Gynécologie

10/10/2024

Poitiers

Justine Bonnemort

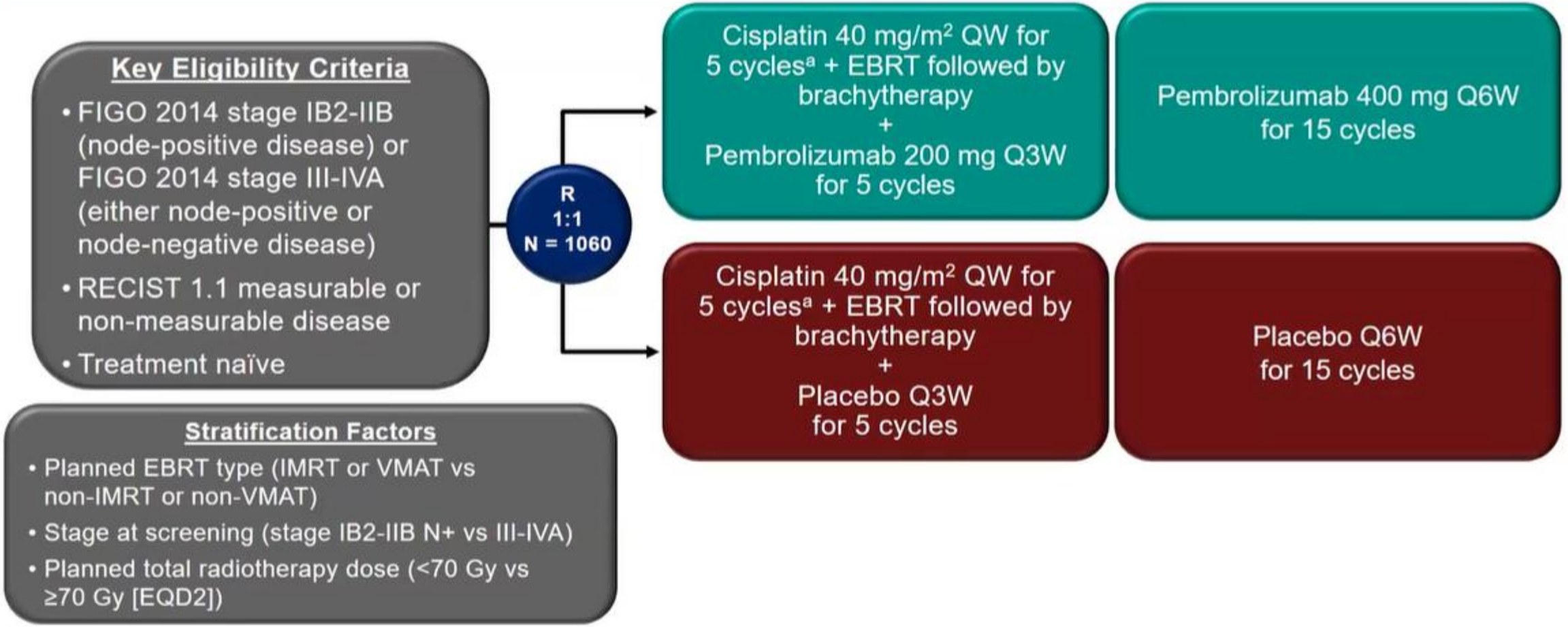
1er post ESMO Nouvelle-Aquitaine 2024

Liens d’intérêts

- Novartis, Astra Zeneca, Daiichy Sankyo

Cancer du col de l'utérus

KEYNOTE–A18: radio-chimiothérapie +/- immunothérapie: plénière!



Domenica Lorusso et al., abs#709O, ESMO 2024

Cancer du col de l'utérus

KEYNOTE–A18: radio-chimiothérapie +/- immunothérapie: plénière!

Baseline Characteristics

	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	156 (29.5%)	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%)	133 (25.0%)
Squamous cell carcinoma	434 (82.0%)	451 (84.9%)

134	Pembro Arm (N = 529)	Placebo Arm (N = 531)
Stage at screening (FIGO 2014 criteria)		
IB2-IIB	233 (44.0%)	226 (42.6%)
III-IVA	296 (56.0%)	305 (57.4%)
Lymph node involvement[b]		
Positive pelvic only	327 (62.2%)	324 (61.0%)
Positive para-aortic only	14 (2.6%)	10 (1.9%)
Positive pelvic and para-aortic	104 (19.7%)	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)

Domenica Lorusso et al., abs#709O, ESMO 2024

Cancer du col de l'utérus

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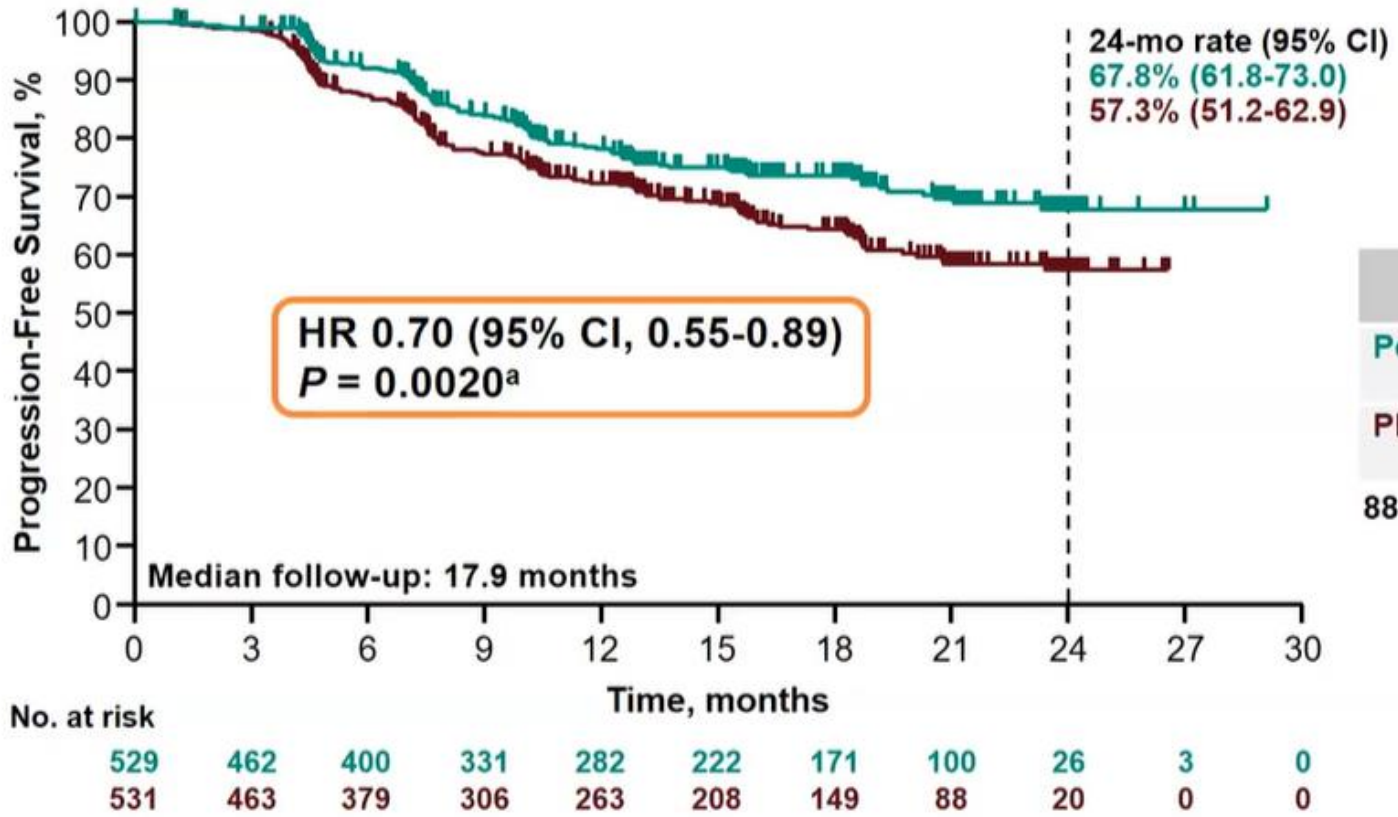
Progression-Free Survival at IA1



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

88.5% information fraction[a]

