



# SCOOP en ONCO GYNECO

29/01/2026

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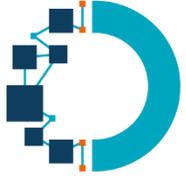
**Place de la Bourse**

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**Laura LEROY**

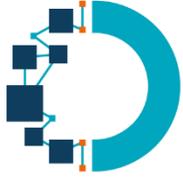
Oncologue médicale – Institut Bergonié

**Les scoops 2025 en oncologie médicale en Nouvelle-Aquitaine**



## Liens d'intérêts

- Aucun en lien avec cette présentation



# OVAIRE PRIMO PRISE EN CHARGE

ESSAI TRUST

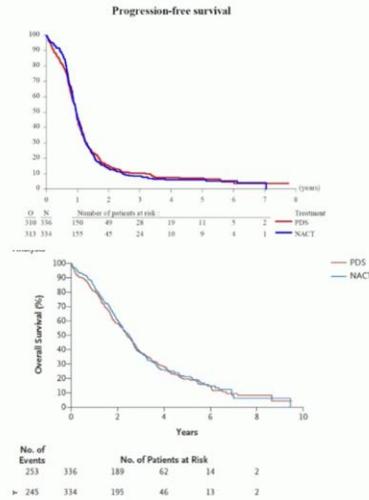
## La chirurgie : 4 « vieux » essais

- 3 essais de non infériorité :
- EORTC 55971 (*Vergote et al. NEJM 2011*)
  - CHORUS (*Kehoe et al. Lancet 2025*)
  - JCOG0602 (*Onda et al. Eur Jcancer 2026*)

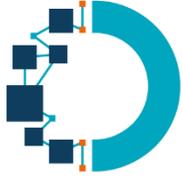
### EORTC 55971 Vergote et al. NEJM 2011

- 670 pts
- FIGO IIIC/IVA/IVB
- Noninferiority study
- Median PFS
  - PCS: 12 months
  - ICS: 12 months
- Median OS
  - PCS: 29 months
  - ICS: 30 months

Sven Mahner, MD    Sven.Mahner@med.uni-muenchen.de  
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		EORTC	CHORUS
No of pts		670 pts	550 pts
Median age		62y	65y
FIGO Stage IV	PCS	23%	25%
	ICS	24%	25%
Operative time	PCS	180 min	120 min
	ICS	165 min	120 min
Complete gross resection	PCS	19%	17%
	ICS	51%	39%
PFS	PCS	12 months	10.7 months
	ICS	12 months	12 months
OS	PCS	29 months	22.6 months
	ICS	30 months	24.1 months



# OVAIRE PRIMO PRISE EN CHARGE

## ESSAI TRUST

### La chirurgie : 4 « vieux » essais

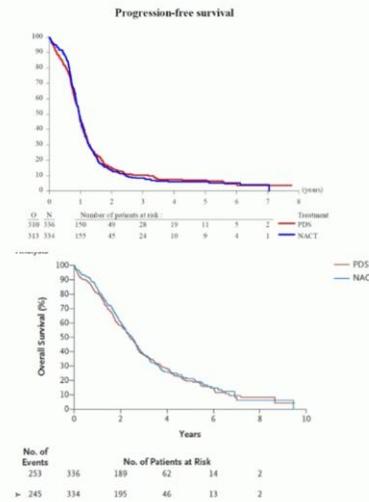
- 3 essais de non infériorité :
- EORTC 55971 (Vergote et al. NEJM 2011)
  - CHORUS (Kehoe et al. Lancet 2025)
  - JCOG0602 (Onda et al. Eur Jcancer 2026)

- 1 essai de supériorité :
- SCORPION (Fagotti et al. Int J Gynecol Cancer 2016)

#### EORTC 55971 Vergote et al. NEJM 2011

- 670 pts
- FIGO IIIC/IVA/IVB
- Noninferiority study
- Median PFS
  - PCS: 12 months
  - ICS: 12 months
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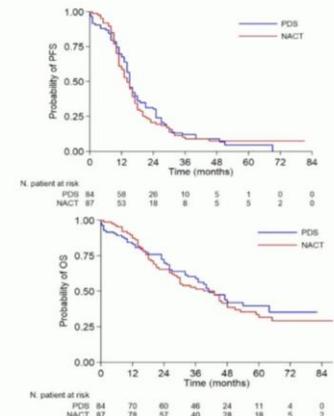
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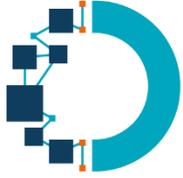
#### SCORPION Fagotti et al. Int J Gynecol Cancer 2020

- 171 pts single center
- FIGO IIIC/IVA/IVB
- „high tumor load“ by laparoscopic detection
- Superiority study (NACT/ICS > PCS)
- Median PFS
  - PCS: 15 months
  - ICS: 14 months
- Median OS
  - PCS: 41 months
  - ICS: 43 months

