Actualités en onco-gynécologie

Mardi 21 novembre 2023

Palais de la Bourse - Bordeaux

Dr Coriolan Lebreton – Institut Bergonié, Bordeaux

Les « Actus » de l'ESMO – Soirée Post-ESMO Bordeaux 2023

Liens d'intérêts

- Orateur pour un laboratoire pharmaceutique :
  - Clovis, Eisai, MSD
- Prise en charge par un laboratoire pharmaceutique de la participation à un congrès national ou international :
  - Amgen, Chugai, Eisai, Pfizer, GSK
- Consultant : Non
- Investigateur principal d'un essai de l'industrie pharmaceutique : Non
- Parts sociales ou action dans un laboratoire pharmaceutique : Non

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innovaTV 301/ENGOT-cx12/GOG-3057: A Global, Randomized, Open-Label, Phase 3 Study of Tisotumab Vedotin vs Investigator's Choice of Chemotherapy in 2L or 3L Recurrent or Metastatic Cervical Cancer

Prof. Em. Dr. Ignace Vergote

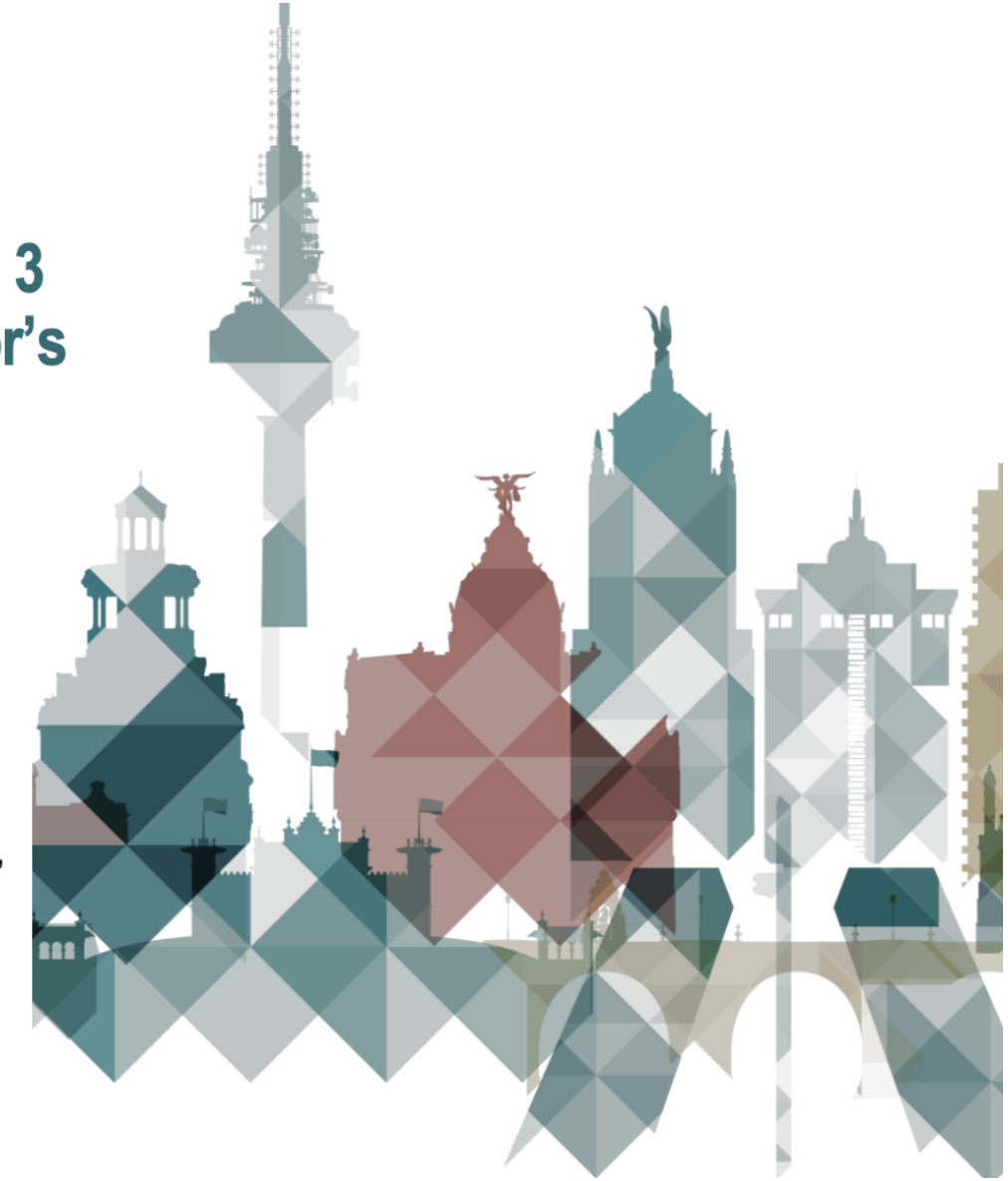
University Hospitals Leuven, Katholieke Universiteit Leuven, Leuven, and Belgium and Luxembourg Gynaecological Oncology Group, Belgium, European Union

Antonio González Martín, Keiichi Fujiwara, Elsa Kalbacher, Andrea Bagaméri, Sharad Ghamande, Jung-Yun Lee, Susana Banerjee, Fernando Maluf, Domenica Lorusso, Kan Yonemori, Els Van Nieuwenhuysen, Luis Manso Sanchez, Linn Woelber, Anneke Westermann, Allan Covens, Elizabeth Whalley, Melinda Siew Leng Teng, Ibrahima Soumaoro, Brian M. Slomovitz

ENGOT European Network of Gynaecological Oncological Trial groups

BGOG

GOG FOUNDATION Transforming the standard of care



Rationnel

Si rechute > 6 mois du dernier cycle de platine

- Doublet à base de platine (carboplatine taxol)

Si rechute < 6 mois

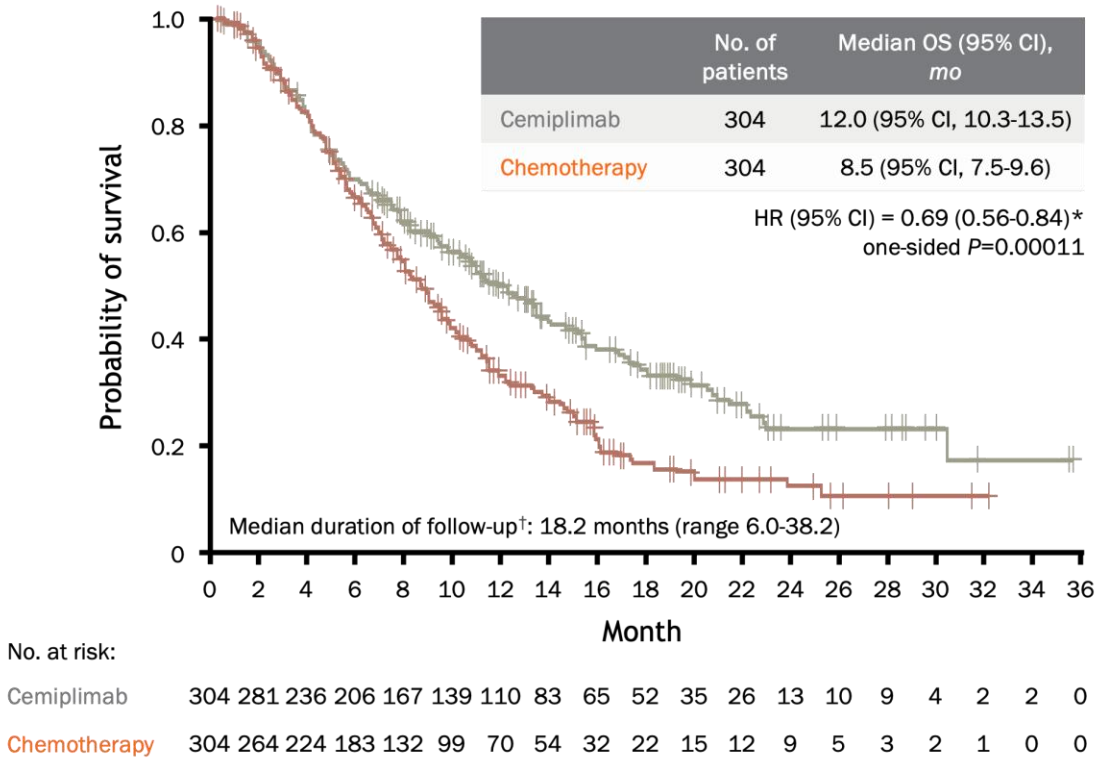
- Mono-chimiothérapie
- Cemiplimab [1] (mais pas d'AMM)

TISOTUMAB VEDOTIN

- Anticorps drogue conjugué
- cible le facteur tissulaire
- délivre une chimiothérapie ciblant les microtubules
- effet immunomodulateur

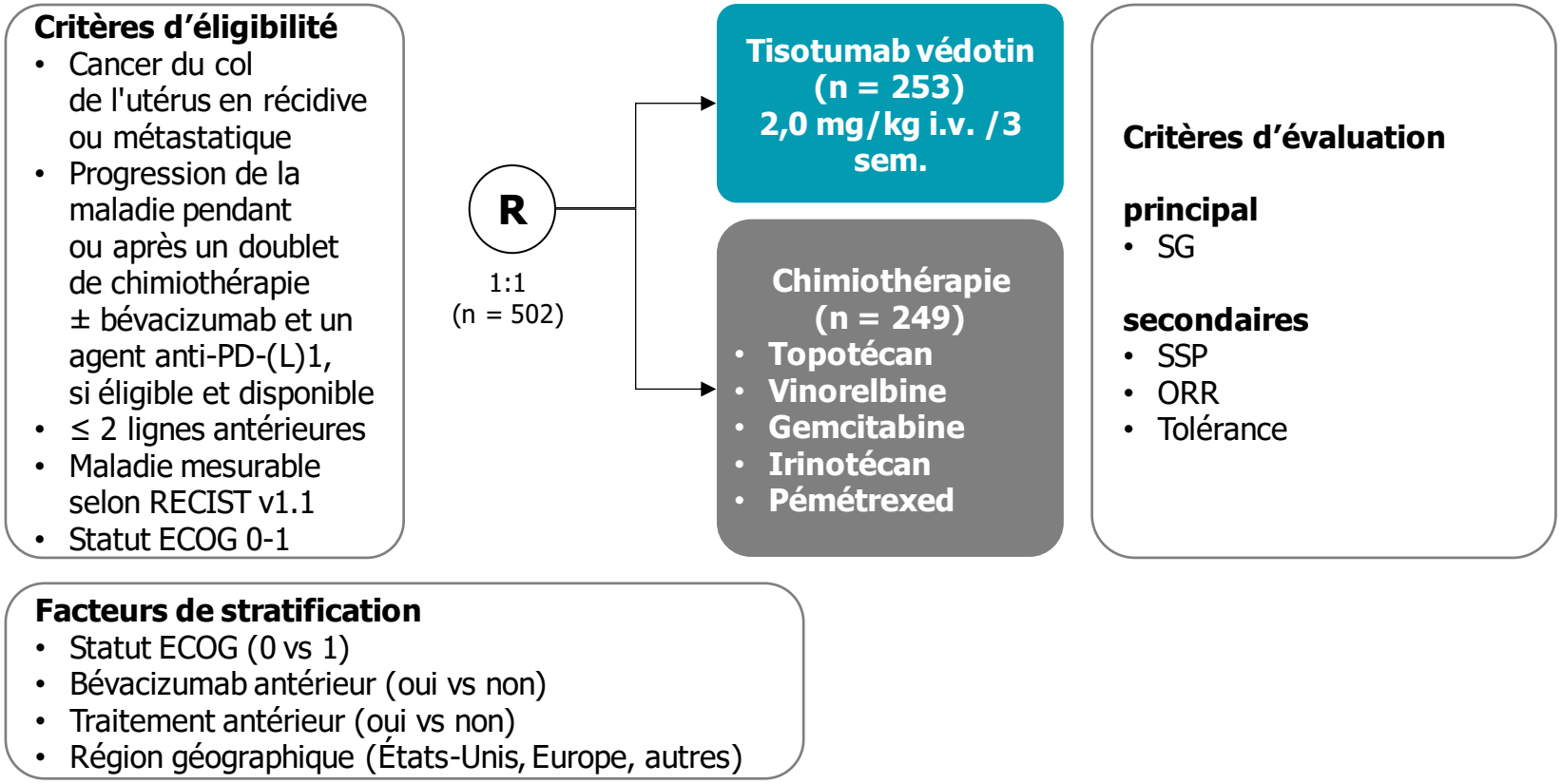
Efficacité dans l'essai Innova TV 204 [2]