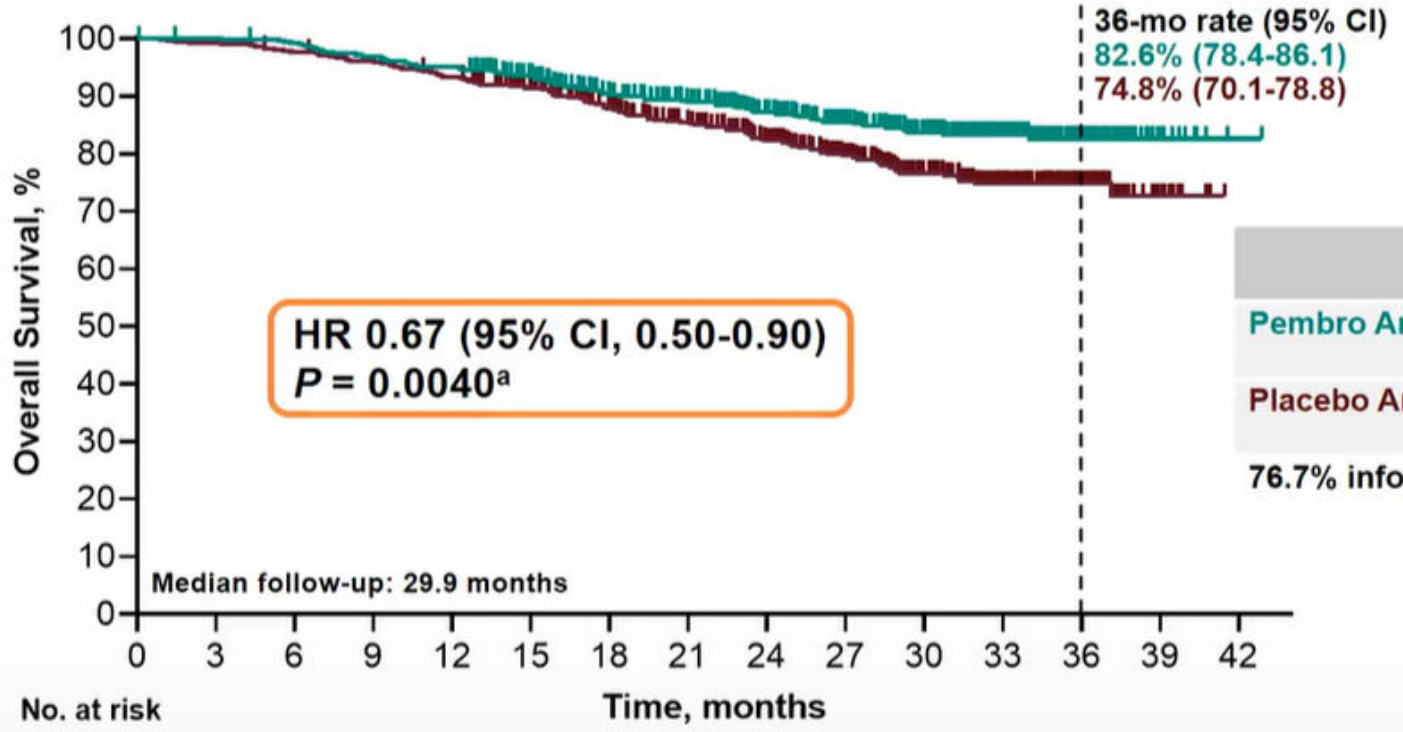
Response assessed per RECIST v1.1 by investigator review or histopathologic confirmation. [a]With 269 events (88.5% information fraction), the observed *P* = 0.0020 (1-sided) crossed the prespecified nominal boundary of 0.0172 (1-sided) at this planned first interim analysis. The success criterion of 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.

Domenica Lorusso et al., abs#709O, ESMO 2024

Cancer du col de l'utérus

KEYNOTE–A18: radio-chimiothérapie +/- immunothérapie: plénière!

Primary Endpoint: Overall Survival at IA2



	Pts w/ Event	Median, mo (95% CI)
Pembro Arm	14.2%	NR (NR-NR)
Placebo Arm	20.5%	NR (NR-NR)

76.7% information fraction[a]

[a]With 184 of the 240 deaths expected at the final analysis (76.7% information fraction), the observed *P* = 0.0040 (1-sided) crossed the prespecified nominal boundary of 0·01026 (1-sided) at this planned second interim analysis. At this time, 66 patients had received immunotherapy as post-progression treatment, including 15/138 patients (10.9%) in the pembro arm and 51/193 patients (26.4%) in the placebo arm; of those, 10 (7.2%) and 41 (21.2%), respectively, had received pembro. Data cutoff date: January 8, 2024.

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Cancer de l'endomètre

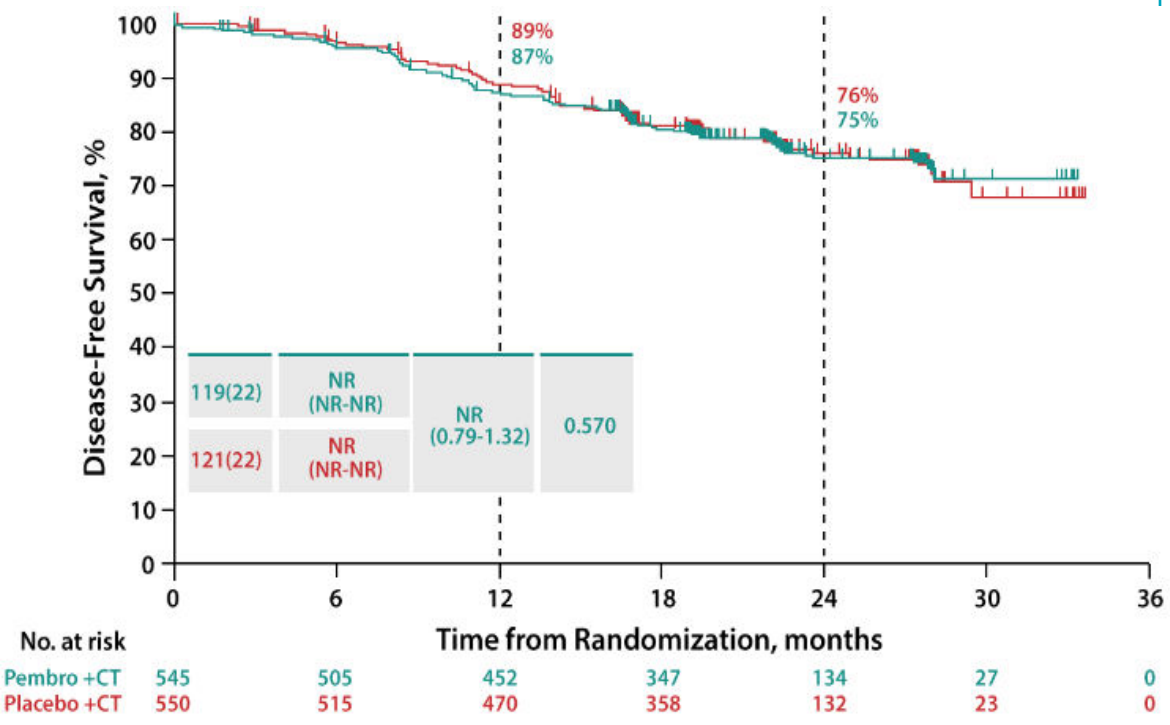
KEYNOTE-B21: Pembrolizumab adjuvant : étude négative mais résultats positifs!

Toon Van Gorp et al. ESMO 2024 Abstract LBA28

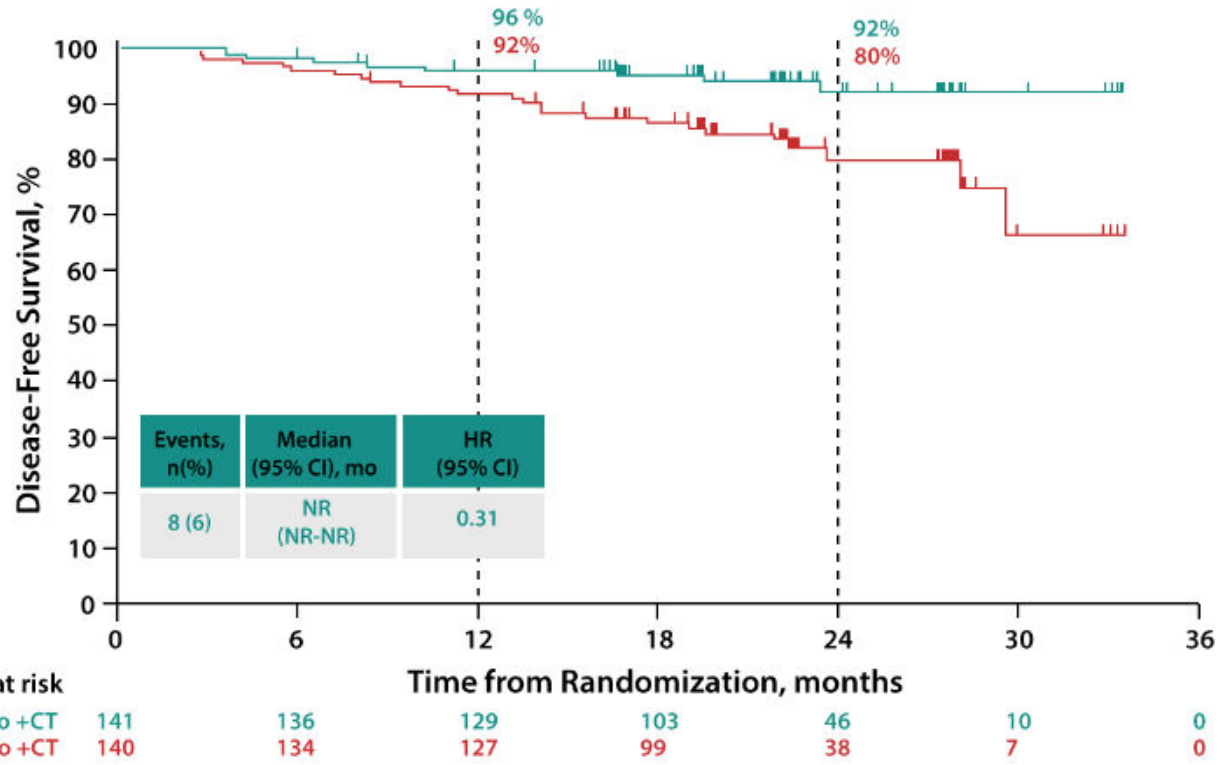
Cancer de l'endomètre

KEYNOTE-B21: Pembrolizumab adjuvant : étude négative mais résultats positifs!