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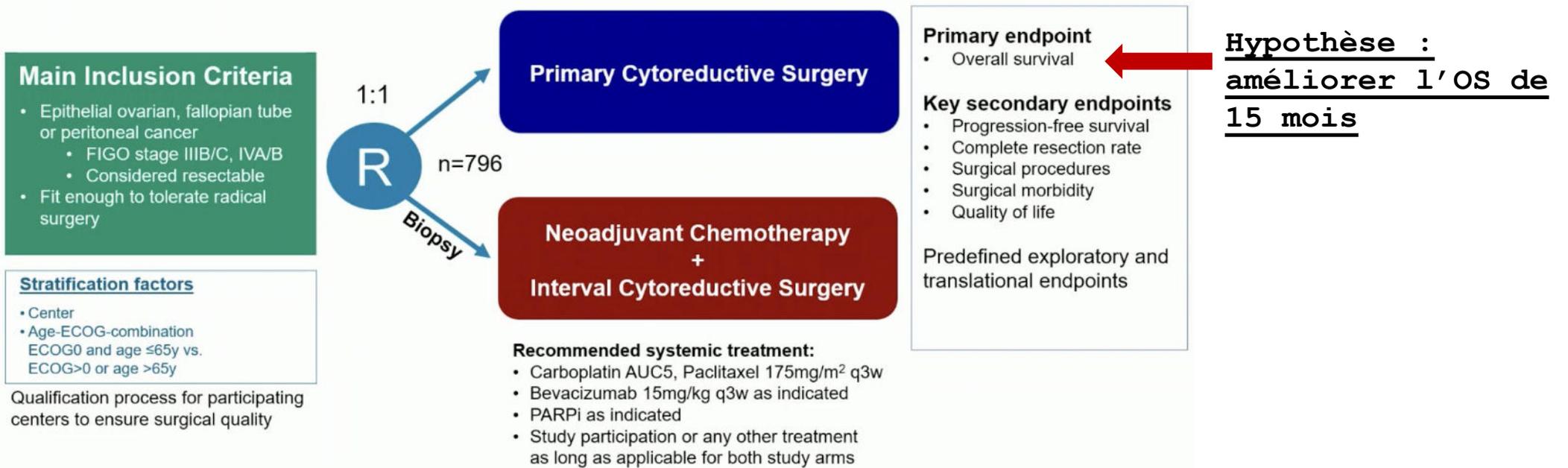
**NEGATIF**