- ORR 24%
- mDOR 8.3 mois



(1) Tewari et al. N Engl J Med 2022
(2) Coleman et al. Lancet Oncol 2021

Essai innovaTV 301 : méthodologie



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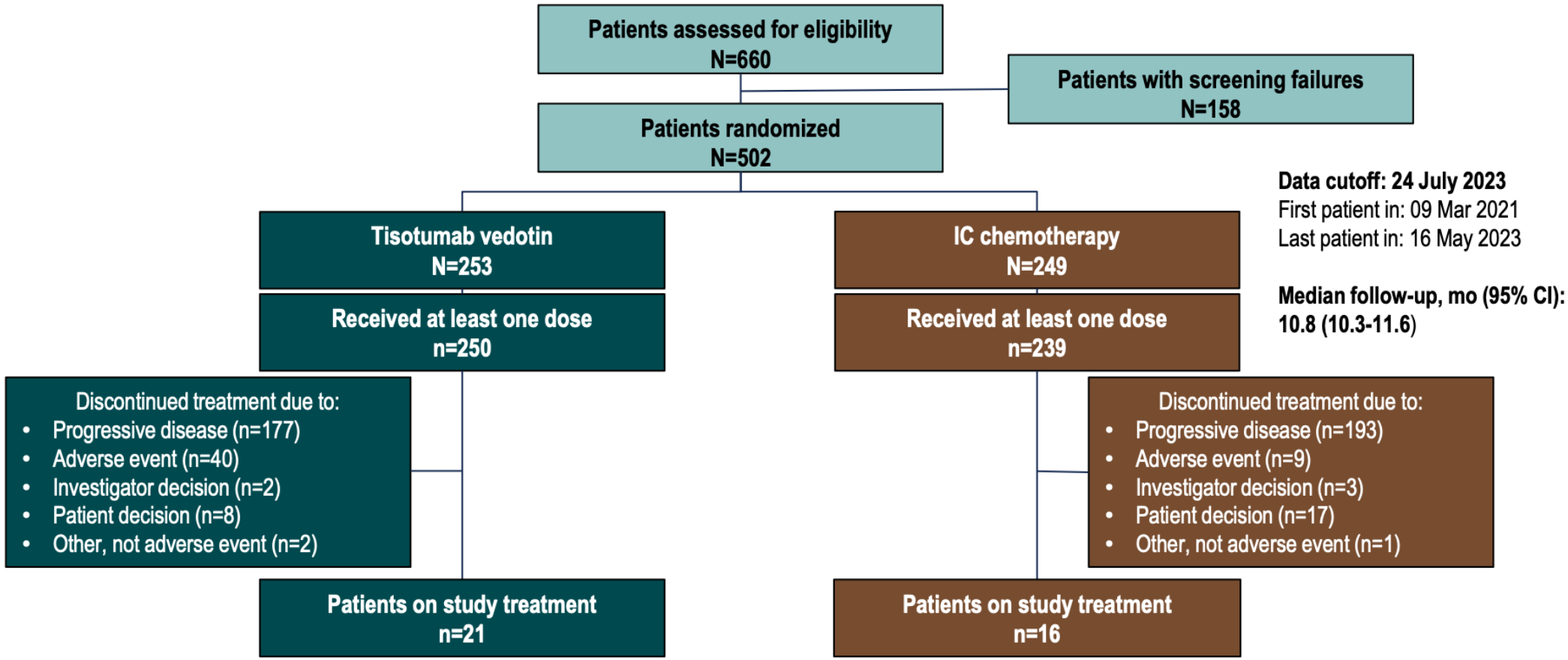
CONSORT Diagram



Data cutoff: 24 July 2023
First patient in: 09 Mar 2021
Last patient in: 16 May 2023

Median follow-up, mo (95% CI):
10.8 (10.3-11.6)

caractéristiques des patientes

	Tisotumab védotin (n = 253)	Chimiothérapie (n = 249)
Âge médian, ans (extrêmes)	51 (26-80)	50 (27-78)
Statut de performance ECOG, n (%)		
0	137 (54,2)	136 (54,6)
1	116 (45,8)	113 (45,4)
Région, n (%)		
États-Unis	16 (6,3)	14 (5,6)
Europe	106 (41,9)	104 (41,8)
Asie	85 (33,6)	88 (35,3)
Autre	46 (18,2)	43 (17,3)
Histologie, n (%)		
Carcinome épidermoïde	160 (63,2)	157 (63,1)
Adénocarcinome	85 (33,6)	75 (30,1)
Carcinomes adénosquameux	8 (3,2)	17 (6,8)
État de la maladie au début de l'étude, n (%)		
Récidive pelvienne uniquement	27 (10,7)	24 (9,6)
Métastases extrapelviennes	226 (89,3)	225 (90,4)
Nombre de traitements systémiques r/m antérieurs, n (%)		
1	159 (62,8)	149 (59,8)
2	93 (36,8)	100 (40,2)
Inconnu	1 (0,4)	0
Bévacizumab antérieur, n (%)	164 (64,8)	157 (63,1)
Anti-PD-(L)1 antérieur, n (%)	71 (28,1)	67 (26,9)
Radiothérapie antérieure pour le cancer du col de l'utérus, n (%)	205 (81,0)	203 (81,5)
Biopsie évaluable, n (%)	210 (83,0)	194 (77,9)
Expression positive des TF (*tissue factor*) membranaires	194 (92,4)	183 (94,3)

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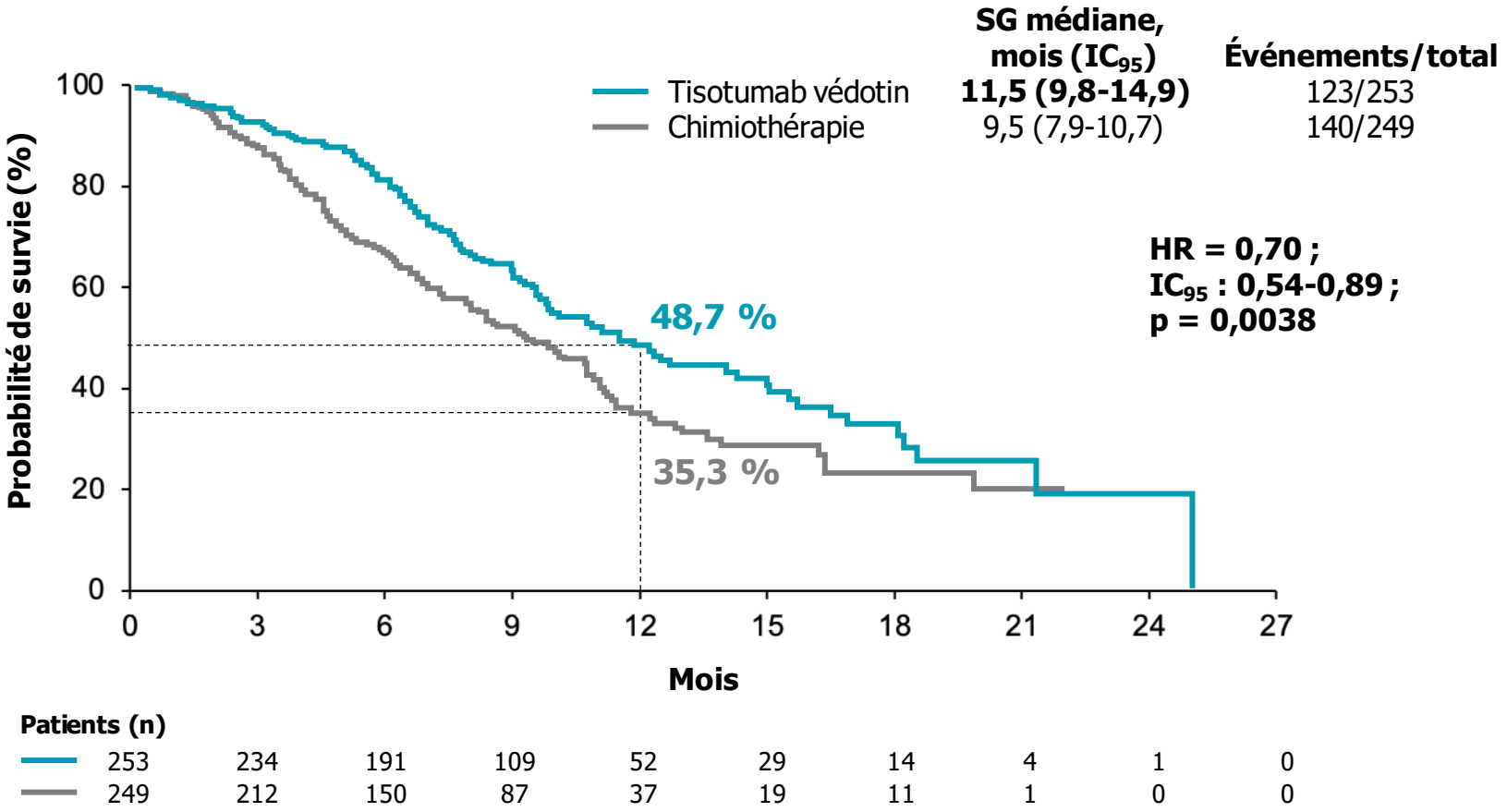
survie globale (critère principal)



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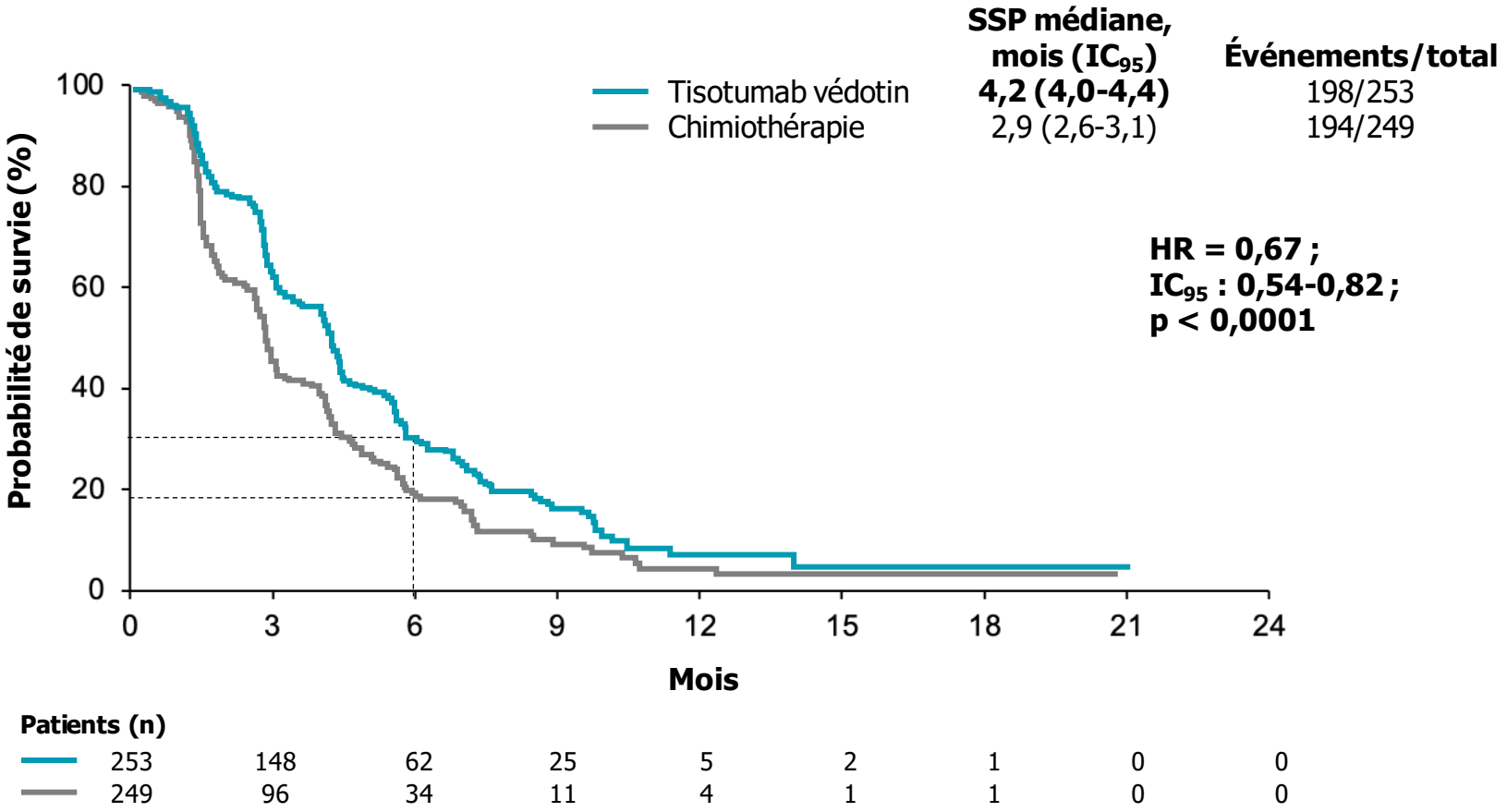
survie sans progression