Population en ITT



dMMR/MSI

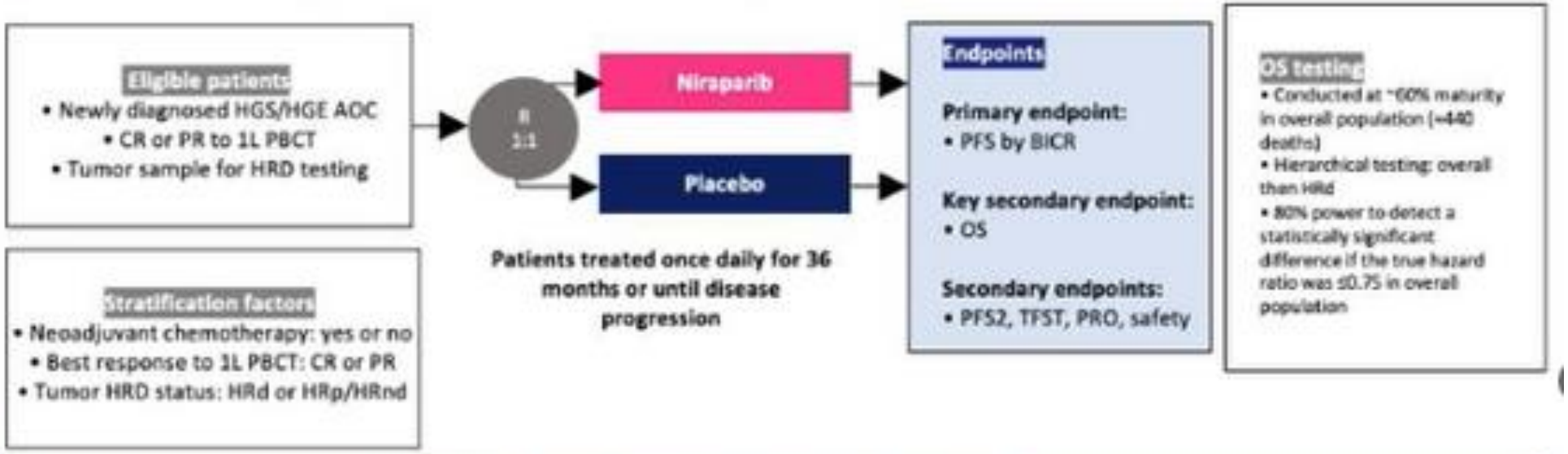


Toon Van Gorp et al. ESMO 2024 Abstract LBA28

Cancer de l'ovaire

PRIMA : la déception en survie globale !

PRIMA/ENGOT-OV26/GOG-3012

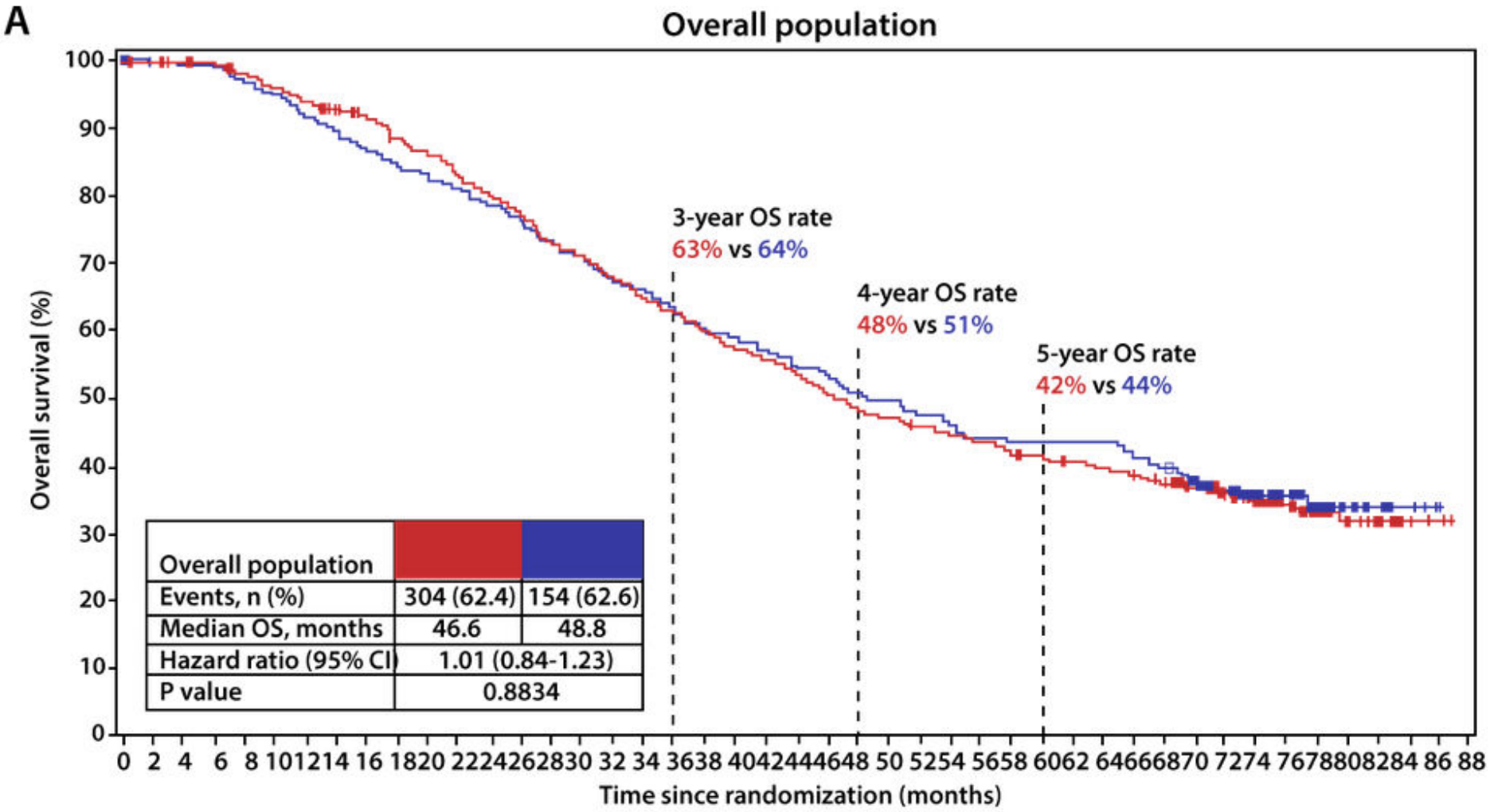


Key risk characteristics of PRIMA population		
Disease stage	**Residual disease**	**Tumor HRD/BRCA status**
35.1% stage IV disease at diagnosis	**>99%** stage III disease at diagnosis with residual primary debulking surgery	**50.9%** HRd
Initial treatment		**30.4%** HRd/*BRCA*m
66.7% received neoadjuvant chemotherapy	**47.5%** postoperative visible residual disease	**34.0%** HRp
30.6% achieved partial response to 1L PBCT		

Gonzalez-Martin et al., abs #LBA29, ESMO 2024

Cancer de l'ovaire

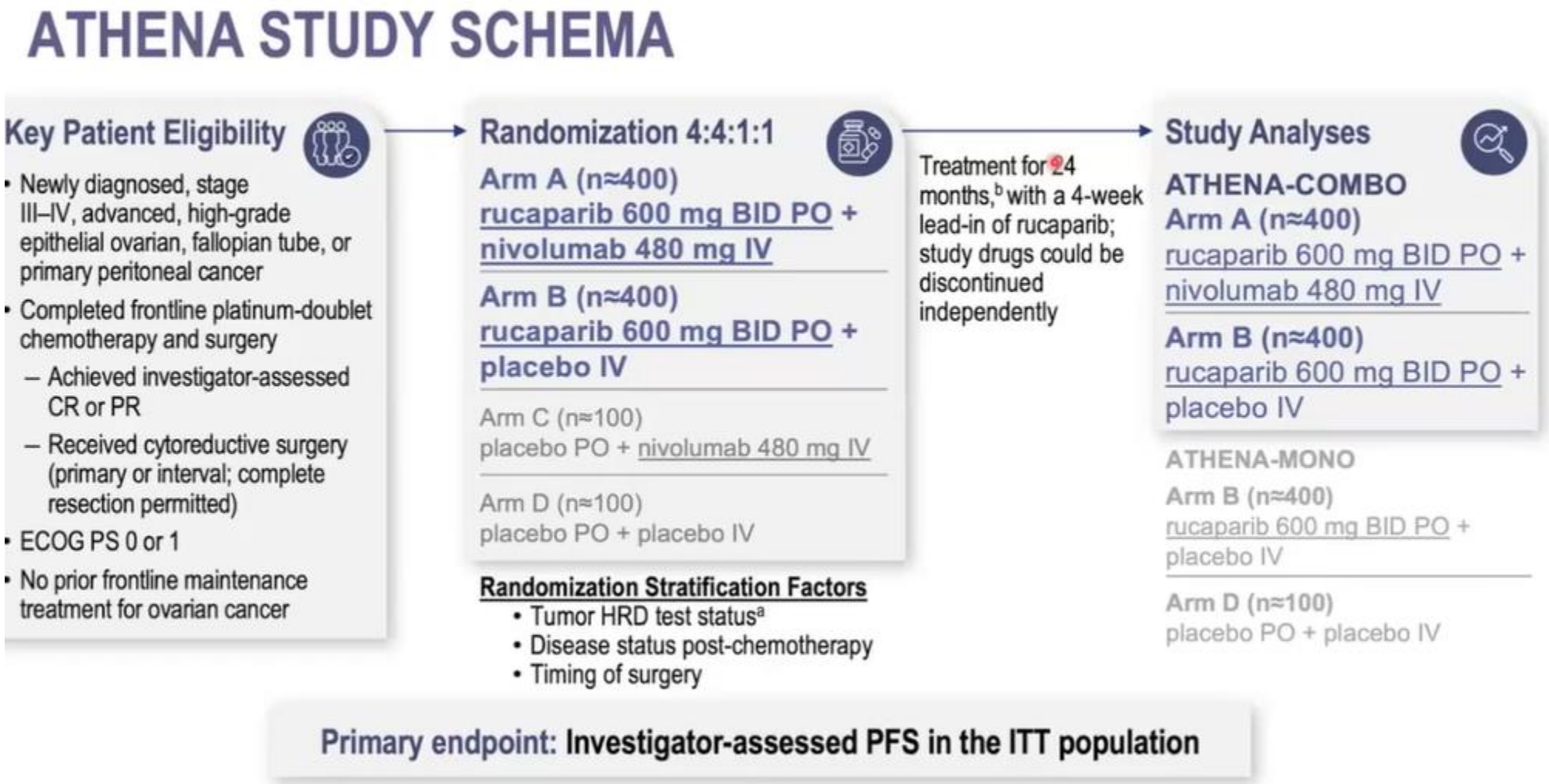
PRIMA : la déception en survie globale !