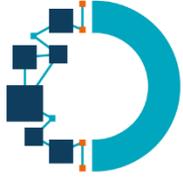


# OVAIRE PRIMO PRISE EN CHARGE

ESSAI TRUST

## TRUST Study Design

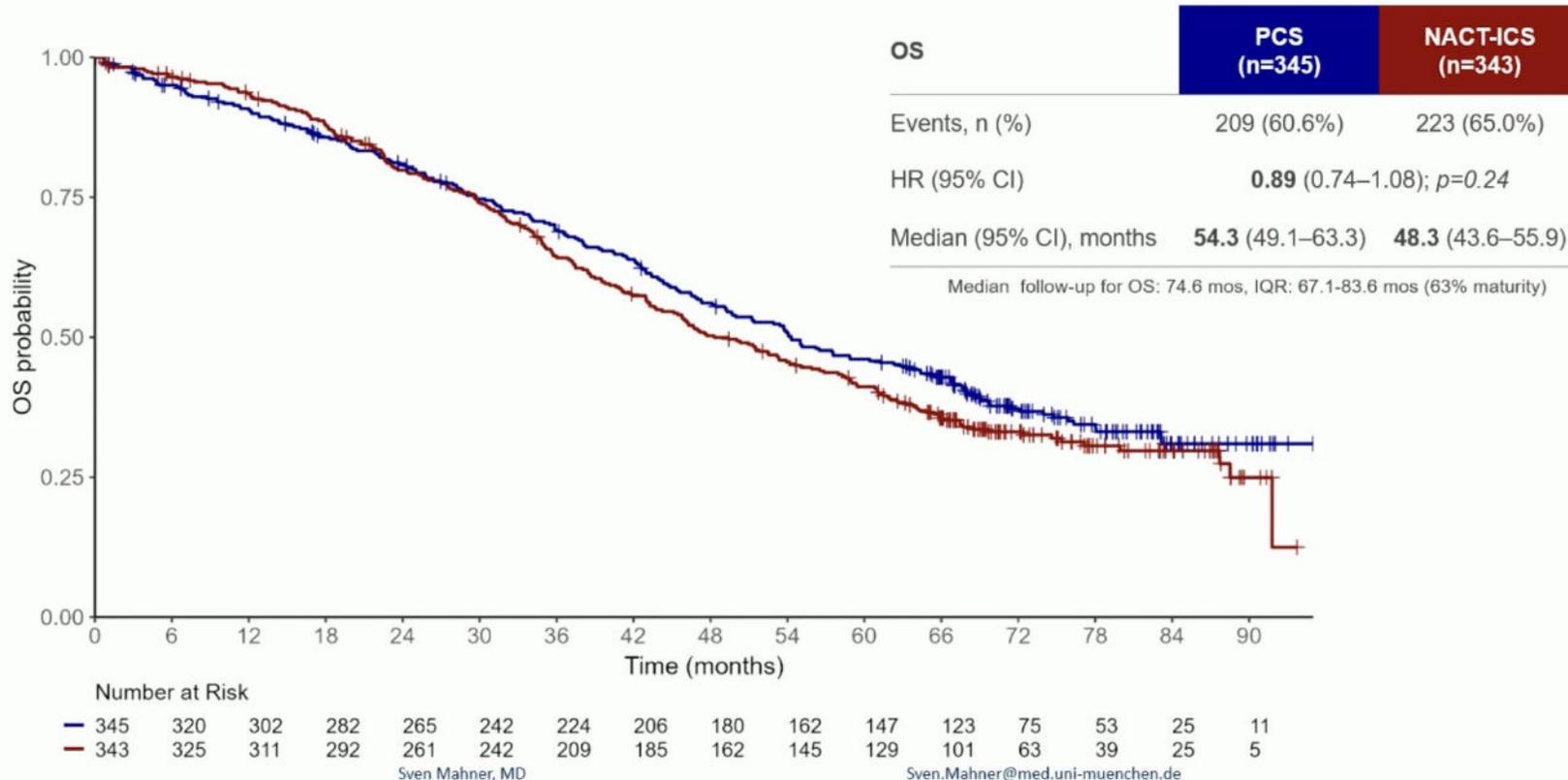




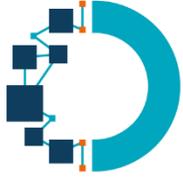
# OVAIRE PRIMO PRISE EN CHARGE

## ESSAI TRUST

### TRUST Results: Overall Survival (ITT)



Sven Mahner, ASCO 2025

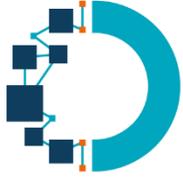


# OVAIRE PRIMO PRISE EN CHARGE

ESSAI TRUST / TAKE HOME MESSAGE

- La chirurgie première reste un standard chez les patientes fit, très bien sélectionnées stade III (coelio ++), si elle est raisonnable et réalisée dans un centre expert
- Privilégier la chimio néoadjuvante pour les stade IV, patiente âgée, patientes altérées

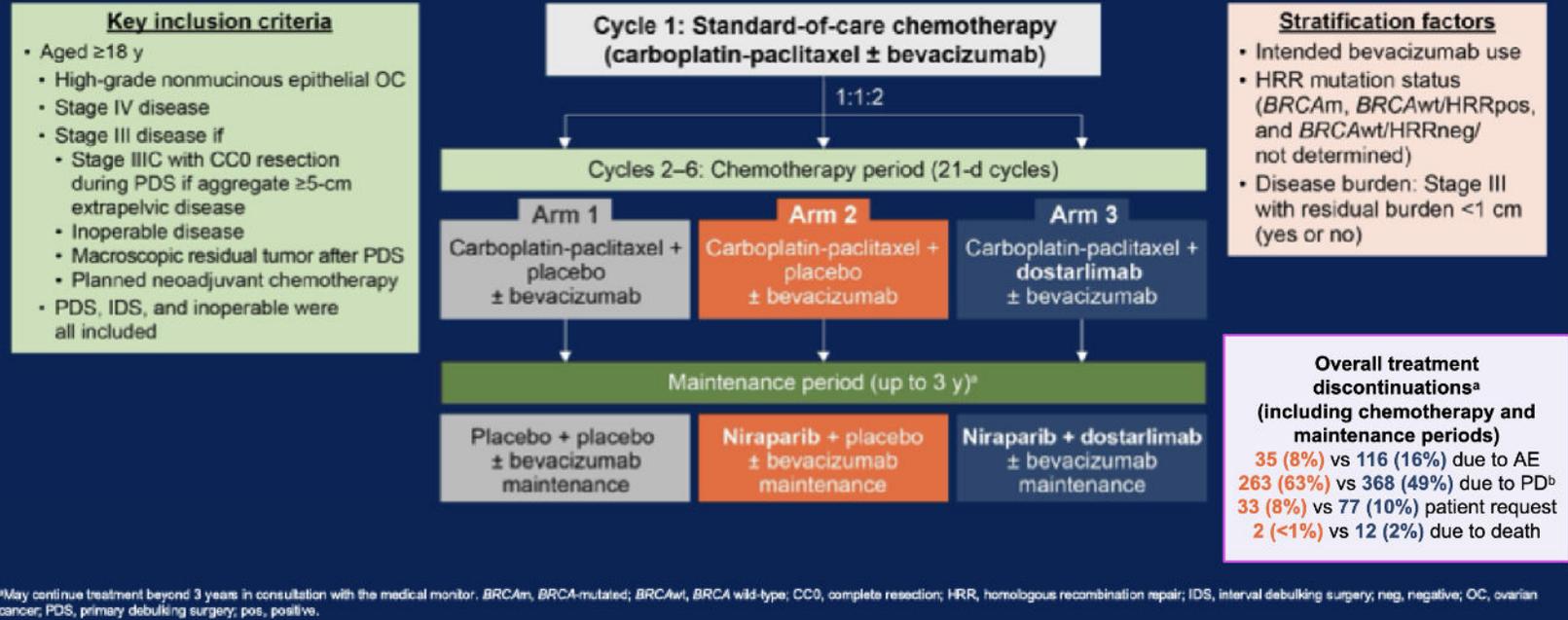
→ **L'objectif est d'obtenir une chirurgie CC0**