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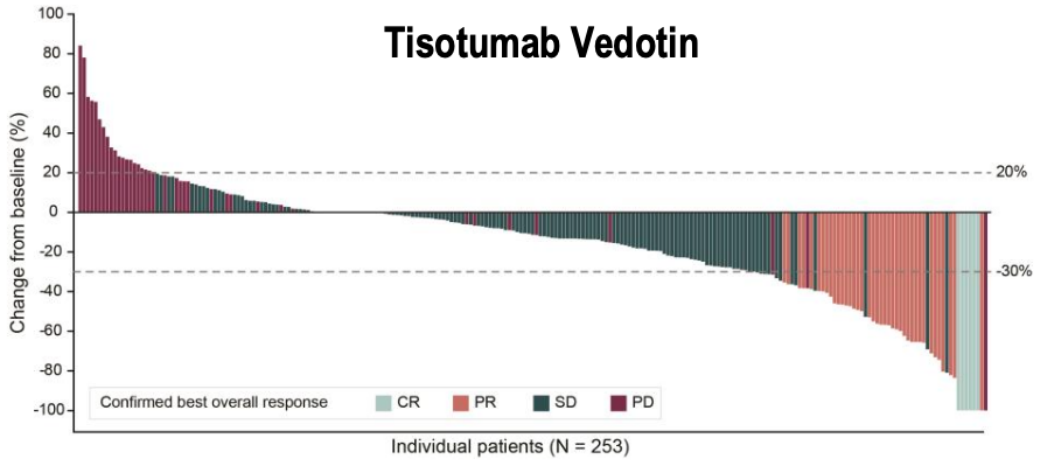
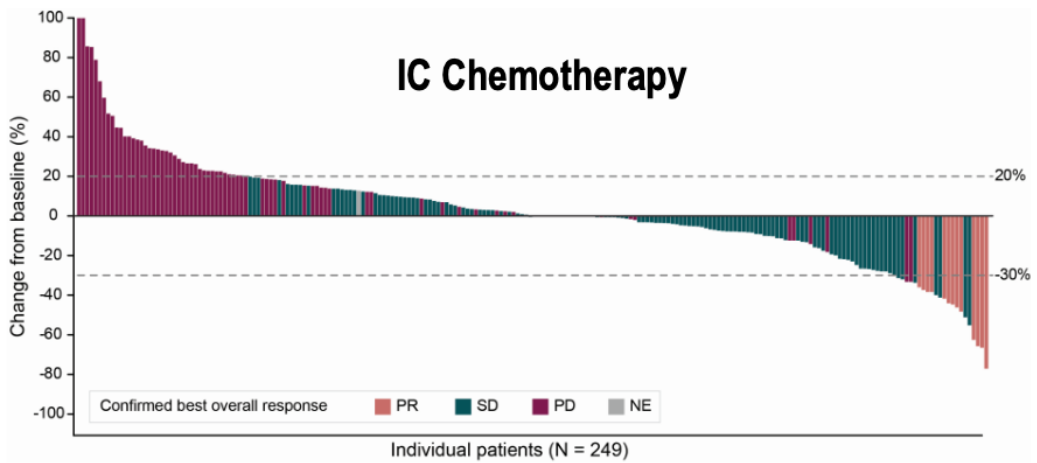
Antitumor Activity

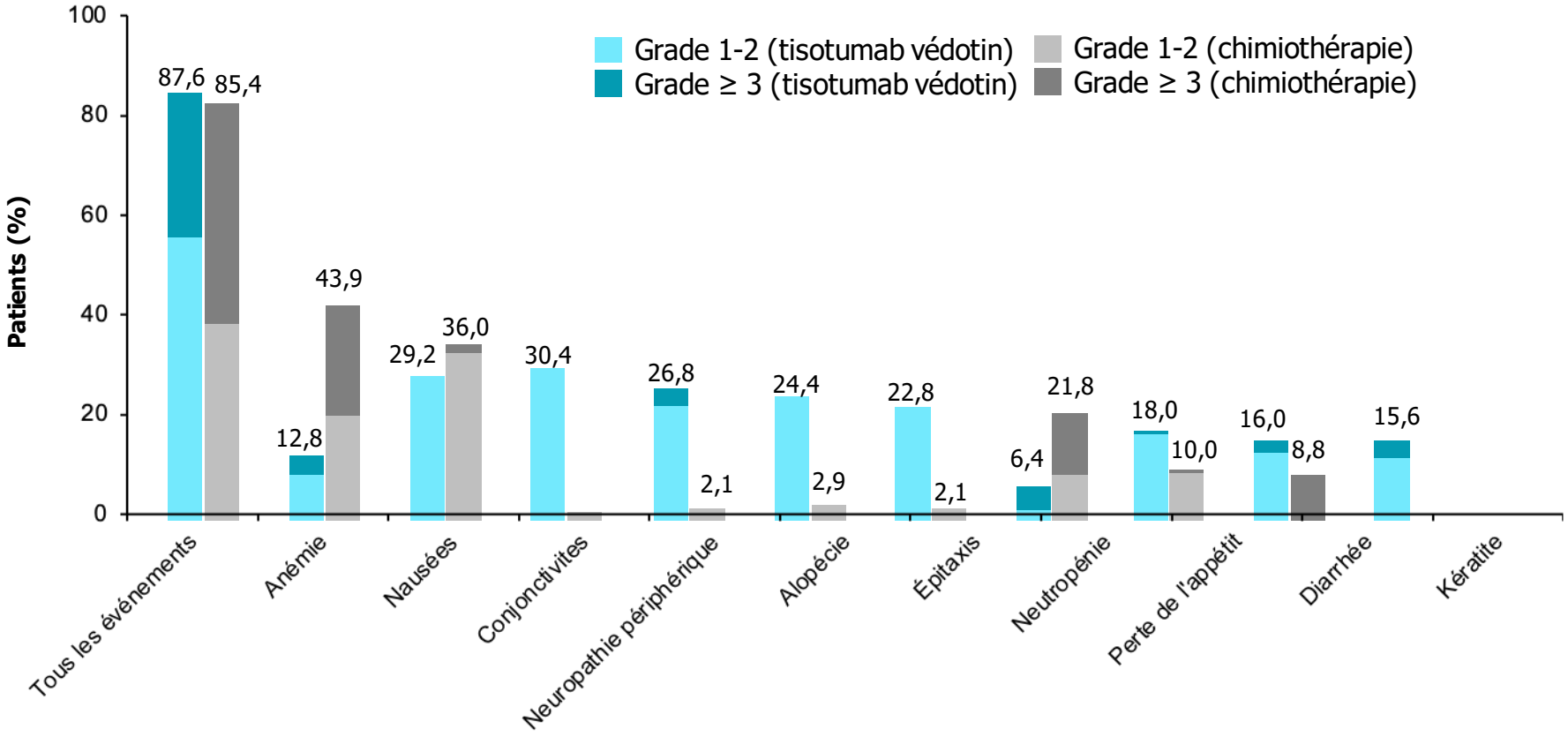
	Tisotumab Vedotin (N=253)	IC Chemotherapy (N=249)
ORR, % (95% CI)	17.8 (13.3-23.1)	5.2 (2.8-8.8)
Odds ratio (95% CI)	4.0 (2.1-7.6)	
P value	p<0.0001	
Best Overall Response, n (%)		
CR	6 (2.4)	0
PR	39 (15.4)	13 (5.2)
SD	147 (58.1)	132 (53.0)
PD	46 (18.2)	74 (29.7)
Not evaluable/Not available	15 (5.9)	30 (12.0)
DCR[a], % (95% CI)	75.9 (70.1-81.0)	58.2 (51.8-64.4)
Median DOR (95% CI)	5.3 (4.2-8.3)	5.7 (2.8-NR)





[a]DCR defined as CR+PR+SD; CR and PR were confirmed responses. The minimum criteria for SD duration was ≥5 weeks after the date of randomization.

effets indésirables les plus fréquents liés au traitement

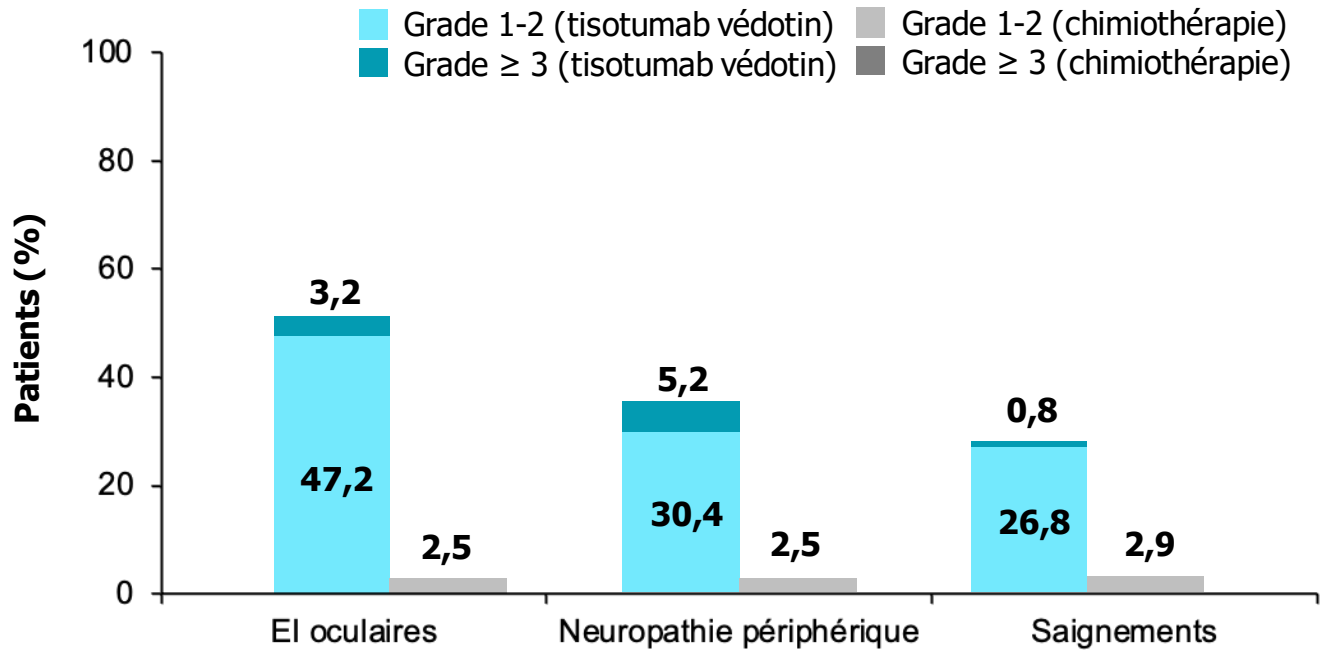


Des EI de grade 5 ont été observés chez 2 (0,8 %) et 1 (0,4 %) patients dans les groupes tisotumab védotin et chimiothérapie, respectivement

L'intensité médiane de la dose relative était de 96,1 et de 90,0 % dans les groupes tisotumab védotin et chimiothérapie, respectivement

ESMO 2023 - D'après Vergote I et al., abstr. LBA9, actualisé

effets indésirables d'intérêt particulier pour le TV



EI oculaires	Conjonctivite (30,4 %), kératite (15,6 %), sécheresse oculaire (13,2 %)
Neuropathie périphérique	Neuropathie sensorielle périphérique (26,8 %), paresthésie (2,8 %), faiblesse musculaire (2,4 %), neuropathie sensorimotrice périphérique (2,4 %)
Saignements	Saignements (2,4 %), épistaxis (22,8 %), hématurie (3,2 %), hémorragie vaginale (3,2 %)

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Conclusion

Nouveau traitement après la première ligne

Une toxicité nouvelle à bien cerner

- propre aux ADC, notamment oculaire

perspectives : en combo en 1ère ligne ?