Gonzalez-Martin et al., abs #LBA29, ESMO 2024

Cancer de l'ovaire

ATHENA-COMBO : nouvel échec de l'immunothérapie



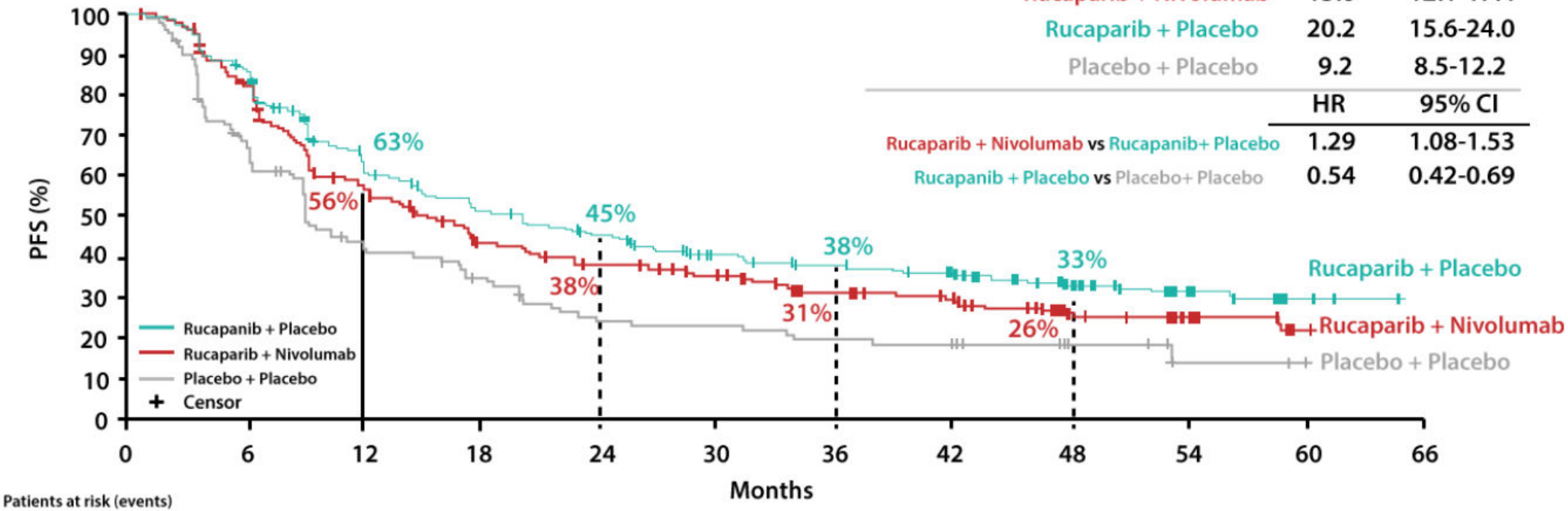
Monk et al Proc ESMO 2024

Cancer de l'ovaire

ATHENA-COMBO : nouvel échec de l'immunothérapie

ATHENA-COMBO: INVESTIGATOR-ASSESSED PFS (ITT)

	Median	95+ CI
Rucaparib + Nivolumab	15.0	12.1-17.4
Rucaparib + Placebo	20.2	15.6-24.0
Placebo + Placebo	9.2	8.5-12.2
	HR	**95% CI**
Rucaparib + Nivolumab vs Rucapanib+ Placebo	1.29	1.08-1.53
Rucapanib + Placebo vs Placebo+ Placebo	0.54	0.42-0.69



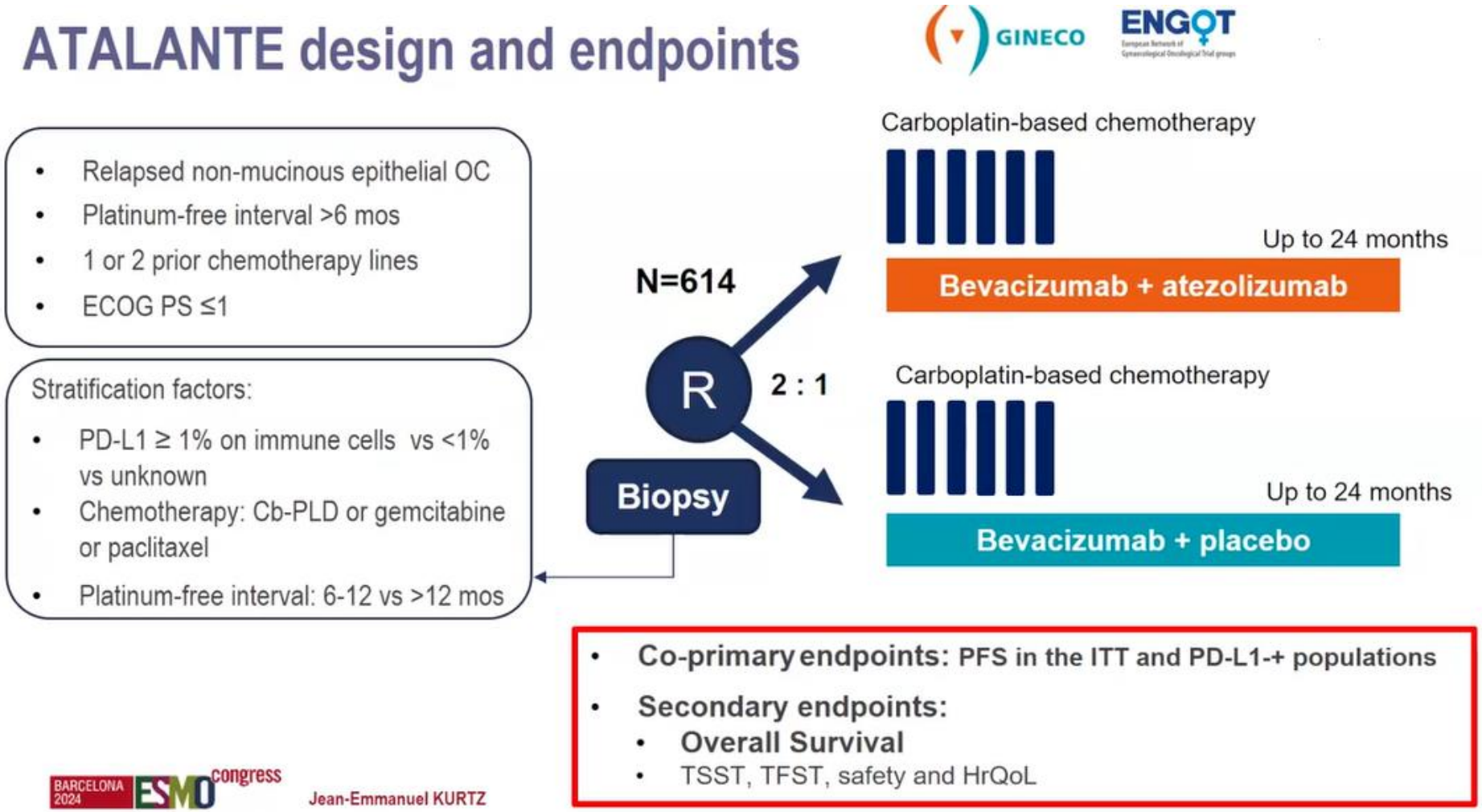
Patients at risk (events)

Ruca+Nivo	436(0)	333(69)	218(174)	159(224)	136(244)	122(253)	98(267)	87(272)	44(280)	14(282)	1(283)	0(283)
Ruca+Plac	427(0)	352(57)	246(149)	197(193)	166(218)	136(234)	123(243)	113(249)	68(258)	24(260)	4(261)	0(261)
Plac+Plac	111(0)	73(34)	43(61)	33(69)	23(78)	21(80)	17(83)	16(84)	8(84)	2(85)	1(85)	0(85)