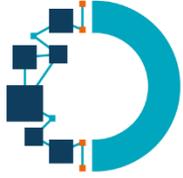


# OVAIRE PRIMO PRISE EN CHARGE

## ESSAI FIRST

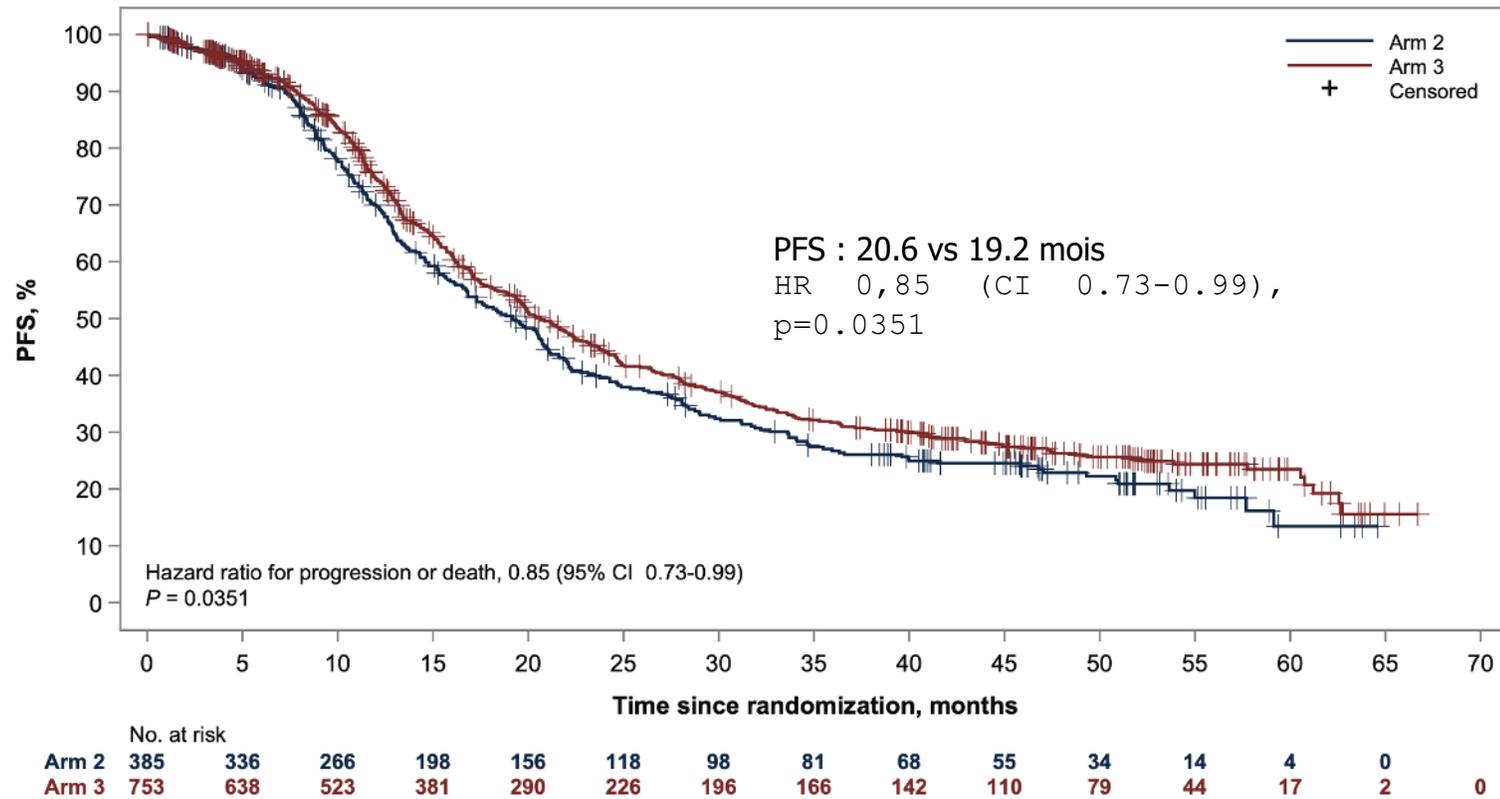
### FIRST Trial Design