Un intérêt à venir en association avec anti-PD-(L)1 si non reçu en première ligne?

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journal homepage: www.elsevier.com/locate/ygyno

Mitigation and management strategies for ocular events associated with tisotumab vedotin

Stella K. Kim [a,*], Paul Ursell [b], Robert L. Coleman [c], Bradley J. Monk [d], Ignace Vergote [e]

Key Resources and Materials for Required Eye Care

An eye care plan based on clinical trial experience was developed to help reduce the risk of ocular adverse events with tisotumab vedotin. With these measures, ocular adverse events may be detected early on, and symptoms can be alleviated prior to impacting vision.

Access to eye care providers

- Conduct ophthalmic exam including visual acuity and slit lamp exam at baseline, prior to each dose and as clinically indicated
- Promptly refer patient to an eye care provider if new or worsening ocular symptoms occur

Eye drops ready for use

1. Topical steroid (Rx): e.g. dexamethasone 0.1%
2. Topical ocular vasoconstrictor (Rx): e.g. brimonidine tartrate 0.2%
3. Topical lubricating (OTC)

Cold packs during infusion

- E.g., standard chemical cold packs which reach approximately 35F
- Apply cold pack fully over eyes following administration of vasoconstrictor eye drops and leave on during the infusion
- Change cold packs as needed throughout infusion to ensure eye area remains cold

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A randomised phase III trial of induction chemotherapy followed by chemoradiation compared with chemoradiation alone in locally advanced cervical cancer.

The GCIG INTERLACE trial

M. McCormack[1], D. Gallardo[2], G. Eminowicz[1], P. Diez[3], L. Farrelly[4], C. Kent[5], E. Hudson[6], M. Panades[7], T. Mathew[8], A. Anand[9], M. Persic[10], J. Forrest[11], R. Bhana[12], N. Reed[13], A. Drake[14], H. Stobart[15], A. Mukhopadhyay[16], A.M. Hacker[4], A. Hackshaw[4], J.A. Ledermann[4]

[1]University College Hospital NHS Trust, London, UK; [2]INCAN, Mexico; [3]RTTQA, Mount Vernon Cancer Centre, UK; [4]University College London CTC, UK; [5]University of Leicester NHS trust, UK; [6]Velindre Cancer Centre, UK; [7]United Lincolnshire Hospitals NHS Trust, UK; [8]Sheffield Teaching Hospitals NHS Trust, UK; [9]Nottingham University NHS Trust, UK; [10]University of Derby and Burton NHS Foundation Trust, UK; [11]Royal Devon and Exeter NHS Foundation Trust, UK; [12]University Hospital of North Midlands NHS Trust, UK; [13]Beatson West of Scotland Cancer Centre, UK; [14]Belfast Health and Social Care Trust, UK; [15]Independent Cancer Patients' Voice, UK; [16]Kolkata Gynaecological Oncology Trials and Translational Research Group, Kolkata India

CRUK grant number: C37815/A12832

Traitement du cancer du col loco-régionalement avancé

Rationnel

Radio-chimiothérapie concomitante

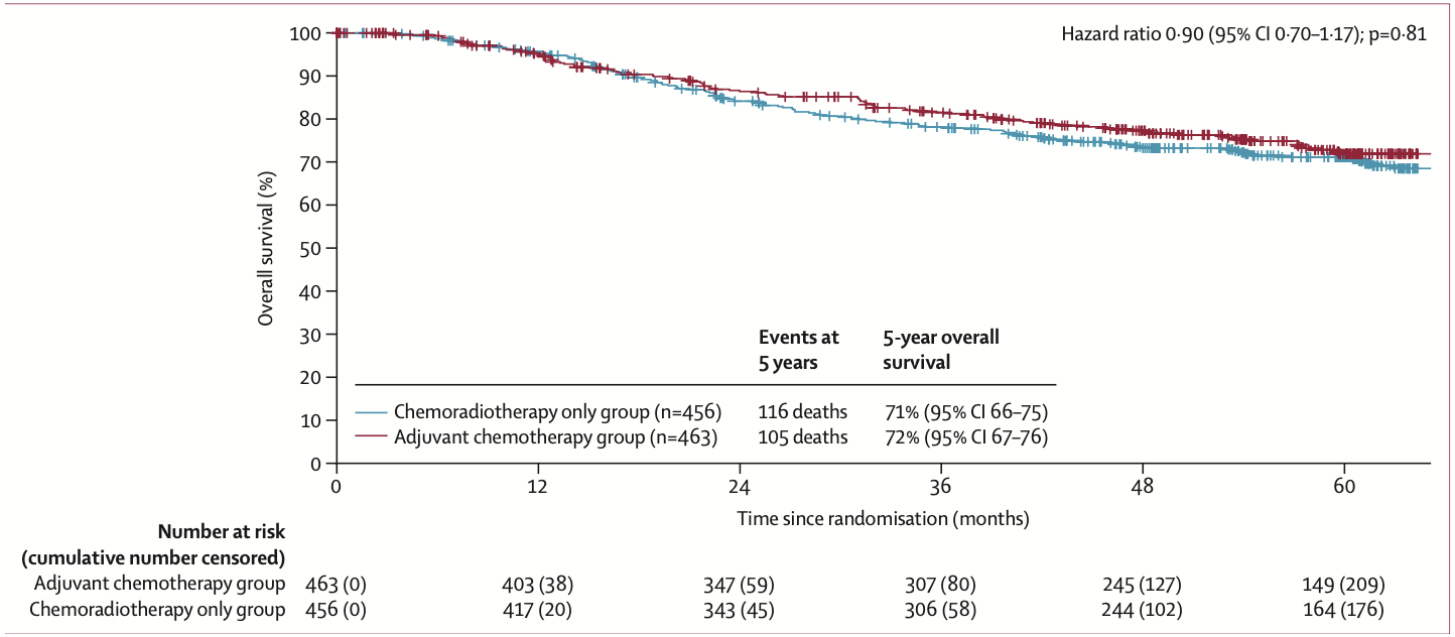
- traitement standard
- pour les stades IB2-IVA

Pas de bénéfice en survie globale à la chimiothérapie adjuvante

- Essai OUTBACK(1)

Chimiothérapie néo-adjuvante avant radiothérapie

- *Tierney et al. EJC 1999 et 2003*
  - Sur 15 essais randomisés ni en faveur ni défaveur (analyse impossible)
- *Meta-analyse Cochrane 2004*
  - Sur 18 essais, pas d'avantage prouvé



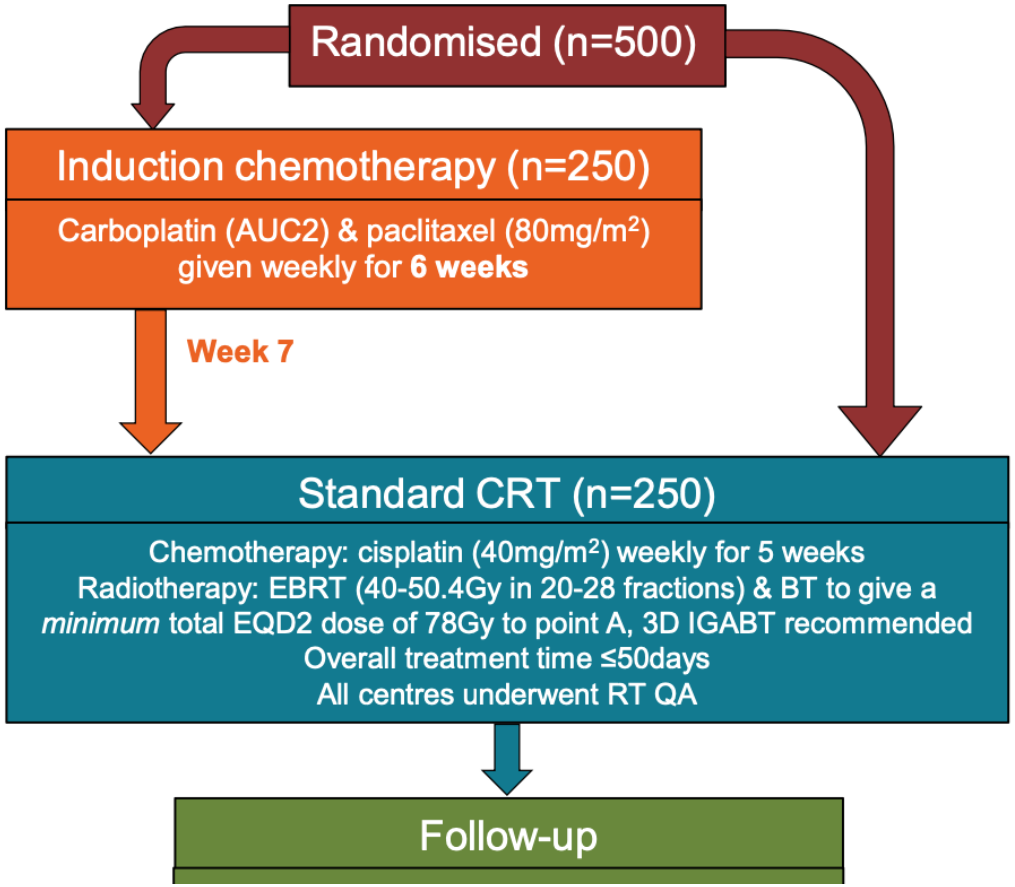
(1) Mileshkin et al. Lancet Oncol 2023

INTERLACE Trial Design

Key eligibility criteria

- Newly diagnosed histologically confirmed FIGO (2008) stages IB1 node+,IB2, II, IIIB, IVA squamous, adeno, adenosquamous cervical cancer
- No nodes above aortic bifurcation on imaging
- Adequate renal, liver & bone marrow function
- Fit for chemotherapy & radical RT
- No prior pelvic RT

RT = Radiotherapy
3D-Conformal = 3D conformal radiotherapy
IMRT = Intensity modulated radiotherapy
EBRT = External beam radiotherapy
BT = Brachytherapy
IGABT = Image-guided adaptive brachytherapy
RT QA = Radiotherapy quality assurance



Stratified by

- Site
- Stage
- Nodal status
- 3D-Conformal v IMRT EBRT
- 2D v 3D BT
- Tumour size
- SCC v other

Primary endpoints

- PFS
- OS

Secondary endpoints

- Adverse events
- Pattern of relapse
- QOL
- Time to subsequent treatment

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- Target efficacy:
  - PFS: HR 0.65 (132-168 events for 70-80% power)
  - OS: HR 0.65-0.70 (70-84% power)

To maintain an overall error rate of 5%, a hierarchical sequential testing approach based on PFS first will be used and PFS must be statistically significant first ($p<0.05$) to allow a formal statistical analysis of OS afterwards.

