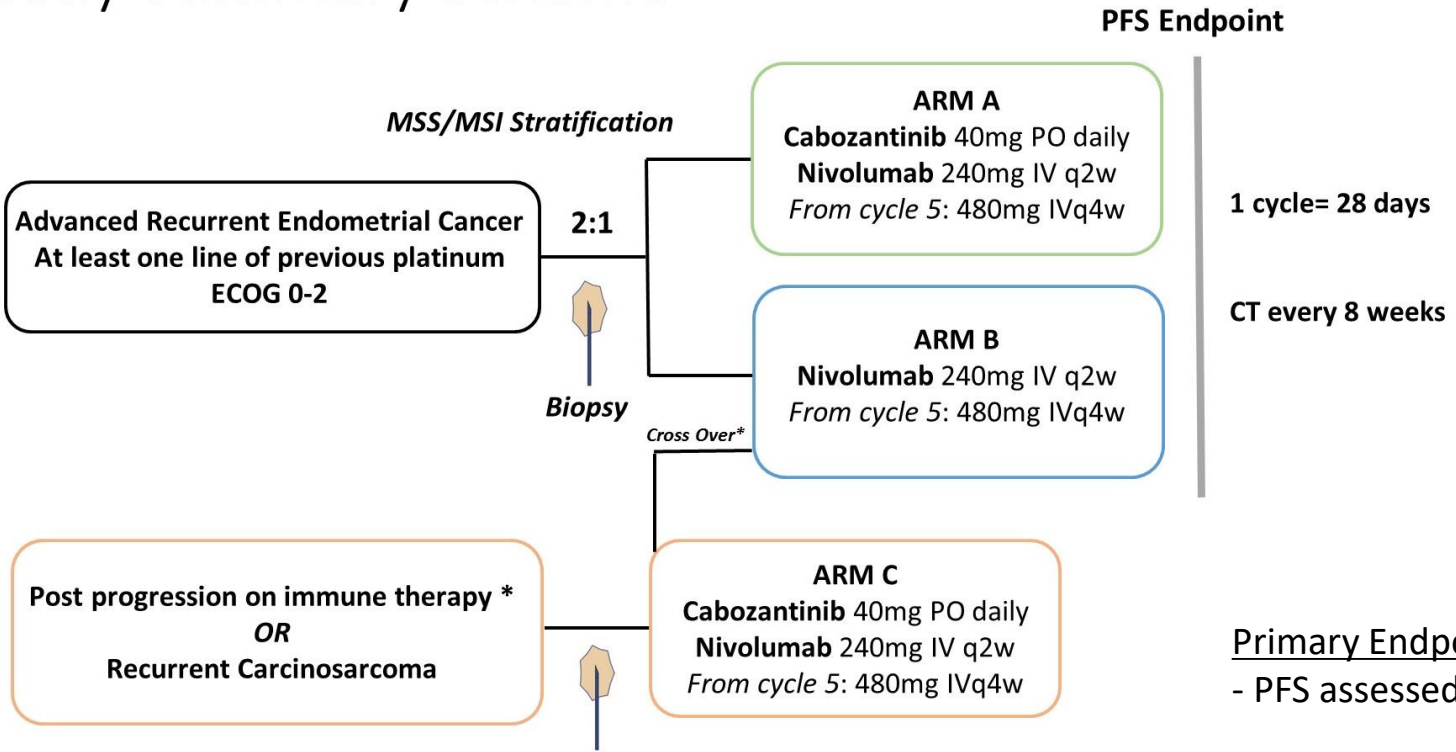
Study Summary Schema



Primary Endpoint:

- PFS assessed by RECIST 1.1

Response & Duration
Arm C

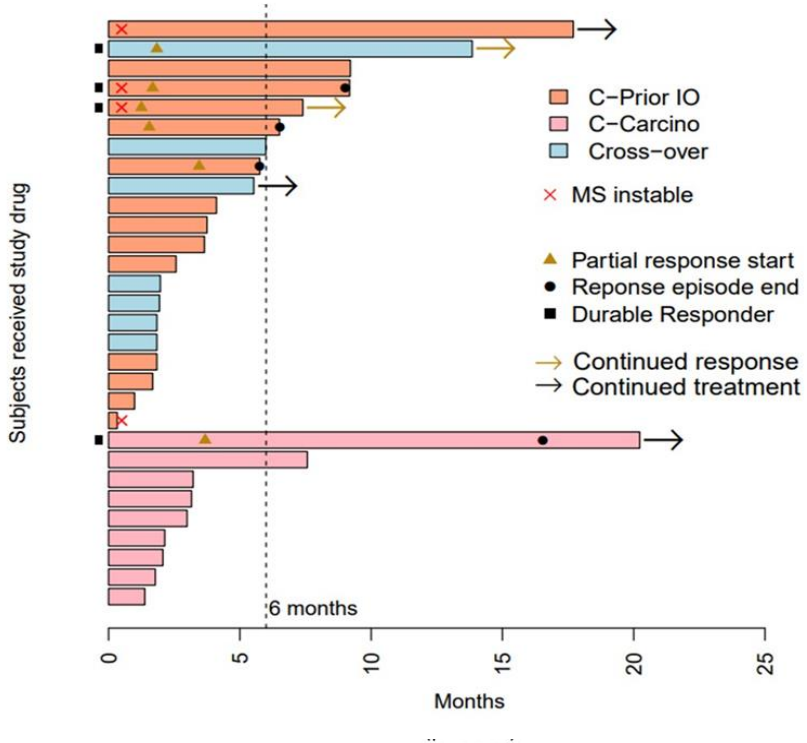
Post IO (n=21)

- Objective Response Rate: 5
- Stable Disease: 12

Carcinosarcoma (n=9)

- Objective Response Rate: 1
- Stable Disease: 4

According to RECIST 1.1



Cervical Cancer

Sequential chemoradiation versus radiation alone or concurrent chemoradiation in adjuvant treatment after radical hysterectomy for stage IB1-IIA2 cervical cancer (STARS study): a randomised, controlled, open-label, phase 3 trial