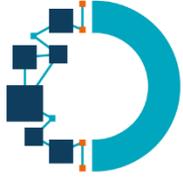




# OVAIRE PRIMO PRISE EN CHARGE

## ESSAI FIRST

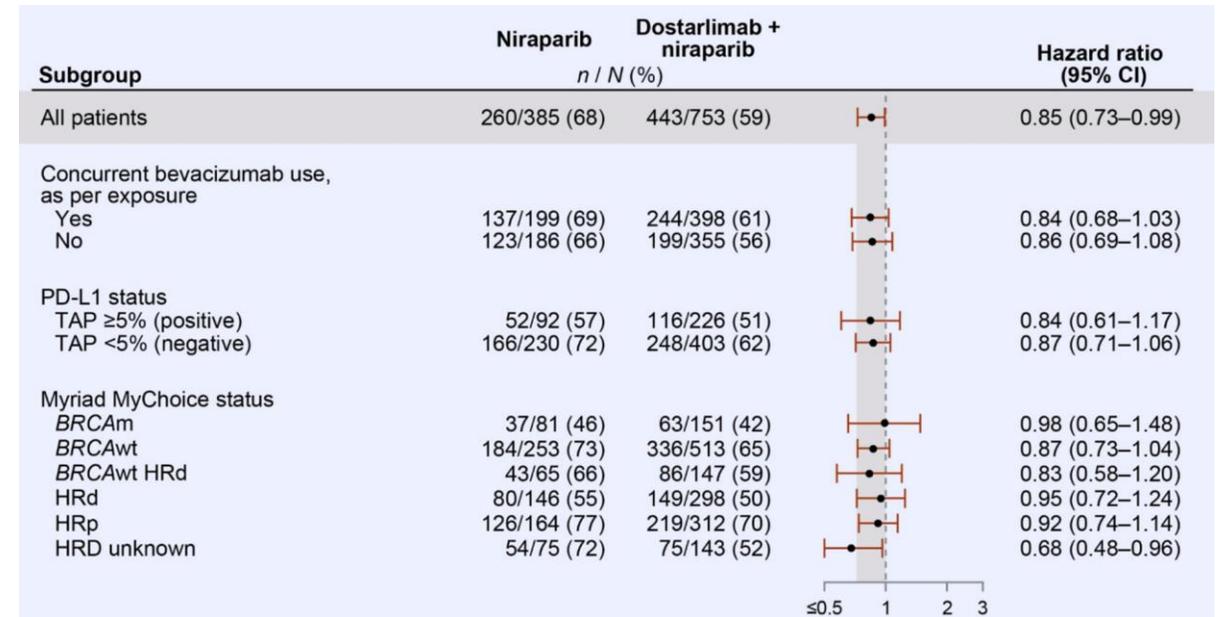
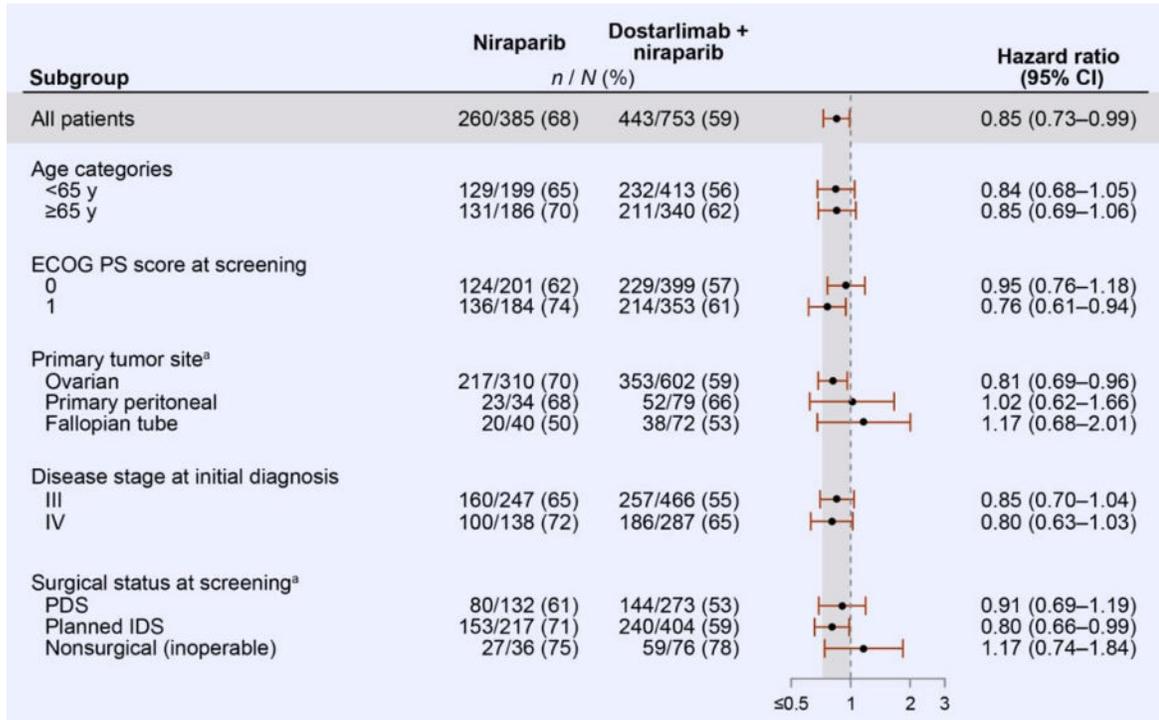