McCormack et al. ESMO meeting 2023 ; abst LBA8

Caractéristiques

	CRT alone (N=250)	Induction Chemo + CRT (N=250)
FIGO stage (2008)	**No. of patients (%)**	
IB1	2 (<1)	2 (<1)
IB2	23 (9)	19 (8)
IIA	14 (6)	17 (7)
IIB	176 (70)	178 (71)
IIIB	30 (12)	26 (10)
IVA	5 (2)	8 (3)
Cell type		
Non-squamous	45 (18)	44 (18)
Squamous	205 (82)	206 (82)
Nodal status		
Negative	142 (57)	146 (58)
Positive	108 (43)	104 (42)
Longest tumour diameter, cm median (range)	4.9 (1.8-12.8)	4.8 (1.3-13.5)

McCormack et al. ESMO meeting 2023 ; abst LBA8

Dose intensité des traitements

Chimiothérapie

Adherence to Induction Chemotherapy

	Paclitaxel/Carboplatin (n=250) No. of patients (%)
Completed 6 weekly cycles	211 (84)
Completed at least 5 cycles	230 (92)
Main reasons for <6 cycles:	
Adverse events:	29 (11)
Haematological	9
Non-haematological	17
Both	3
Withdrawal/other	10 (4)
Median Interval from IC to RT days (range)	7 (5-53)

Adherence to Cisplatin

	CRT alone (n=250) No. of patients (%)	IC+ CRT (n=250) No. of patients (%)
Completed 5 weekly cycles	197 (79)	169 (68)
Completed at least 4 cycles	224 (90)	212 (85)
Main reasons for <5 cycles:		
Adverse events leading to discontinuation:	33 (13)	68 (27)
Haematological	4	34
Non-haematological	25	20
Both	4	14
Other	20 (8)	13 (5)

McCormack et al. ESMO meeting 2023 ; abst LBA8

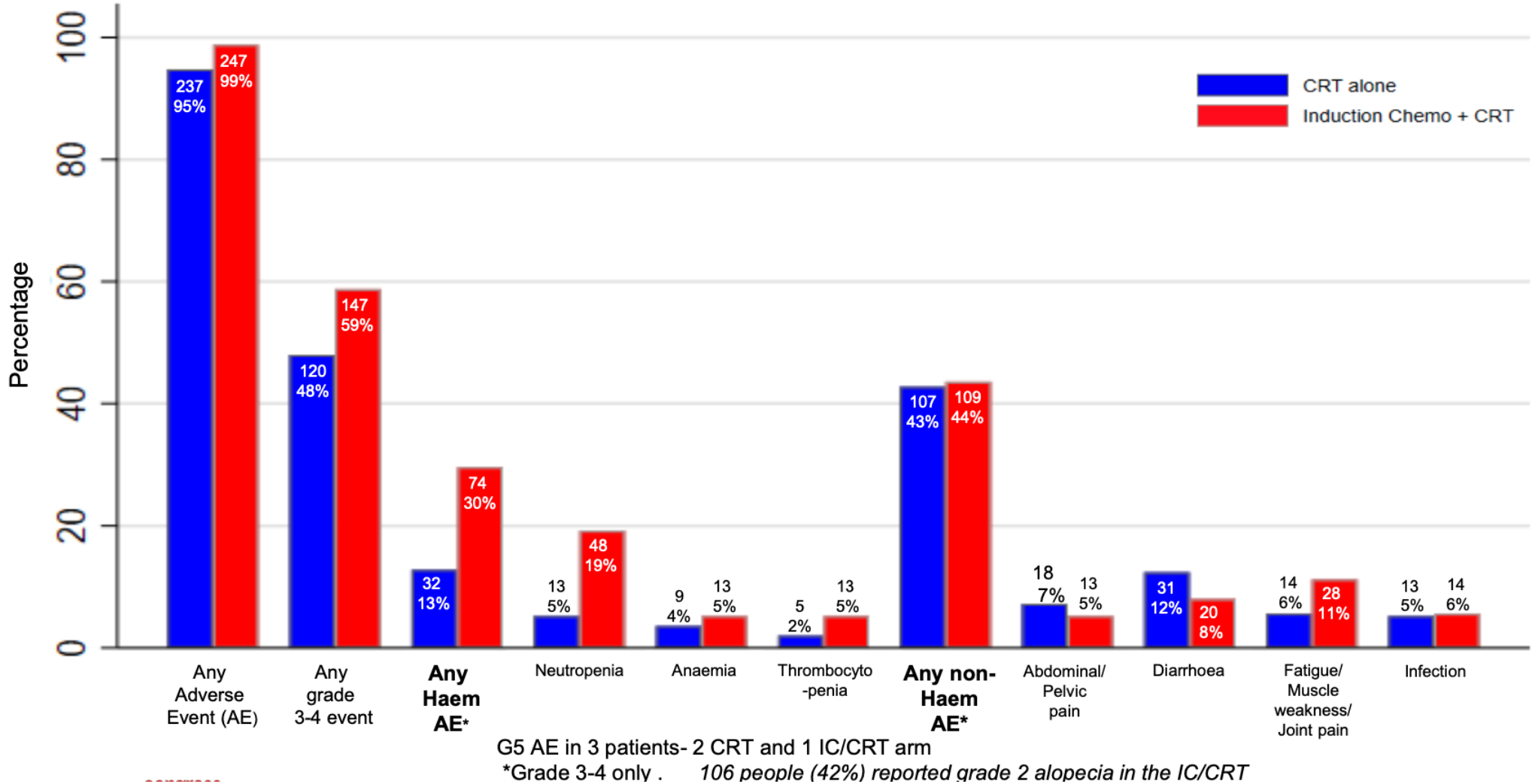
Dose intensité des traitements

Radiothérapie

	CRT alone (n=250)	Induction Chemo + CRT (n=250)
	No. of patients (%)	
Received external beam radiotherapy	**231 (92)**	**242 (97)**
IMRT	93 (40)	102 (42)
3D conformal	138 (60)	140 (58)
Received brachytherapy	**223 (97)**	**238 (98)**
2D point A	49(22)	46 (19)
3D point A	106 (48)	120 (51)
3D HRCTV D90	68 (30)	72 (30)
Median overall treatment time days(range)	**45 (37-88)**	**45 (36-70)**

McCormack et al. ESMO meeting 2023 ; abst LBA8

Effets indésirables



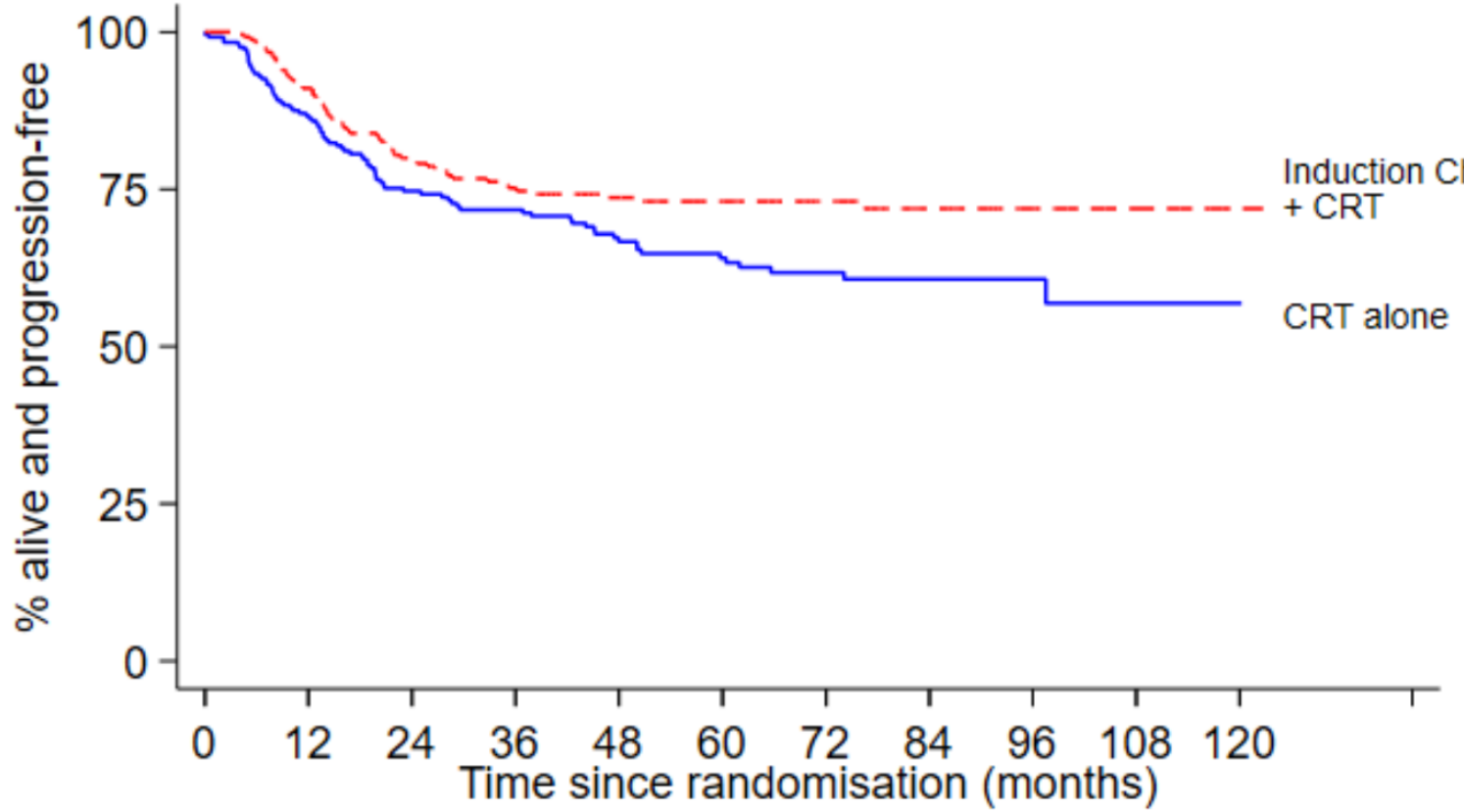
G5 AE in 3 patients- 2 CRT and 1 IC/CRT arm