Presenter : He Huang, MD

Principal Investigator: Prof. Jihong Liu MD, PhD

Department of Gynecologic Oncology

SUN YAT-SEN UNIVERSITY CANCER CENTER

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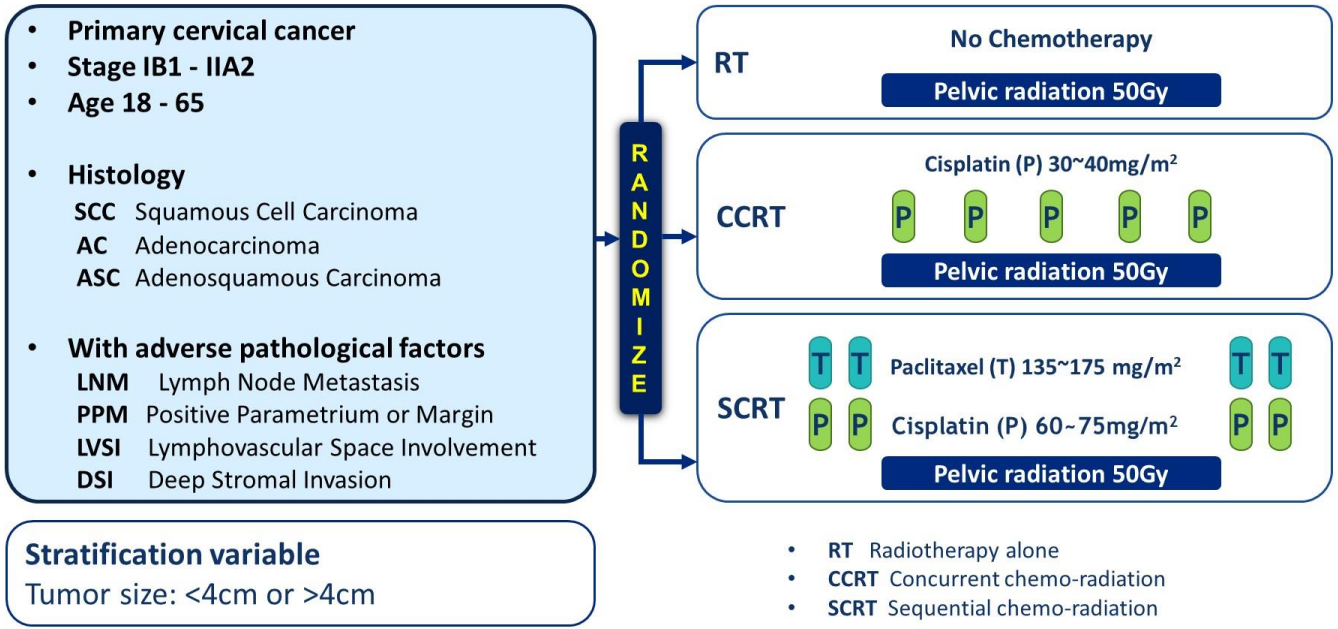
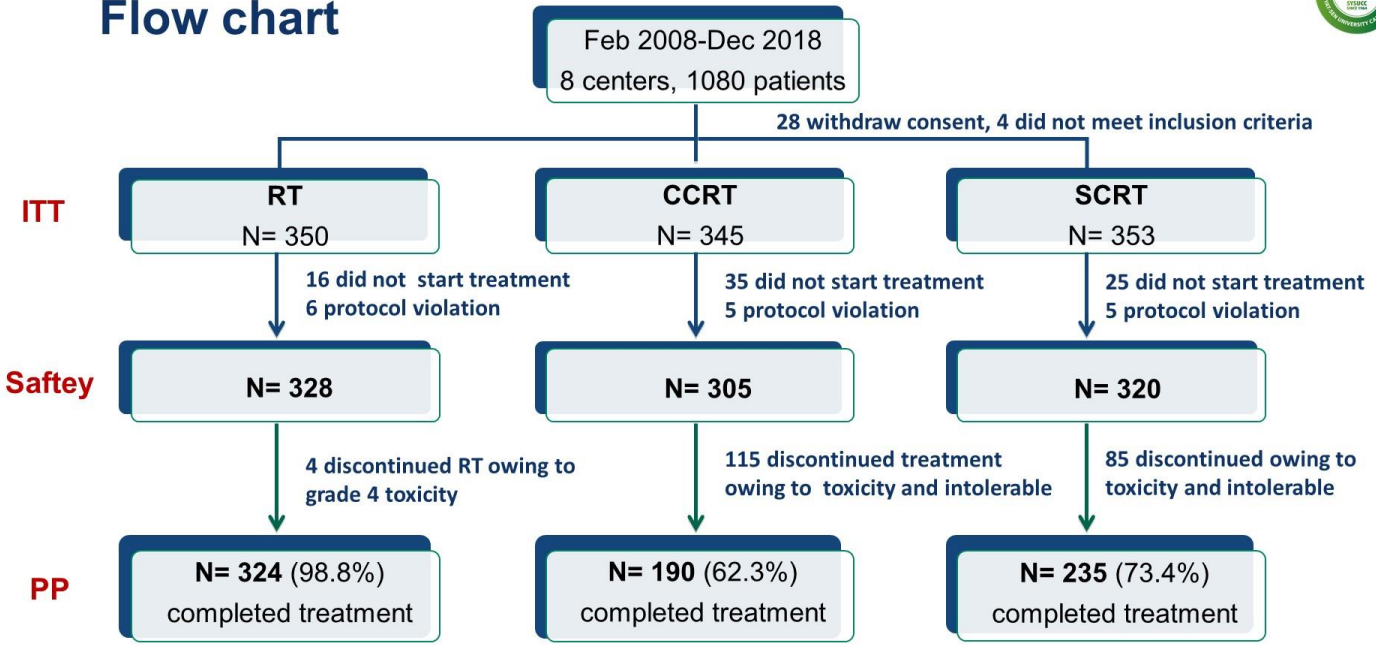
STARS: Schema