Monk et al Proc ESMO 2024

Cancer de l'ovaire

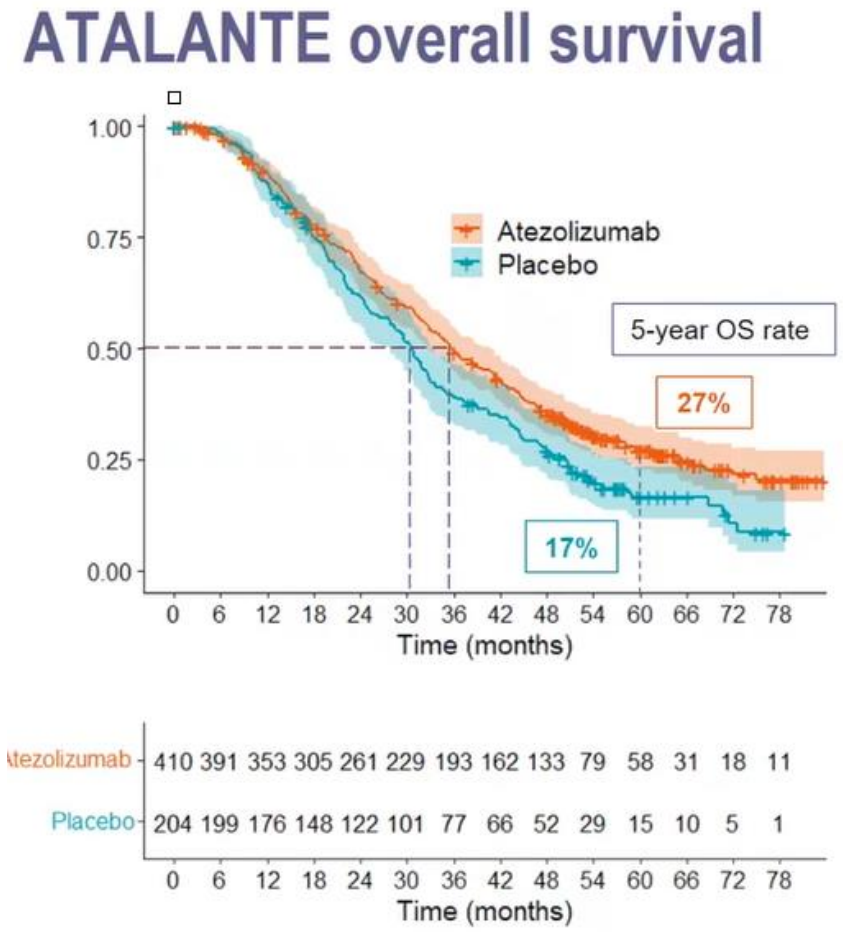
ATALANTE : résultats finaux en OS



Kurtz et al. ESMO 2024 Abstract 712MO

Cancer de l'ovaire

ATALANTE : résultats finaux en OS



- **Median OS* was:**
  - **35.75 months** (32.89- 41.00) in the atezolizumab arm
  - **30.62 months** (27.79- 33.15) in the placebo arm
- The estimated **probability of OS at 60 months** was:
  - **27%** (CI 95% 23%-32%) in the Atezolizumab arm
  - **17%** (CI95% 12%-23%) in the placebo arm.

* No formal comparison due to the hierarchical statistical plan

Kurtz et al. ESMO 2024 712MO

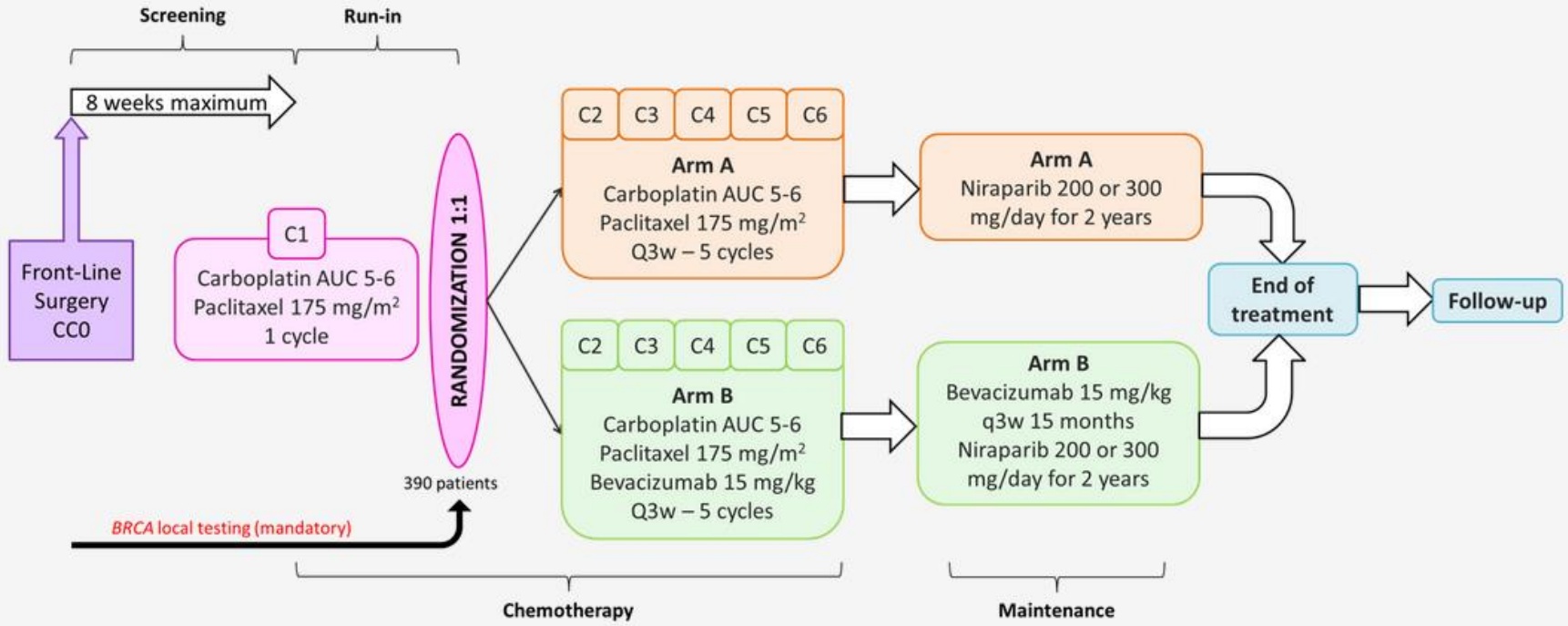
Cancer de l'ovaire

Comment choisir la maintenance? Bevacizumab, iPARP? NIRVANA

- Stage IIIA/B/C
- High-grade non-mucinous and non-clear cell epithelial ovarian, fallopian tube or primary peritoneal carcinoma
- Complete cytoreduction
- BRCA status mandatory
- PS 0/1

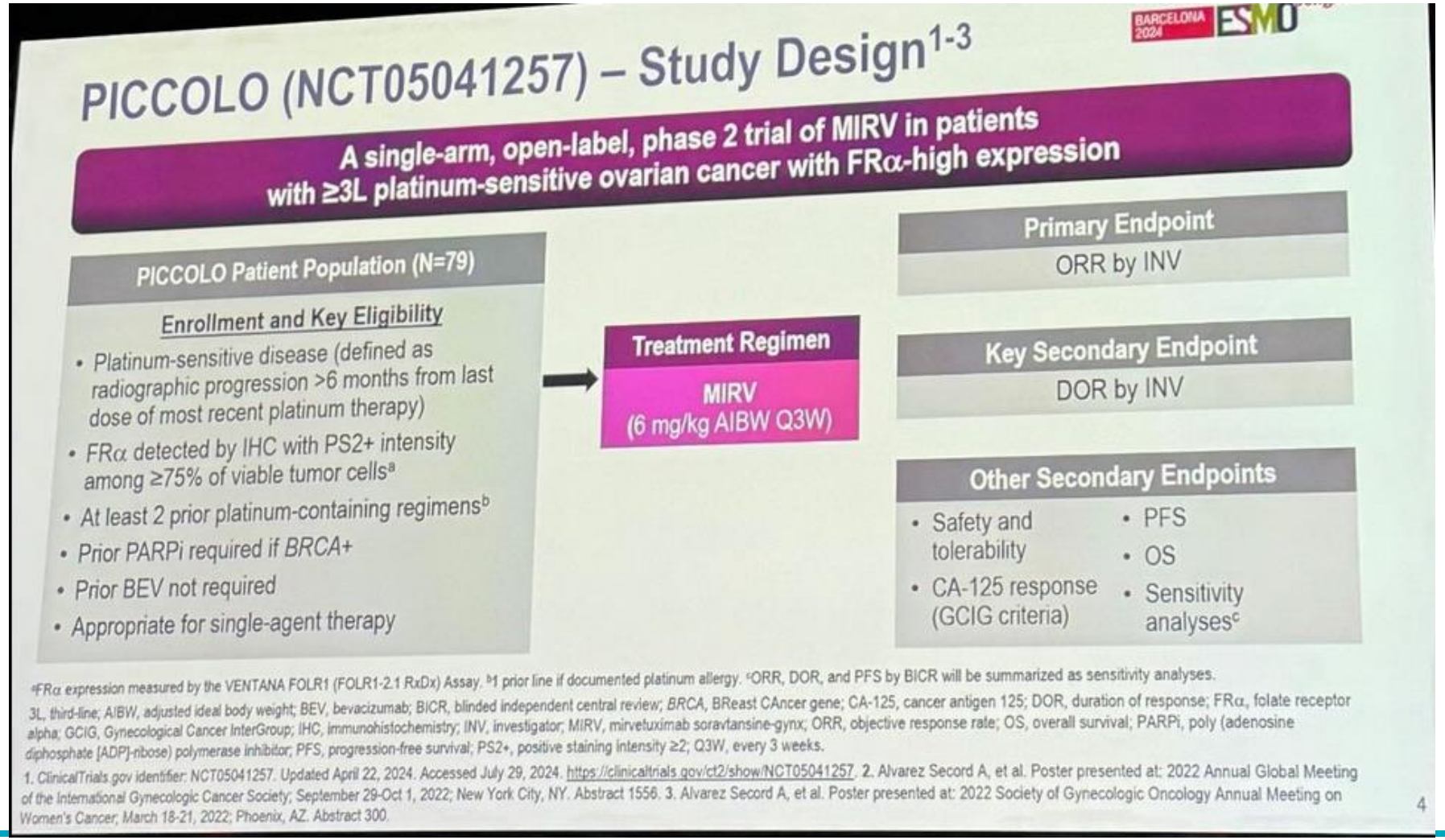
STRATIFICATION

- BRCA status (local assessment)
- FIGO stage at diagnosis (IIIA versus IIIB/IIIC).
- Previous hyperthermic intraperitoneal chemotherapy (yes/no).