*Grade 3-4 only . *106 people (42%) reported grade 2 alopecia in the IC/CRT*

McCormack et al. ESMO meeting 2023 ; abst LBA8

Survie sans progression

Recul médian de 64 mois



146 PFS events
HR 0.65;95% CI:0.46 -0.91
P=0.013

	Induction Chemo+ CRT (n=250)	CRT alone (n=250)
3yr PFS	75%	72%
5yr PFS	73%	64%

GCIG GYNECOLOGIC CANCER RESEARCH UK | CANCER TRIALS CENTRE | UCL

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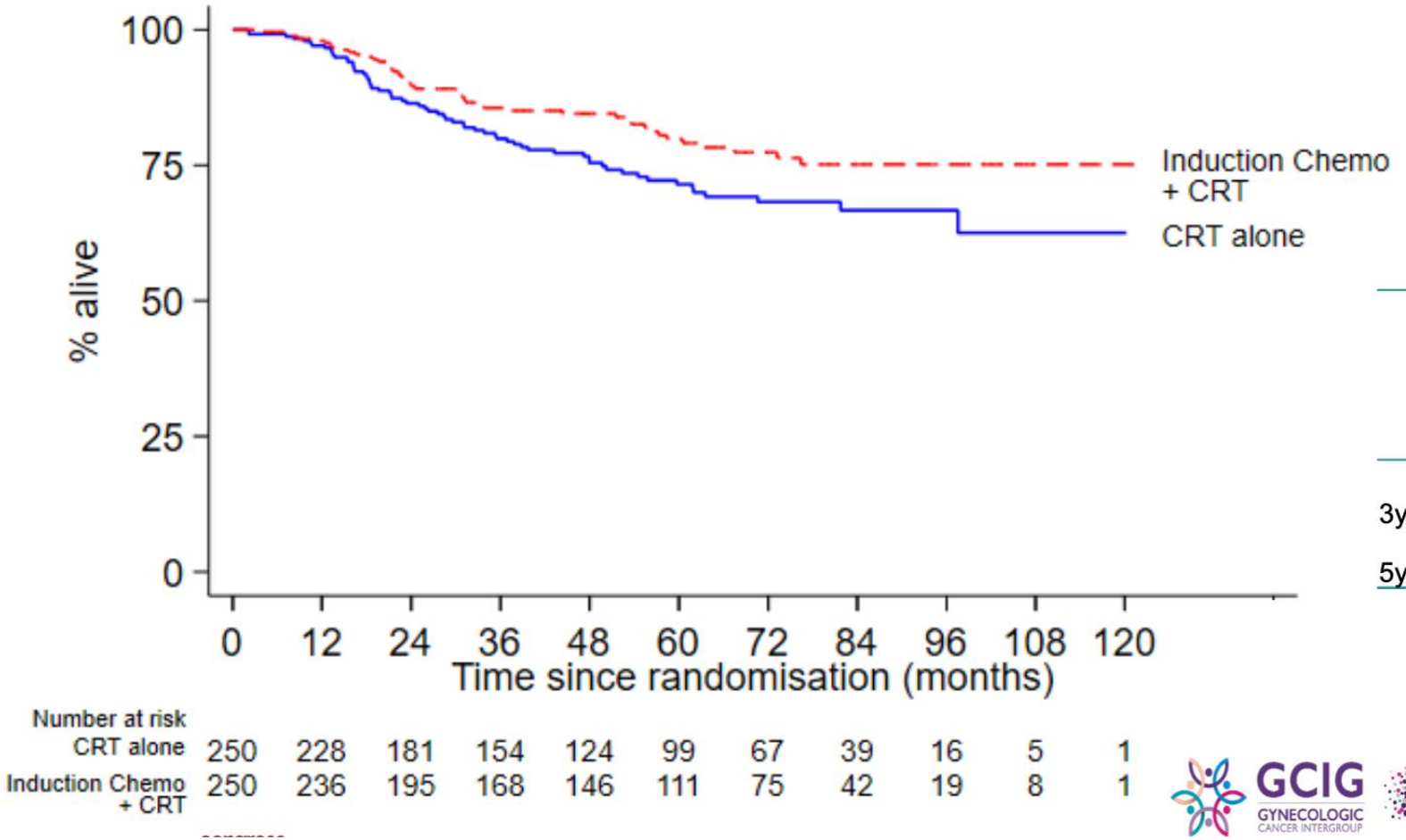
Survie globale

Recul médian de 64 mois



109 deaths
HR 0.61;95% CI: 0.40-0.91
P=0.04

	Induction Chemo + CRT (n=250)	CRT alone (n=250)
3yr OS	86%	80%
5yr OS	80%	72%

McCormack et al. ESMO meeting 2023 ; abst LBA8

Tropisme de récurrence

	CRT alone (n=250)	Induction Chemo + CRT (n=250)
	No. of patients (%)	
Local/pelvic	21 (8)	26 (10)
Local/pelvic & distant	20 (8)	14 (6)
Distant	30 (12)	16 (6)
Total local/pelvic relapses	41 (16)	40 (16)
Total distant relapses	50 (20)	30 (12)

McCormack et al. ESMO meeting 2023 ; abst LBA8

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Pembrolizumab Plus Chemoradiotherapy for High-Risk Locally Advanced Cervical Cancer: The Randomized, Double-Blind, Phase 3 ENGOT-cx11/GOG-3047/KEYNOTE-A18 Study

Domenica Lorusso,[1] Yang Xiang,[2] Kosei Hasegawa,[3] Giovanni Scambia,[4] Manuel Leiva,[5] Pier Ramos-Elias,[6] Alejandro Acevedo,[7] Julia Vizkeleti,[8] Andrea Gomes,[9] Fernando Contreras Mejía,[10] Ari Reiss,[11] Ali Ayhan,[12] Jung-Yun Lee,[13] Valeriya Saevets,[14] Flora Zagouri,[15] Kan Li,[16] Karin Yamada,[16] Sarper Toker,[16] Sandro Pignata,[17*] Linda R. Duska[18*] on behalf of the ENGOT-cx11/GOG-3047/KEYNOTE-A18 investigators

[1]Gynaecology Oncology Unit, Fondazione Policlinico Universitario A Gemelli IRCCS and Catholic University of Sacred Heart, Rome, Italy; [2]Department of Obstetrics and Gynecology, Peking Union Medical College Hospital, National Clinical Research Center for Obstetric & Gynecologic Diseases, Beijing, China; [3]Saitama Medical University International Medical Center, Hidaka, Saitama, Japan; [4]Scientific Directorate, Fondazione Policlinico Universitario Agostino Gemelli IRCCS and Catholic University of the Sacred Heart, Rome, Italy; [5]Instituto de Oncologia y Radioterapia Clinica Ricardo Palma, Lima, Peru; [6]Integra Cancer Institute, Edificio Integra Medical Center, Guatemala City, Guatemala; [7]Oncocentro, Valparaiso, Chile; [8]National Institute of Oncology, Centre of Radiotherapy, Budapest, Hungary; [9]Liga Norte Riograndense Contra o Cancer Rio Grande do Norte, Brazil; [10]Instituto Nacional de Cancerologia, Bogota, Colombia; [11]Rambam Medical Center, Gyneco-oncology Unit, Haifa, Israel; [12]Turkish Society of Gynecologic Oncology (TRSGO), Başkent University, Ankara, Turkiye; [13]Severance Hospital, Yonsei University College of Medicine, Seoul, Republic of Korea; [14]Chelyabinsk Regional Clinical Center Oncology and Nuclear Medicine, Chelyabinsk, Russia; [15]Alexandra Hospital, Athens, Greece; [16]Merck & Co., Inc., Rahway, NJ, USA; [17]Department of Urology and Gynecology, Istituto Nazionale Tumori IRCCS Fondazione G. Pascale, Napoli, Italy; [18]University of Virginia School of Medicine, Charlottesville, VA, USA

*Drs. Pignata and Duska contributed equally to this presentation.

Design de l'étude

Key Eligibility Criteria

- FIGO 2014 stage IB2-IIB (node-positive disease) or FIGO 2014 stage III-IVA (either node-positive or node-negative disease)
- RECIST 1.1 measurable or non-measurable disease
- Treatment naïve

Stratification Factors

- Planned EBRT type (IMRT or VMAT vs non-IMRT or non-VMAT)
- Stage at screening (stage IB2-IIB vs III-IVA)
- Planned total radiotherapy dose (<70 Gy vs ≥70 Gy [EQ2D])

R 1:1

- Cisplatin 40 mg/m^2 QW for 5 cycles[a] + EBRT followed by brachytherapy + Pembrolizumab 200 mg Q3W for 5 cycles
- Pembrolizumab 400 mg Q6W for 15 cycles
- Cisplatin 40 mg/m^2 QW for 5 cycles[a] + EBRT followed by brachytherapy + Placebo Q3W for 5 cycles
- Placebo Q6W for 15 cycles

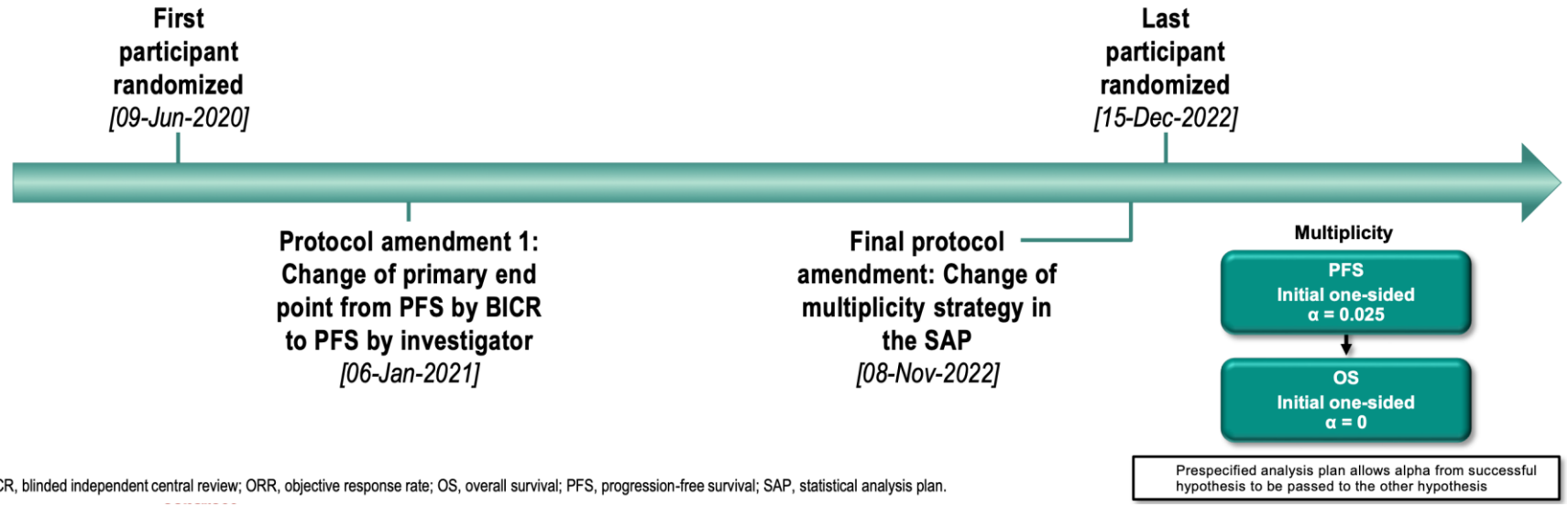
[a]A 6th cycle was allowed per investigator discretion. EBRT, external beam radiotherapy; FIGO, International Federation of Gynecology and Obstetrics; Gy, grays; IMRT, intensity-modulated radiotherapy; Q3W, every 3 weeks; Q6W, every 6 weeks; RECIST, Response Evaluation Criteria in Solid Tumors; VMAT, volumetric-modulated arc therapy. ENGOT-cx11/GOG-3047/KEYNOTE-A18 ClinicalTrials.gov identifier, NCT04221945.

Lorusso et al. ESMO meeting 2023

Schéma statistique

End Points

- Primary: PFS (per RECIST v1.1) by investigator or histopathologic confirmation and OS
- Key secondary: 24-month PFS, ORR, patient-reported outcomes, and safety



BICR, blinded independent central review; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; SAP, statistical analysis plan.

- Première analyse intermédiaire préspécifiée
- Après la fin du recrutement et après la survenue de 237 évènements
- Data cutoff date et data lock: janvier-Février 2023
- Interim analysis 1 database lock: February 17, 2023
- Suivi médian (range) 17.9 mois (0.9-31.0)

Lorusso et al. ESMO meeting 2023

Caractéristiques patientes

	Pembro Arm (N = 529)	Placebo Arm (N = 531)
Age, median (range)	49 y (22-87)	50 y (22-78)
Race[a]		
White	254 (48.0%)	264 (49.7%)
Asian	155 (29.3%)	148 (27.9%)
Multiple	78 (14.7%)	86 (16.2%)
American Indian or Alaska Native	24 (4.5%)	22 (4.1%)
Black or African American	14 (2.6%)	8 (1.5%)
Native Hawaiian or Other Pacific Islander	2 (0.4%)	1 (0.2%)
PD-L1 CPS		
<1	22 (4.2%)	28 (5.3%)
≥1	502 (94.9%)	498 (93.8%)
Missing	5 (0.9%)	5 (0.9%)
ECOG PS 1	149 (28.2%)	134 (25.2%)
Squamous cell carcinoma	433 (81.9%)	451 (84.9%)

	Pembro Arm (N = 529)	Placebo Arm (N = 531)
Stage at screening (FIGO 2014 criteria)		
IB2-IIB	235 (44.4%)	227 (42.7%)
III-IVA	294 (55.6%)	304 (57.3%)
Lymph node involvement[b]		
Positive pelvic only	326 (61.6%)	324 (61.0%)
Positive para-aortic only	14 (2.6%)	10 (1.9%)
Positive pelvic and para-aortic	105 (19.8%)	104 (19.6%)
No positive pelvic or para-aortic	84 (15.9%)	93 (17.5%)
Planned type of EBRT		
IMRT or VMAT	469 (88.7%)	470 (88.5%)
Non-IMRT and non-VMAT	60 (11.3%)	61 (11.5%)
Planned total radiotherapy dose (EQD2)		
<70 Gy	47 (8.9)	46 (8.7)
≥70 Gy	482 (91.1)	485 (91.3)

[a]In each treatment arm, 2 patients (0.4%) had missing information for race. [b]Per protocol, a positive lymph node is defined as ≥1.5 cm shortest dimension by MRI or CT. Data cutoff date: January 9, 2023.