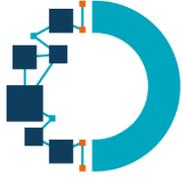


# OVAIRE PRIMO PRISE EN CHARGE

ESSAI FIRST

**Aucun sous groupe ne tire bénéfice du dostarlimab**

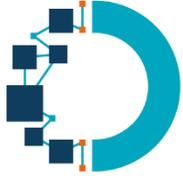




# OVAIRE PRIMO PRISE EN CHARGE

## ESSAI FIRST

- Essai positif mais pertinence clinique limitée
- NE devient PAS un standard
- Probablement la fin de la saga des anti PD1/PD-L1

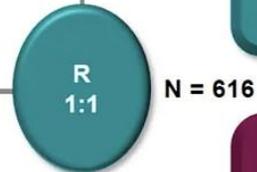


# OVAIRE : RECIDIVE PLATINE RESISTANTE

## ESSAI KEYNOTE B96

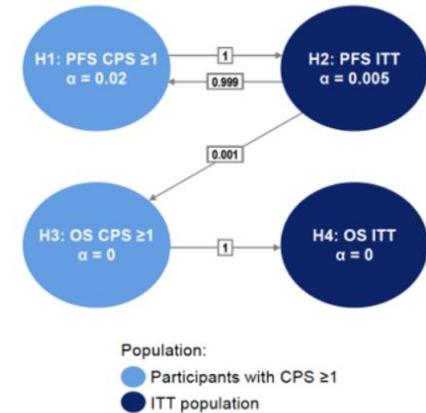
**Key Eligibility Criteria**

- Histologically confirmed epithelial ovarian, fallopian tube, or primary peritoneal carcinoma
- 1 or 2 prior lines of systemic therapy; at least 1 platinum-based therapy
  - Prior anti-PD-1 or anti-PD-L1, PARPi, and bevacizumab permitted
- Radiographic evidence of disease progression within 6 months (180 days) after the last dose of platinum-based chemotherapy for ovarian cancer (ie, platinum-resistant disease)
- ECOG PS 0 or 1



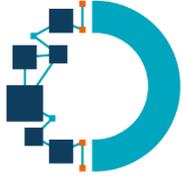
Pembrolizumab 400 mg (Q6W, 18 cycles)  
+  
Paclitaxel 80 mg/m<sup>2</sup> Days 1, 8, and 15  
each Q3W cycle  
(± bevacizumab<sup>a</sup> 10 mg/kg Q2W)

Placebo (Q6W, 18 cycles)  
+  
Paclitaxel 80 mg/m<sup>2</sup> Days 1, 8, and 15  
each Q3W cycle  
(± bevacizumab<sup>a</sup> 10 mg/kg Q2W)



**Primary endpoint:** PFS per RECIST v1.1 assessed by investigator  
**Key secondary endpoint:** OS  
**Secondary endpoints:** PFS by BICR per RECIST v1.1, safety, HRQoL