Cancer de l'ovaire

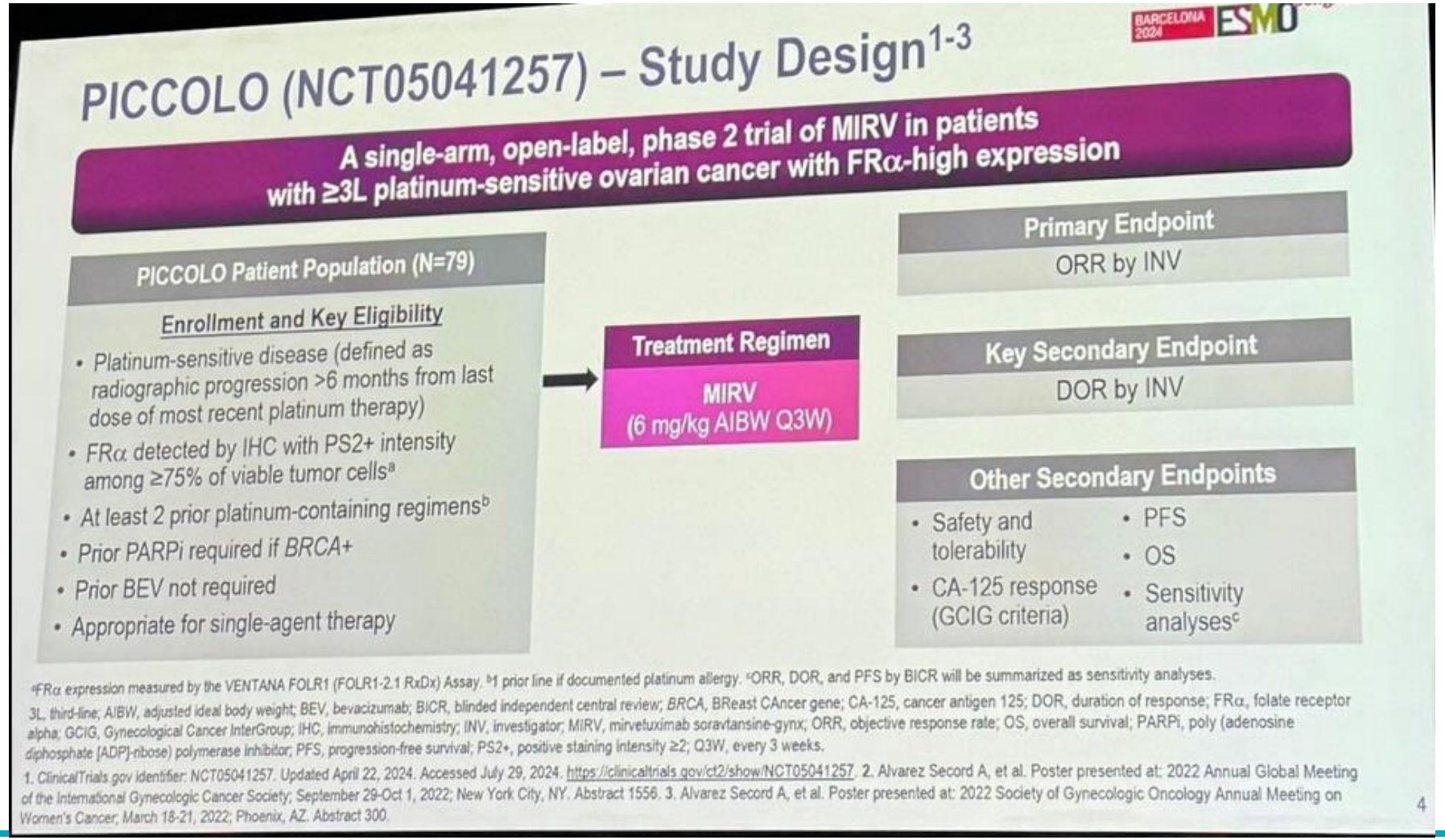
Les ADC: le mirvetuximab soravtansine (MIRV), essai PICCOLO



A.A Secord et al. ESMO 2024 Abstract 718MO

Cancer de l'ovaire

Les ADC: le mirvetuximab soravtansine (MIRV), essai PICCOLO



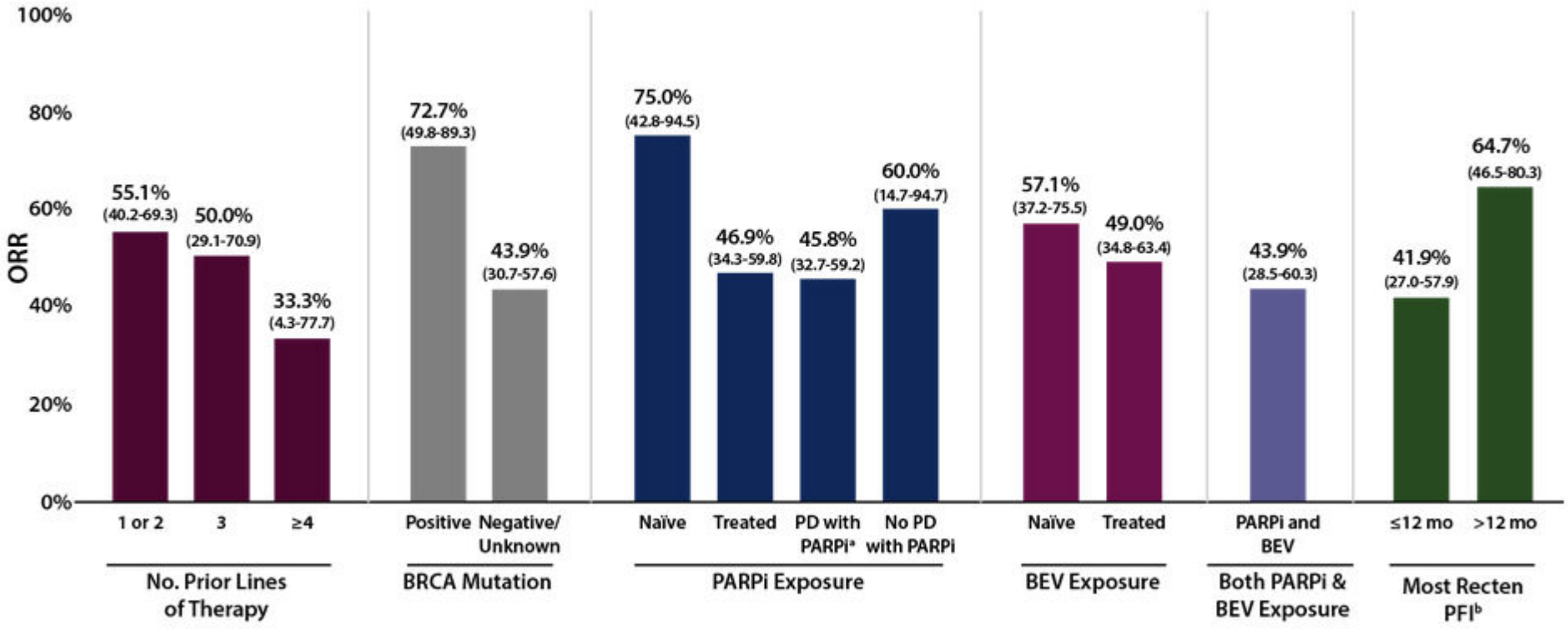
A.A Secord et al. ESMO 2024 Abstract 718MO

Cancer de l'ovaire

Les ADC: le mirvetuximab soravtansine (MIRV), essai PICCOLO

ORR by Subgroups

Total population ORR: 51.9% (95% CI, 40.4-63.3)



Data cutoff: January 17, 2024 ORR presented with 95% CI

[a]If the participant had progression of disease when 30 days after the last dosing of a PARPi or progression was isted as the reason for treatment discontinuation of a PARPi, the participant was defined as having progressive disease on prior PARPi and was included in this category. [b]Platinum-free interval is defined as time from last dose of the latest line platinum therapy to the date of disease progression and/or relapse following that line of therapy (time rounded to whole number).