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Exposition aux traitements

	Pembro Arm (N=528)	Placebo Arm (N=530)
Total number of cycles, median (range)		
Pembro or placebo	11 (1-20)	11 (1-20)
Cisplatin[a]	5 (1-7)	5 (1-7)
Radiation therapy, median (range)[a]		
Overall treatment time (days)	52 (12-139)	52 (2-166)
Within 50 days[b], n (%)	184 (35.5%)	194 (37.2%)
Within 56 days, n (%)	386 (74.5%)	390 (74.7%)
Cervix total dose (Gy), median (range)[a]		
Total cervix physical dose	76 (14-94)	76 (3-125)
Total cervix EQD2 dose	87 (14-118)	87 (3-207)

[a]Includes participants who completed concurrent chemoradiotherapy at this interim analysis and had final data review by the vendor (pembro arm N=518; placebo arm N=522). [b]Total radiation therapy (EBRT and brachytherapy) should not exceed 50 days, with extension to a maximum of 56 days for unforeseen delays, as per the study protocol. Data cutoff date: January 9, 2023.

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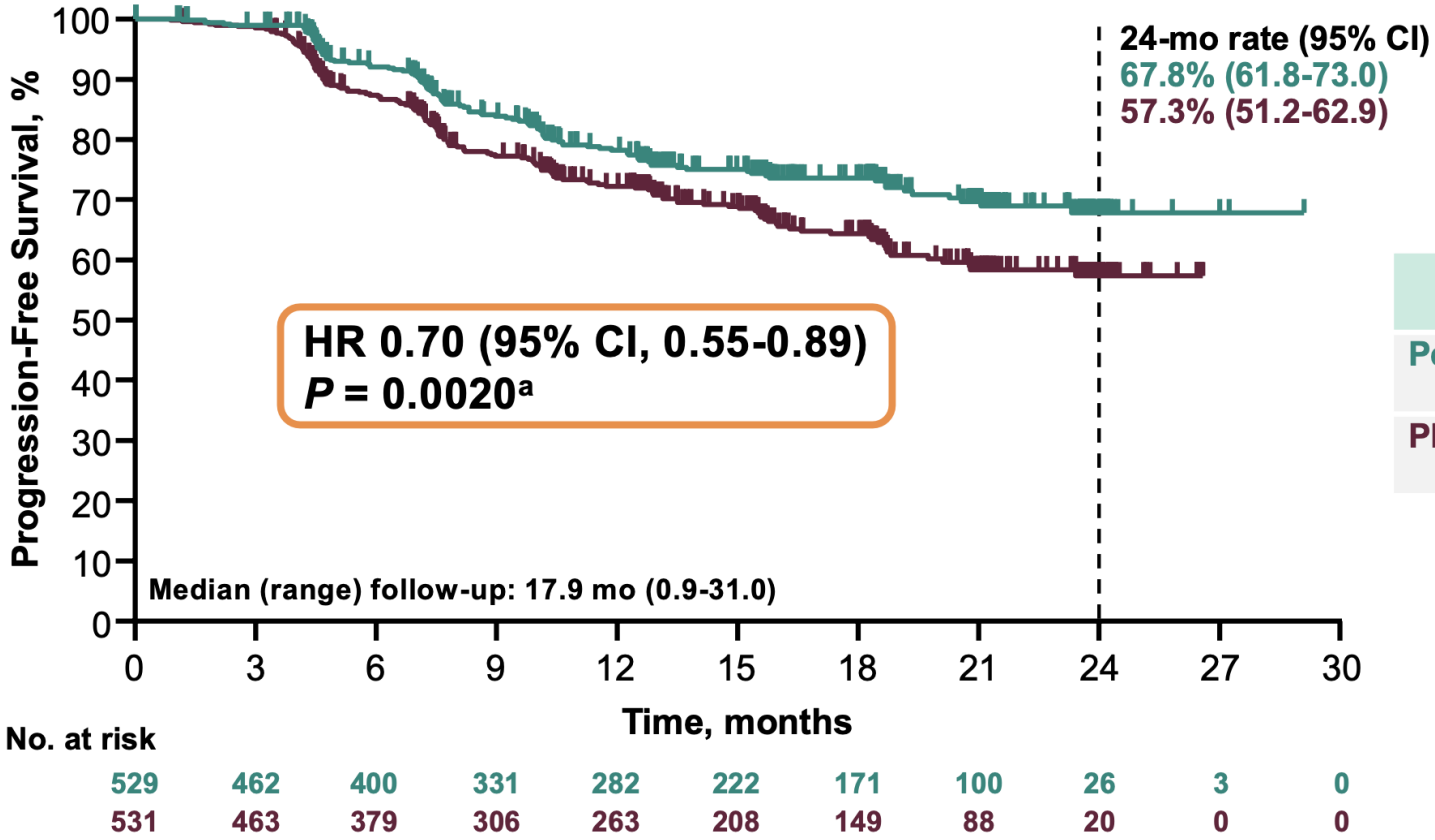
Critère de jugement principal

Survie sans progression



	Pts w/ Event	Median, mo (95% CI)
Pembro Arm	21.7%	NR (NR-NR)
Placebo Arm	29.0%	NR (NR-NR)

Response assessed per RECIST v1.1 by investigator review or histopathologic confirmation. [a]With 269 events (88.5% information fraction), the observed *P* = 0.0020 (1-sided) crossed the prespecified nominal boundary of 0.0172 (1-sided) at this planned first interim analysis. The success criterion of the PFS hypothesis was met, and thus no formal testing of PFS will be performed at a later analysis. Data cutoff date: January 9, 2023.

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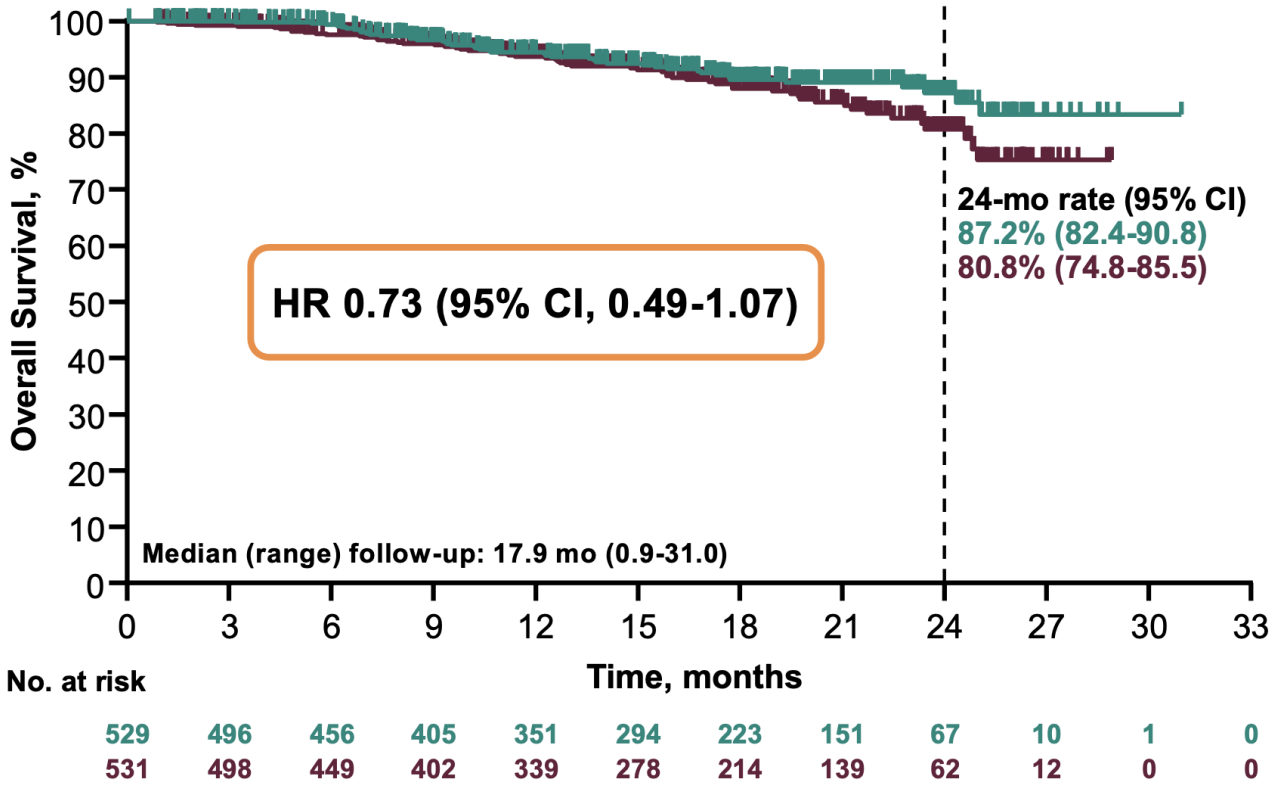
Critère de jugement principal

Survie globale



	Pts w/ Event*	Median, mo (95% CI)
Pembro Arm	8.3%	NR (NR-NR)
Placebo Arm	11.1%	NR (NR-NR)

*42.9% information fraction[a]

[a]At this analysis, 103 of the 240 deaths expected at the final analysis had occurred.
Data cutoff date: January 9, 2023.

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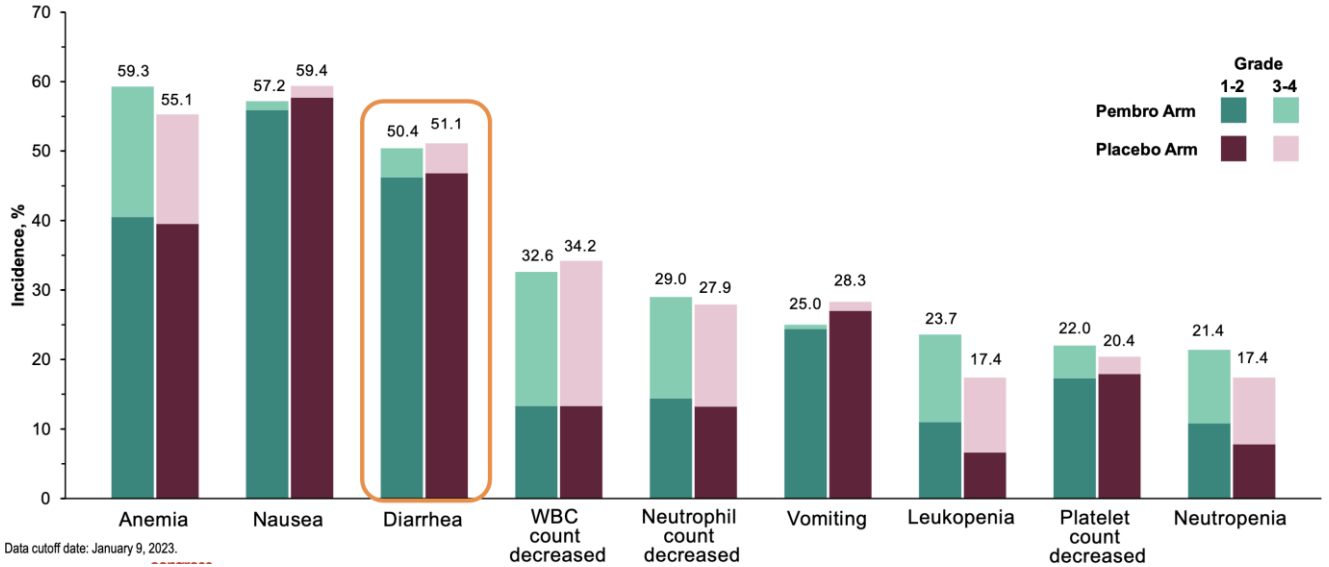
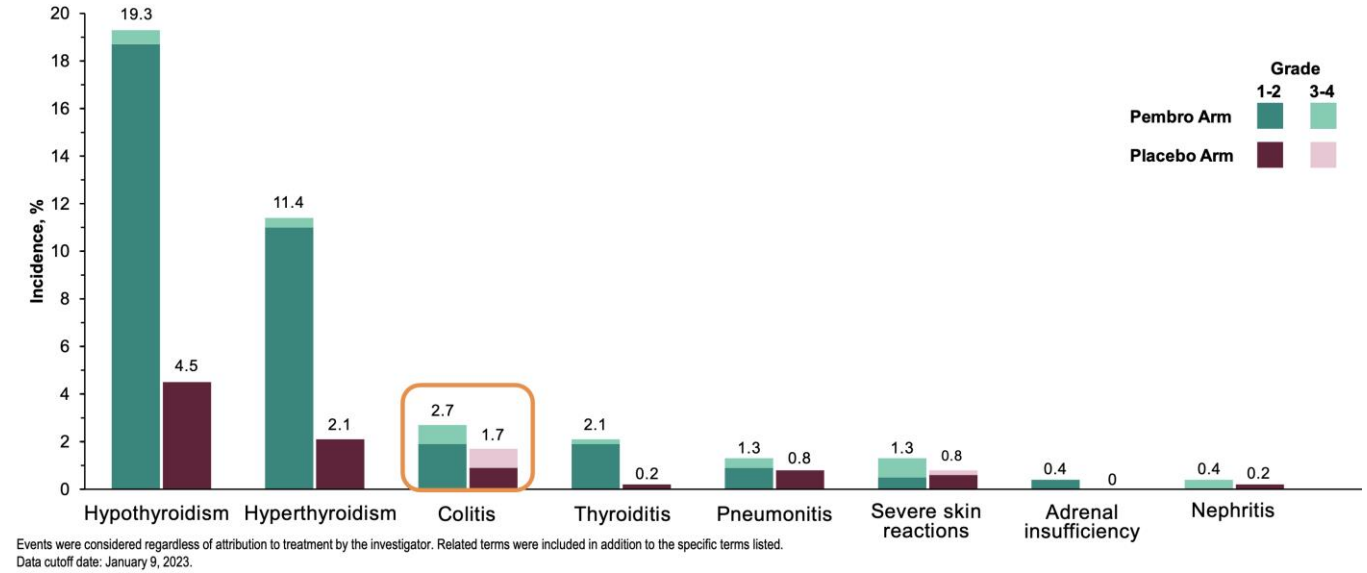
Effets indésirables