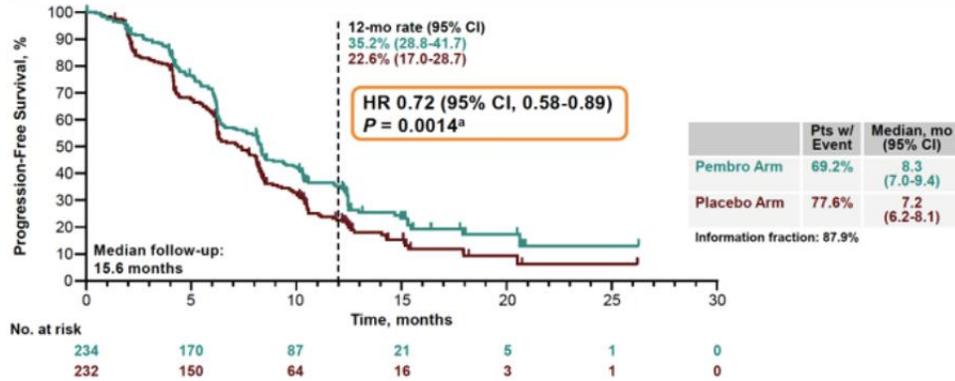
Colombo N et al., ESMO 2025, abs #LBA3



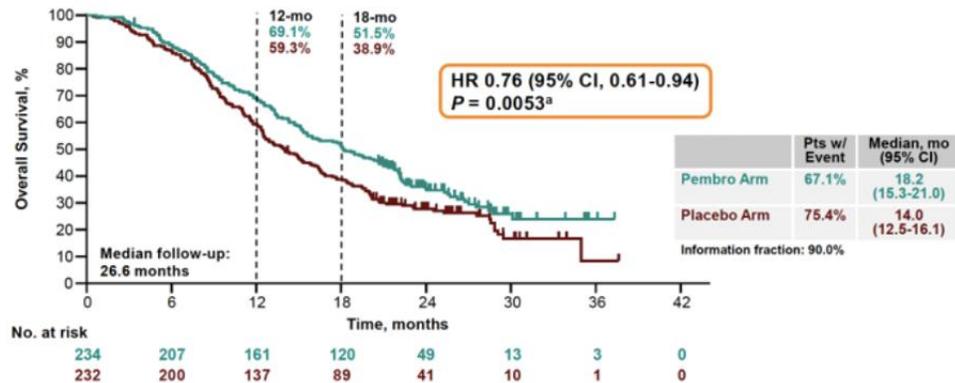
# OVAIRE : RECIDIVE PLATINE RESISTANTE

## ESSAI KEYNOTE B96

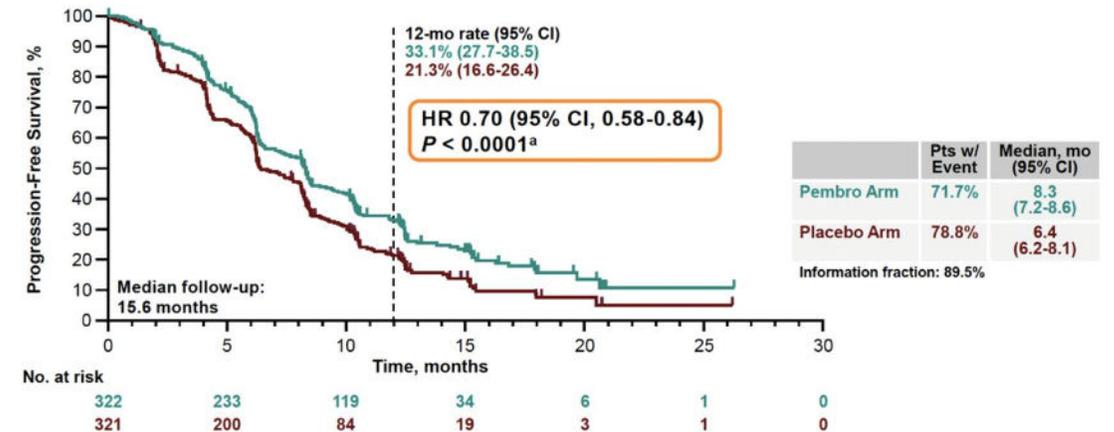
Progression-Free Survival in the CPS ≥1 Population at IA1

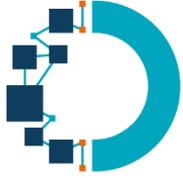


Key Secondary Endpoint: Overall Survival in the CPS ≥1 Population at IA2



Progression-Free Survival in the ITT Population at IA1





# OVAIRE : RECIDIVE PLATINE RESISTANTE

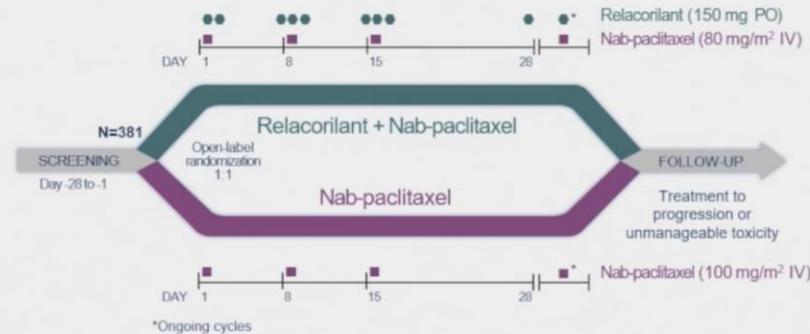
ESSAI ROSELLA, phase II/III

## ROSELLA | Study Schema

### Population

- Epithelial ovarian, primary peritoneal or fallopian tube cancer
- ECOG performance status 0 or 1
- Progression <6 months after the last dose of platinum therapy (excluding no response to, or progression in <1 month of primary platinum)
- 1–3 prior lines of therapy
- Prior bevacizumab required

NCT05257408



### Stratification Factors

- ▶ Prior lines of therapy (1 vs >1)
- ▶ Region (North America vs Europe vs Korea, Australia, & Latin America)

### Dual Primary Endpoints

- Progression-free survival (PFS) by RECIST v1.1 per blinded independent central review
- Overall survival

### Secondary Endpoints

- PFS by RECIST v1.1 per Investigator
- ORR, DoR, CBR (RECIST v1.1)
- Response by CA-125 GCIG criteria
- Combined response (RECIST v1.1 and CA-125 GCIG criteria)
- Safety

First patient enrolled: 5<sup>th</sup> January 2023  
Last patient enrolled: 8<sup>th</sup> April 2024  
Data cutoff: 24<sup>th</sup> February 2025  
Conducted at 117 sites in 14 countries.

CA, cancer antigen; CBR, clinical benefit rate; DoR, duration of response; ECOG, Eastern Cooperative Oncology Group; GCIG, Gynecologic Cancer Intergroup; IV, intravenous; ORR, objective response rate; PFS, progression-free survival; PO, by mouth; RECIST, Response Evaluation Criteria in Solid Tumors.