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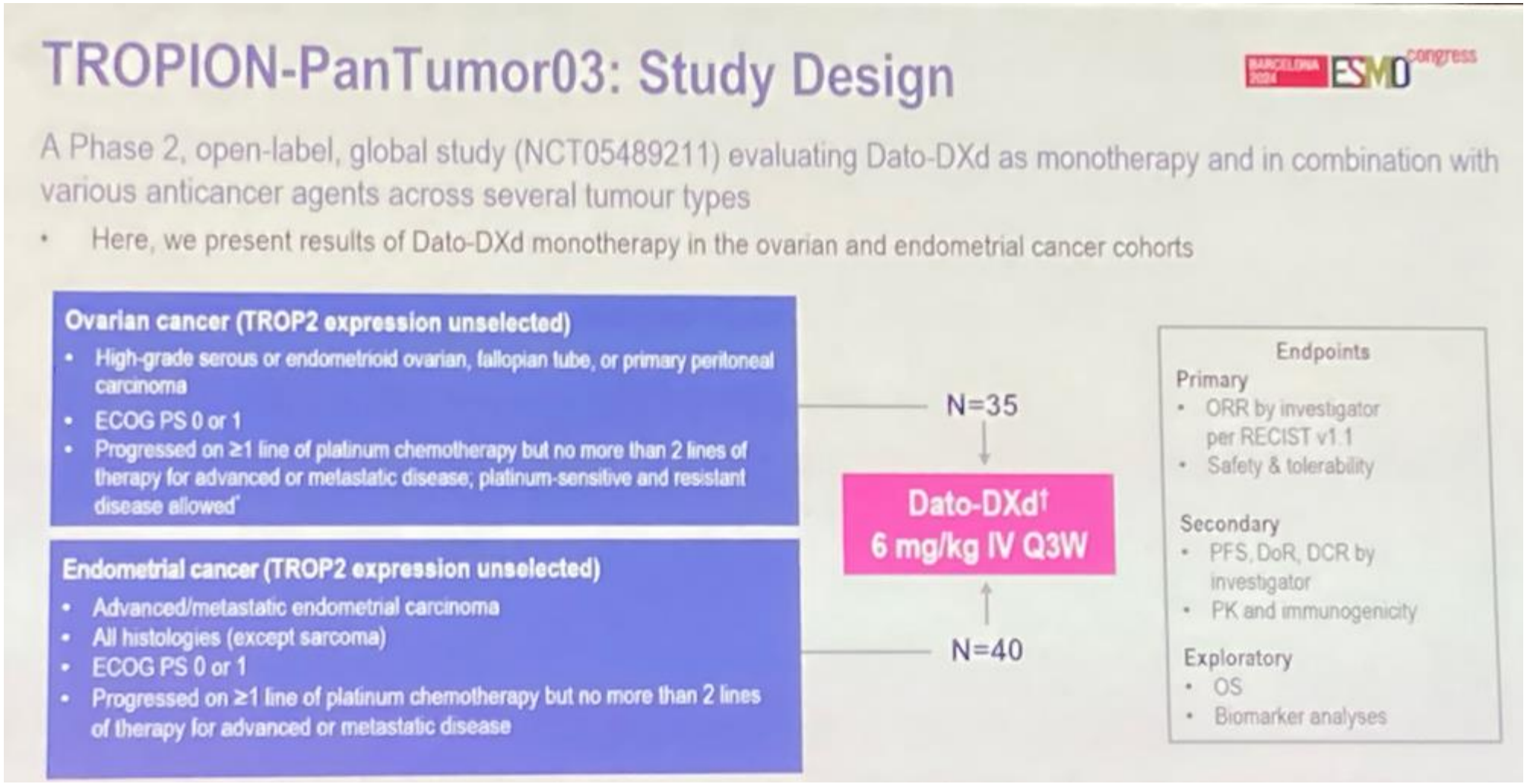
Endomètre et ovaire

Les ADC: le Datopotamab-Deruxtecan (D-Dxd), essai TROPION Pan-Tumor03

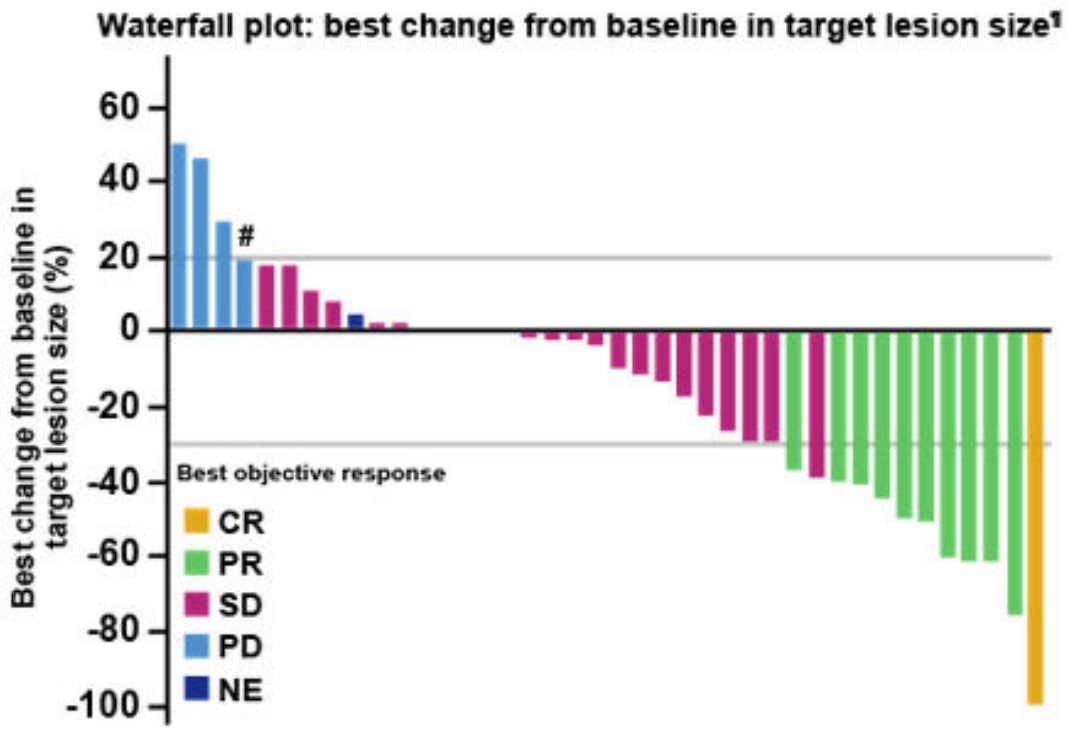


Ana Oaknin et al. ESMO 2024

Endomètre et ovaire

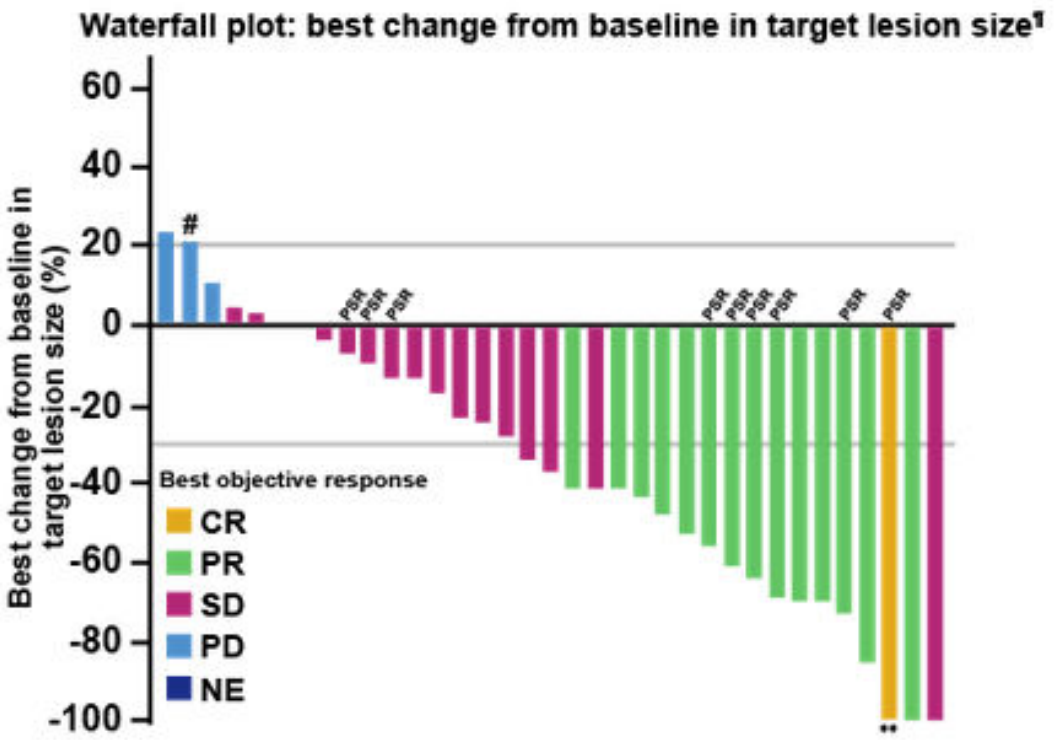
Les ADC: le Datopotamab-Deruxtecan (D-Dxd), essai TROPION Pan-Tumor03

Endomètre



SSP: 6,3mois (IC 95 % : 2.8–non encore atteinte)

Ovaire

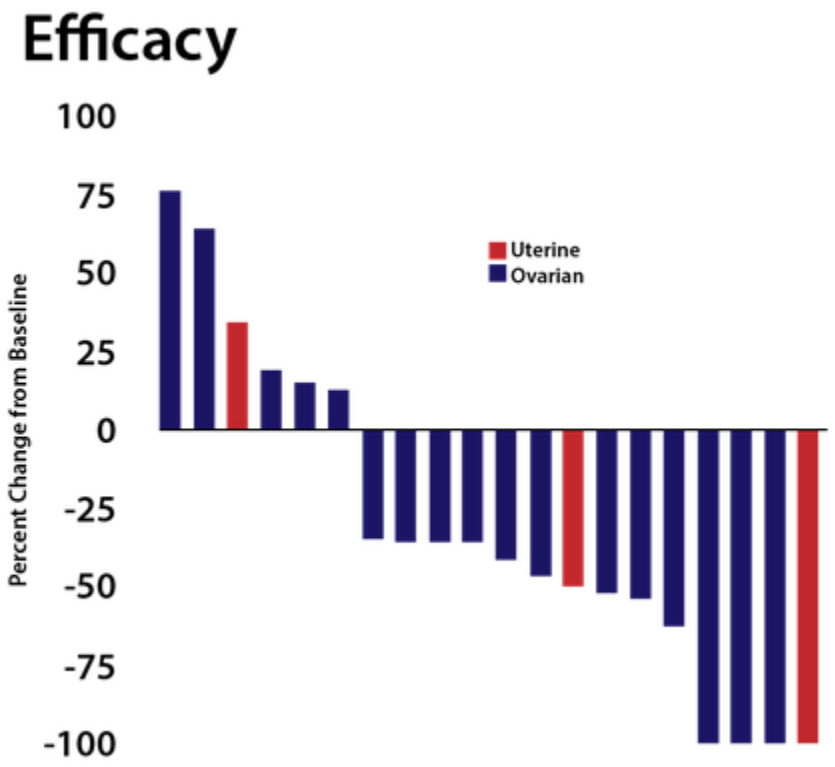


SSP: 5,8mois (IC 95 % : 4,1–7,1)