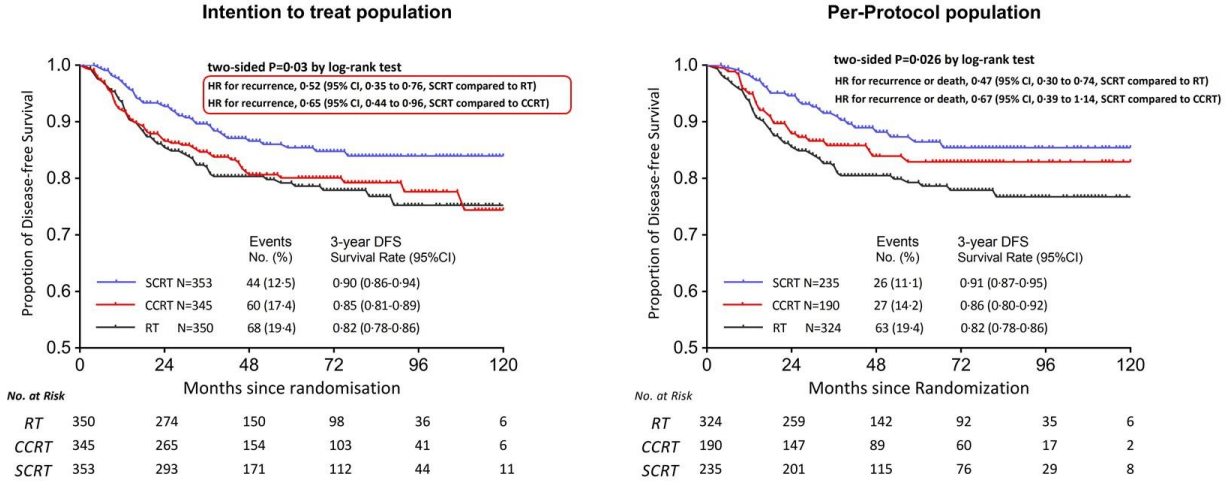


Presented By He Huang at TBD

Flow chart


Feb 2008-Dec 2018
8 centers, 1080 patients
28 withdraw consent, 4 did not meet inclusion criteria
ITT
RT
N= 350
CCRT
N= 345
SCRT
N= 353
16 did not start treatment
6 protocol violation
35 did not start treatment
5 protocol violation
25 did not start treatment
5 protocol violation
Saftey
N= 328
N= 305
N= 320
4 discontinued RT owing to grade 4 toxicity
115 discontinued treatment owing to toxicity and intolerable
85 discontinued owing to toxicity and intolerable
PP
N= 324 (98.8%) completed treatment
N= 190 (62.3%) completed treatment
N= 235 (73.4%) completed treatment