Liés au traitement, >20%



Immunomédiés, >20%



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Conclusion

Etude INTERLACE

Points forts

- étude de phase 3 positive
- recherche académique
- Traitement accessible dans certains pays

Limites

- plan de radiothérapie? dose intensité respecté ?
- toxicités supplémentaires pour les patientes
- traitement pour toutes les patientes? ou pour les FIGO2018 stade III (N+)-IVA?

Perspectives

- stratégie future chimiothérapie-immunothérapie néoadjuvante?

Etude KEYNOTE-A18

Points forts

- Etude de phase 3 randomisée contre placebo
- Rationnel biologique IO/HPV
- Efficacité des anti-PD-(L)1 en situation avancée
  - KN-826, BEAT-CC, EMPOWER cervical-1
- profil de toxicité acceptable

Limites

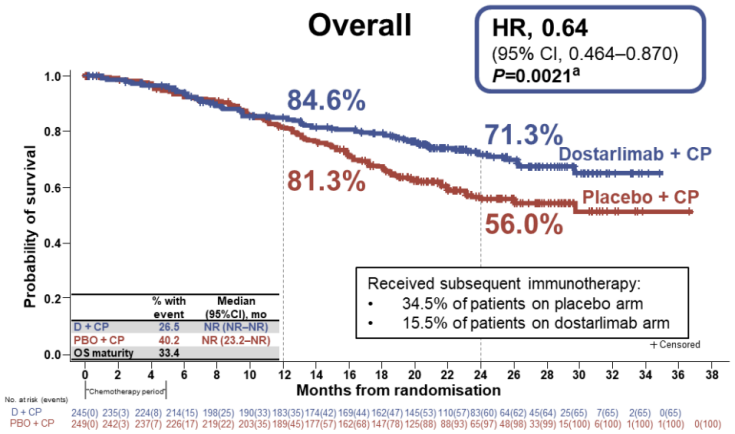
- données non matures en OS
- traitement onéreux, accès limité dans certains pays?

Perspectives

- Maturité des résultats : bénéfice de certains sous-groupes?
- Résultats autres essais (ex CALLA négatif)
- Autres essais de combinaison d'IO?

En bref : accès précoce au dostarlimab

En association à la chimiothérapie de première ligne métastatique des carcinomes endométriaux

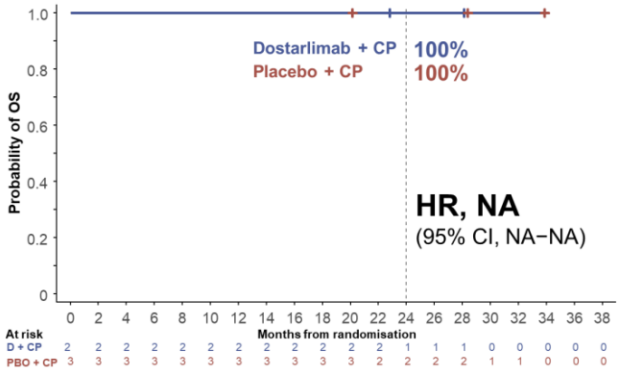


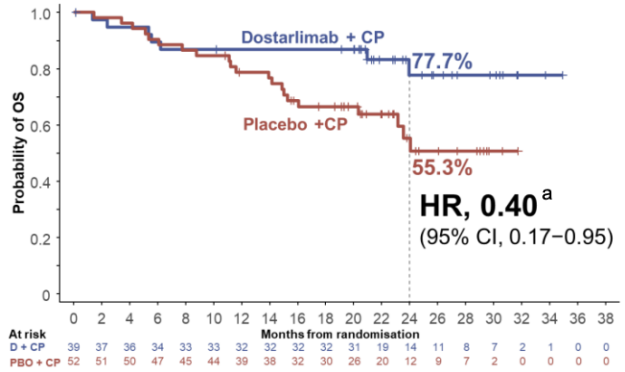
Median duration of follow-up: 25.4 mo

Accès précoce depuis le 23 octobre dernier!
Poursuite du recrutement dans DOMENICA si dMMR

Based on 400/494 patients with known molecular classification per whole exome sequencing

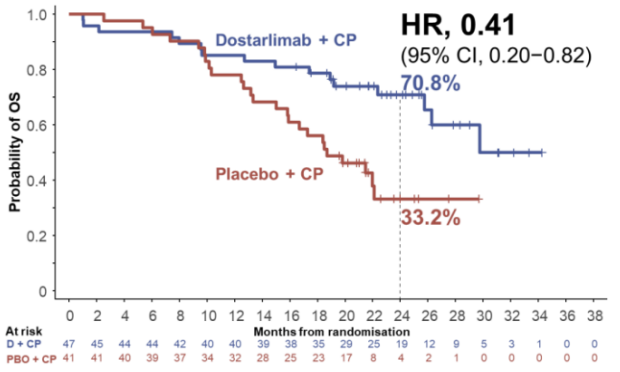
POLε mut

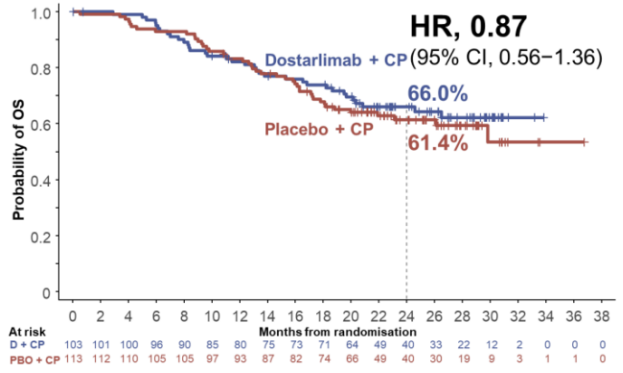




dMMR/MSI-H

TP53 mut





NSMP

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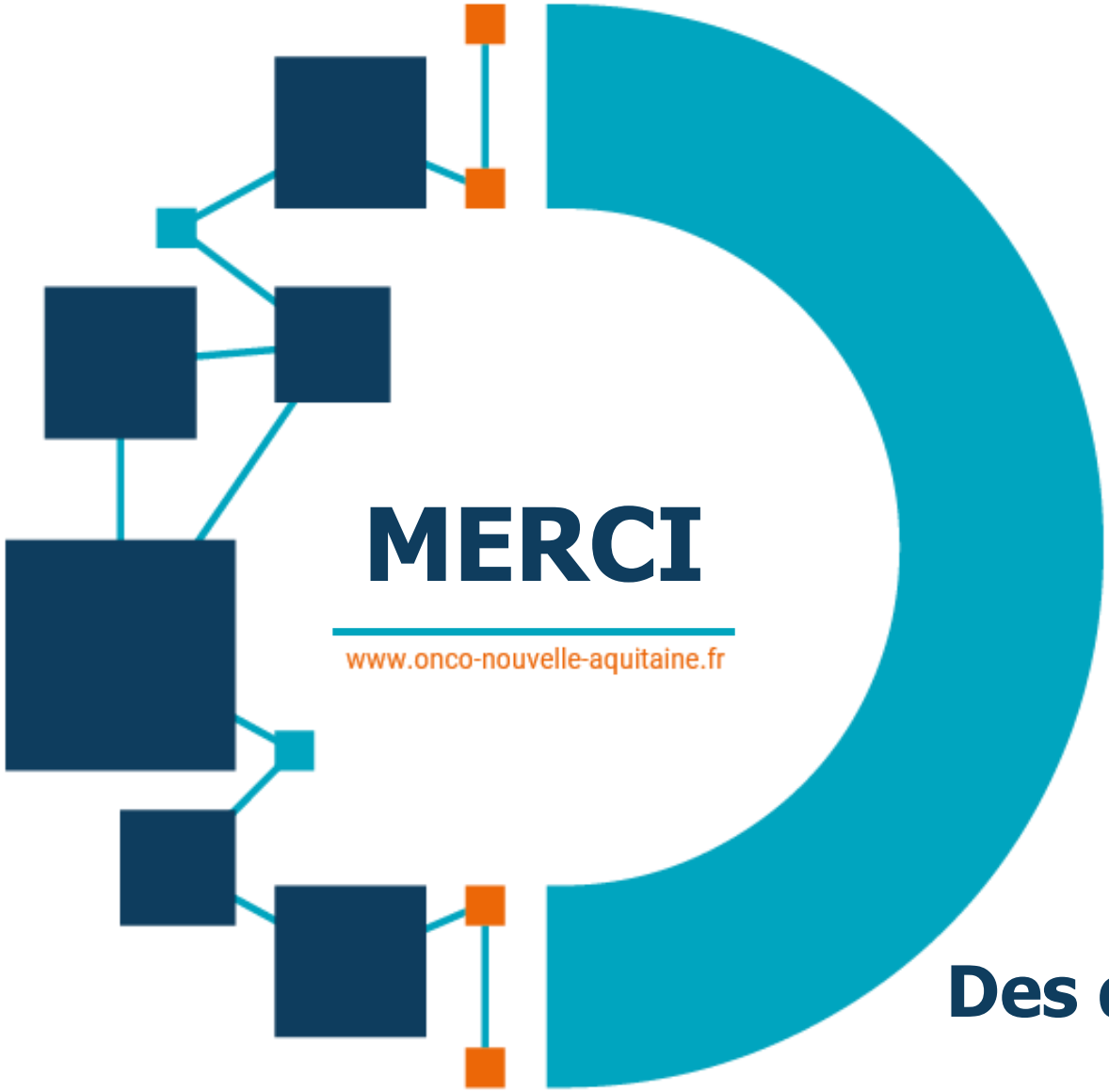

Des questions?

c.lebreton@bordeaux.unicancer.fr