Ana Oaknin et al. ESMO 2024

Endomètre et ovaire, cellules claires

Immunothérapie prometteuse! Phase II MoST-CIRCUIT, NIVO-IPI



Response	Total N=26[1]	Ovarian N=22	Uterine N=4
Objective response rate % (95% CI)	50%[2] (95% CI : 29 to 56%)	50% (95% CI : 27 to 65%)	50% (95% CI : 9 to 91%)
Best overall response			
CR	3 (12%)	3 (14%)	0
PR	10 (38%)	8 (36%)	2 (50%)
SD	2 (8%)	1 (5%)	1 (25%)
PD	5 (19%)	5 (23%)	0
No radiological assessment	6 (23%)	5 (23%)	1 (25%)
Clinical benefit rate % (95%CI)	58% (95% CI : 35 to 71%)	55% (95% CI : 31 to 69%)	75% (95% CI : 30 to 99%)

[1] One patient withdrew and one patient experienced grade 5 myocarcarditis prior to first assessment

[2] includes one patient with dMMR tumour (PSM2 mutation)

[3] Six patients clinically progressed prior to their first radiological assessment and were taken off study

Klein et al. ESMO 2024 Abstract 998MO

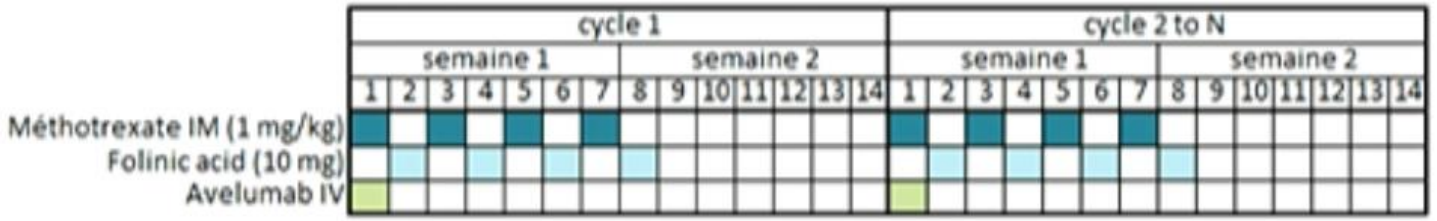
Tumeur trophoblastique gestationnelle à bas risque

Essai français TROPHAMET, phase I/II: nouveau standard?

TROPHAMET trial design (NCT04396223)

Study Treatment

- **Treatment**
  - **8-day MTX regimen:** Methotrexate 1 mg/kg IM on days 1, 3, 5, 7 alternating with oral Folinic acid; Q2weeks
  - **Avelumab**: Flat dose with IV 800 mg every 2 weeks, on days 1 before MTX



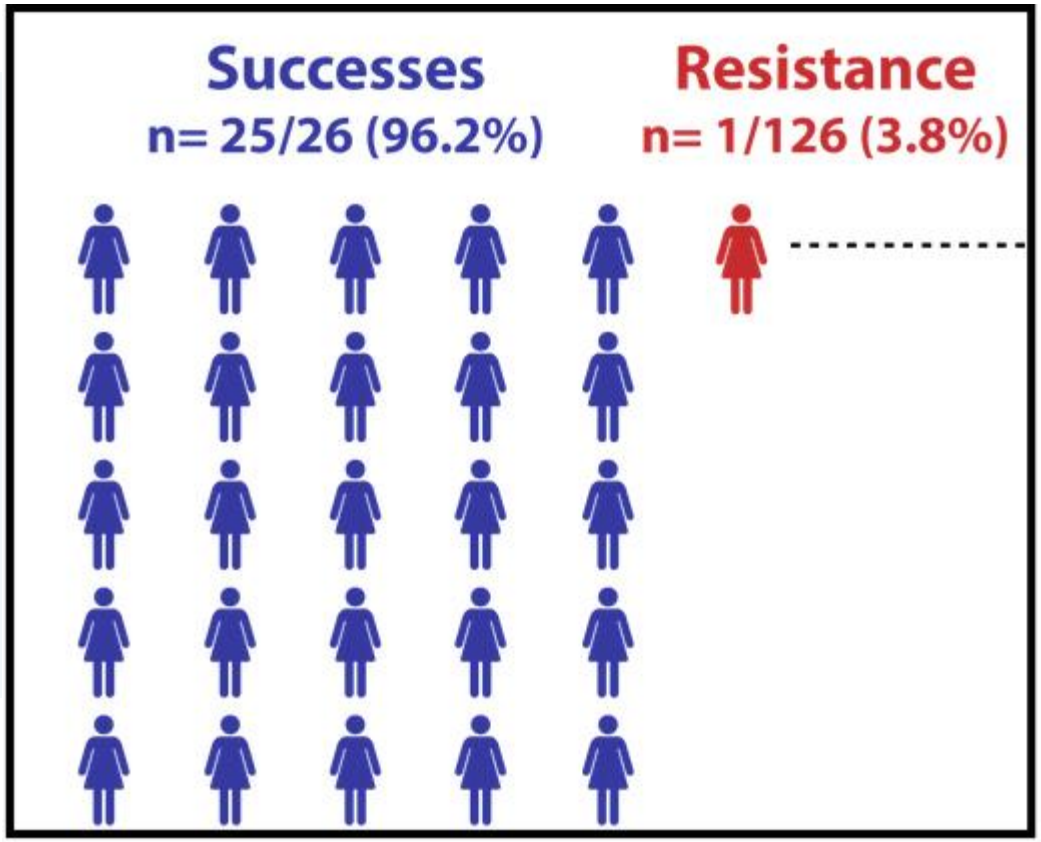
- **Administration until hCG normalization**, followed by **3 consolidations cycles**

You et al., Abs#711O, ESMO 2024

Tumeur trophoblastique gestationnelle à bas risque

Essai français TROPHAMET, phase I/II: nouveau standard?

Critère largement atteint avec taux de guérison de 96,2%!



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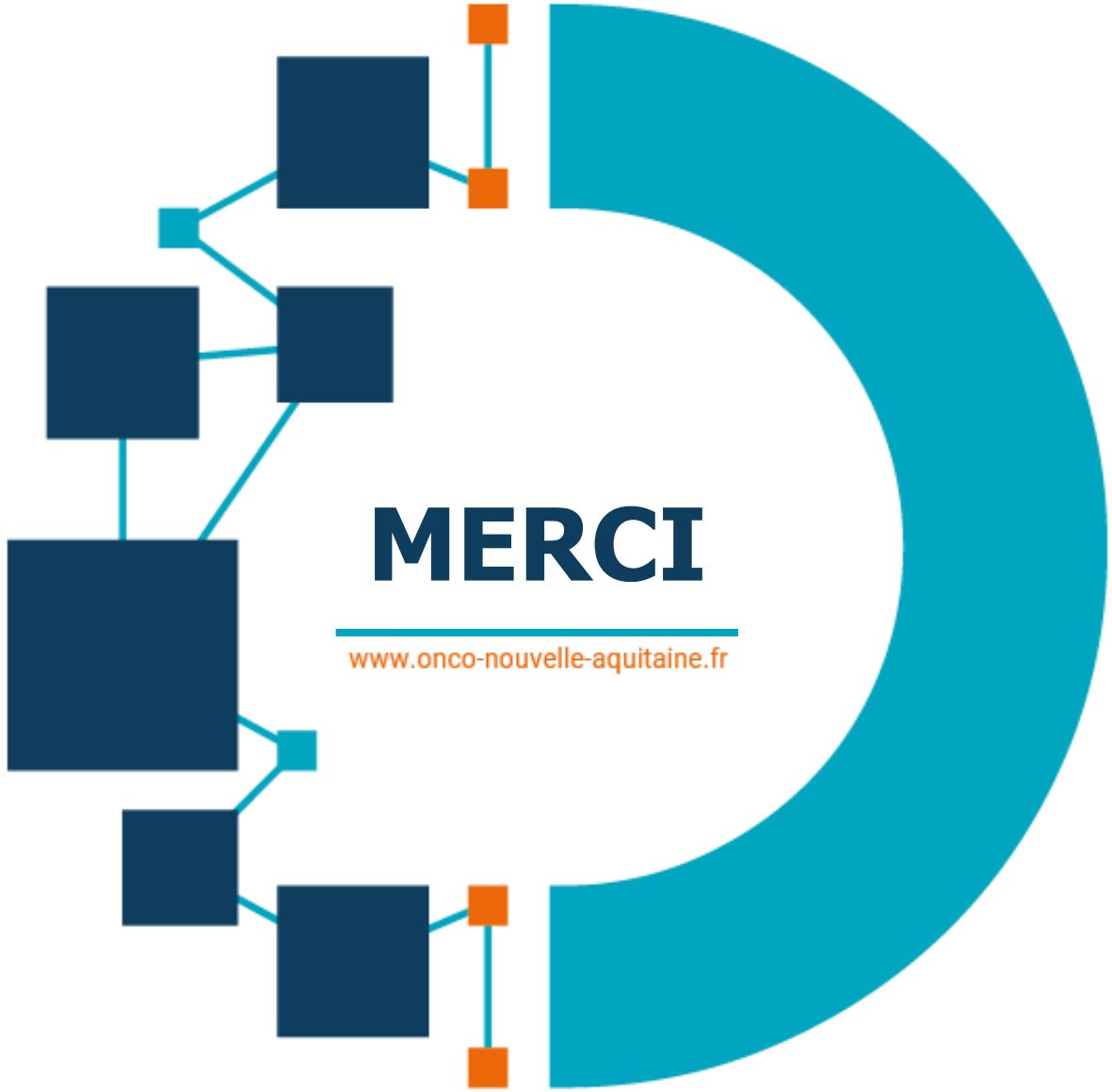
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