Disease Free Survival

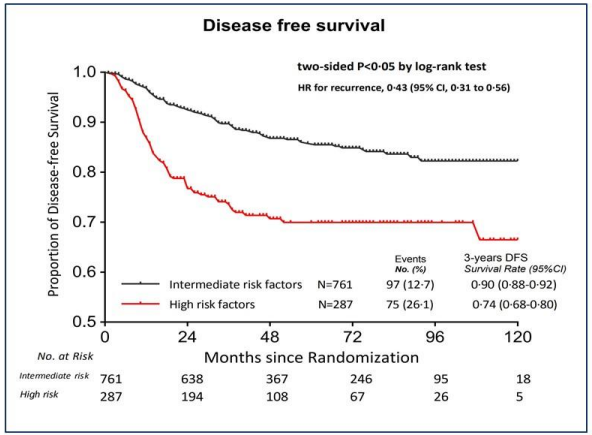


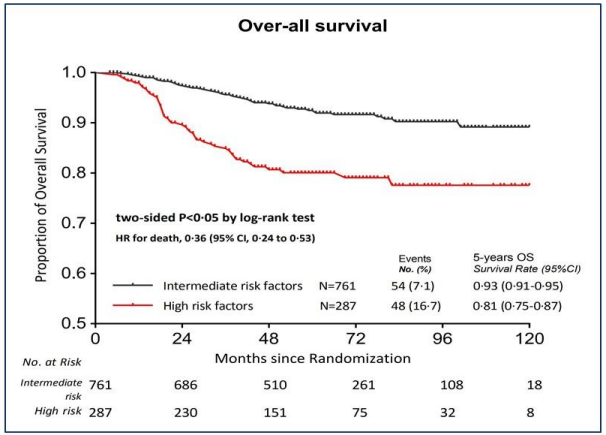
- Sequential chemoradiation was associated with improved disease-free survival compared with radiation alone or concurrent chemoradiation

Presented By He Huang at TBD

DFS and OS in the intermediate-risk vs high-risk subgroup

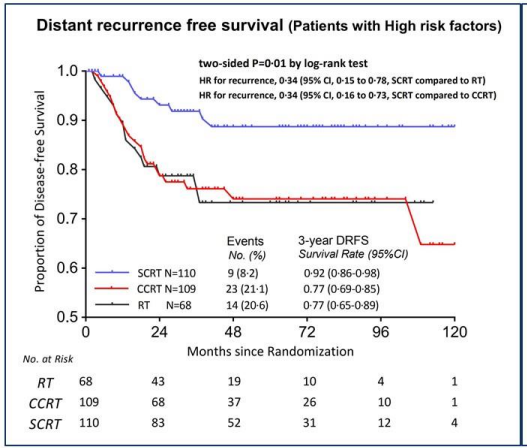
Intermediate risk factors: lymphovascular space involvement **(LVSI) ,** deep stromal invasion **(DSI)**
High risk factors: lymph node metastasis (**LNM,** positive parametrium or surgical margin **(PPM)**

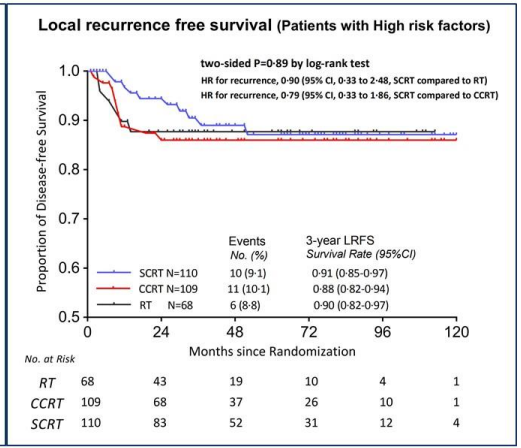




Presented By He Huang at TBD

Distant and local recurrence free survival in the high-risk subgroup





High-risk factors

Lymph Node Metastasis

Positive Parametrium or Margin

SCRT Sequential chemoradiation

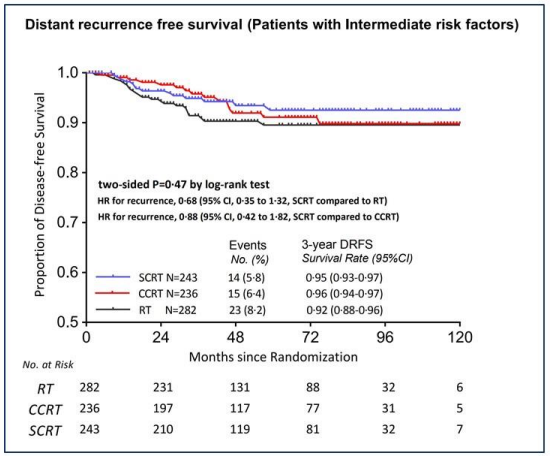
CCRT Concurrent chemoradiation

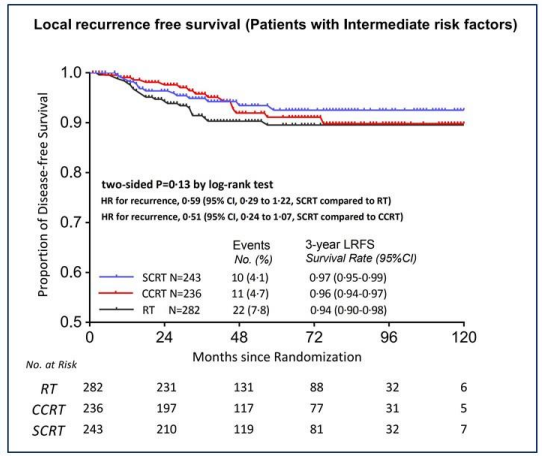
RT Radiotherapy alone

- Sequential chemoradiation improved distant recurrence free survival compared with radiation alone or concurrent chemoradiation

Presented By He Huang at TBD

Distant and local recurrence free survival in the intermediate-risk group





Intermediate-risk factors

- Lymphovascular Space Involvement
- Deep Stromal Invasion

SCRT Sequential chemoradiation
CCRT Concurrent chemoradiation
RT Radiotherapy alone

- No significant differences in distant or local recurrence free survival in patients with intermediate-risk factors among the 3 arms.

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Current NRG/GOG Trials

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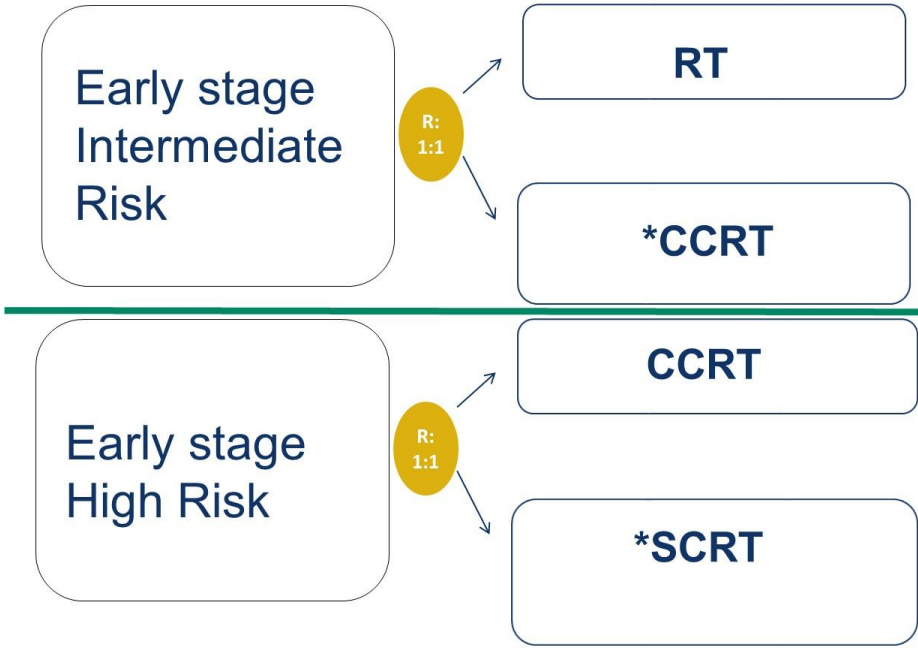
UNITE AND CONQUER: ACCELERATING PROGRESS TOGETHER



CAMRELIZUMAB PLUS APATINIB IN PATIENTS WITH ADVANCED CERVICAL CANCER. A MULTICENTER, OPEN LABEL, SINGLE ARM, PHASE II TRIAL

#6021 Lan et al

Sun Yat-sen University, China

Background:

- PD1/PDL1 inhibitors demonstrate efficacy in this setting
- Camrelizumab is a fully humanized, monoclonal antibody against PD-1.

The aim:

- To assess the efficacy and safety of camrelizumab plus apatinib, a tyrosine kinase inhibitor targeting VEGFR2

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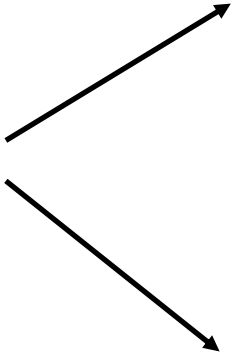
STUDY DESIGN

- Recurrent, persistent or metastatic cervical cancer
- Age 18 – 70
- ECOG 0 - 1
- Measurable disease by RECIST 1.1
- At least 1 prior line of chemo



Camrelizumab 200 mg iv q15 until PD or toxicity or withdrawal

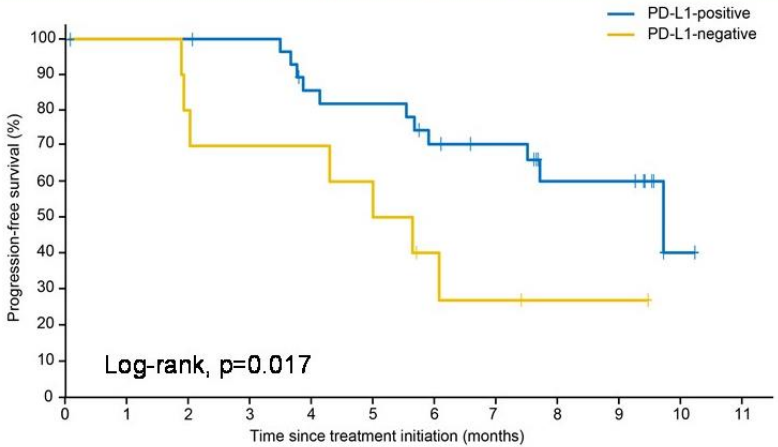
Apatinib 250 m po daily until P or toxicity or withdrawal

PRIMARY ENDPOINT
ORR By RECIST 1.1

Secondary endpoint
-PFS
-OS
-DOR
-Safety

EFFICACY

Exploratory analysis



	PD-L1-positive (n=29)	PD-L1-negative (n=10)	Chi-square P Value
Response	20 (69%)	5 (50%)	p=0.281
Non-response	9 (31%)	5 (50%)	

Progression-free survival	Median, months (95%CI)	P Value
PD-L1- positive	9.6 (7.6–Not reached)	0.017
PD-L1-negative	5.3 (2.0–Not reached)	

Events	19 (45%)
Median, months (95%CI)	7.6 (5.8–not reached)
6 months (95%CI)	58% (44–76)

SAFETY

- 43 (96%) of 45 patients had at least one treatment-related adverse event.

Treatment-related adverse events	Grade 1-2	Grade 3	Grade 4
Hypertension	27 (60%)	11 (24%)	0
Anaemia	18 (40%)	9 (20%)	0
Proteinuria	25 (56%)	0	0
Fatigue	16 (36%)	7 (16%)	0
[illegible]	[illegible]	[illegible]	[illegible]
reactive cutaneous capillary endothelial proliferation (RCCEP)	4 (9%)	0	0
Rash	2 (4%)	1 (2%)	0
Neutropenia	0	1 (2%)	0
Anaemia	0	1 (2%)	0
Thrombocytopenia	0	0	1 (2%)

CONCLUSIONS

- Camrelizumab combined with apatinib have encouraging antitumor activity and manageable toxicities ir patients with advanced cervical cancer. Further study in larger, randomized, controlled trials to validate our findings is warranted.