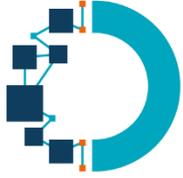
2025 ASCO  
ANNUAL MEETING

#ASCO25

PRESENTED BY: Alexander B. Olawaiye, MD

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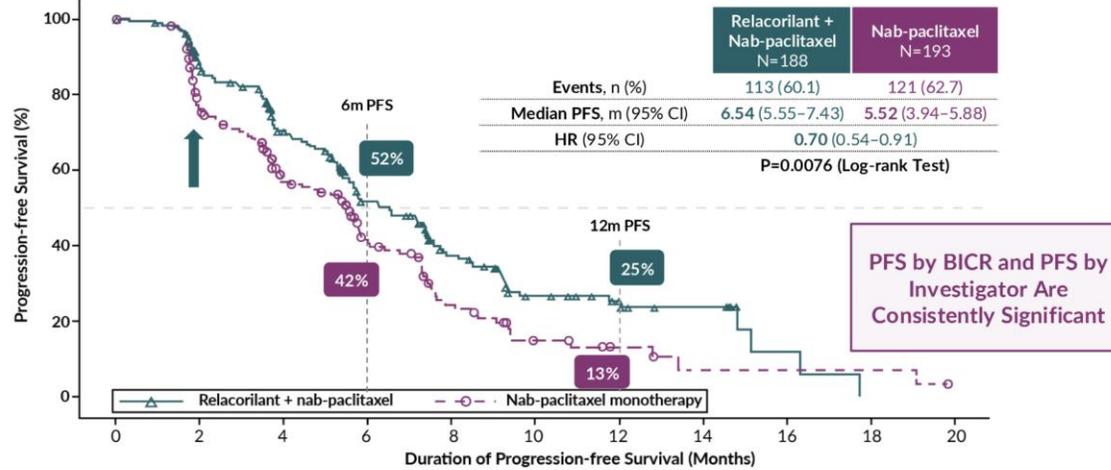
ASCO  
AMERICAN SOCIETY OF  
CLINICAL ONCOLOGY  
KNOWLEDGE CONQUERS CANCER



# OVAIRE : RECIDIVE PLATINE RESISTANTE

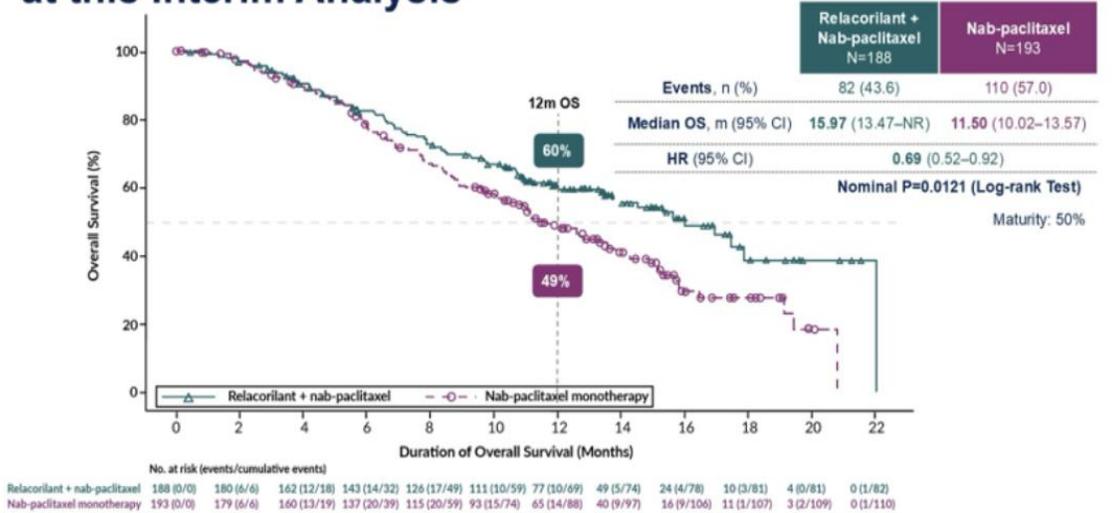
ESSAI ROSELLA, phase II/III

## ROSELLA | Relacorilant Significantly Improved Progression-Free Survival Assessed by Blinded Independent Central Review (BICR)



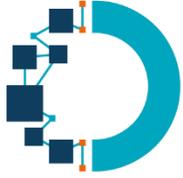
	No. at risk (events/cumulative events)										
	0	2	4	6	8	10	12	14	16	18	20
Relacorilant + nab-paclitaxel	188 (0/0)	151 (22/22)	109 (29/51)	70 (27/78)	43 (18/96)	24 (11/107)	16 (1/108)	11 (1/109)	2 (2/111)	0 (2/113)	
Nab-paclitaxel monotherapy	193 (0/0)	129 (42/42)	85 (31/73)	47 (20/93)	21 (17/110)	9 (7/117)	5 (1/118)	2 (2/120)	2 (0/120)	2 (0/120)	0 (1/121)

## ROSELLA | Relacorilant Improved Overall Survival at this Interim Analysis



	No. at risk (events/cumulative events)											
	0	2	4	6	8	10	12	14	16	18	20	22
Relacorilant + nab-paclitaxel	188 (0/0)	180 (6/6)	162 (12/18)	143 (14/32)	126 (17/49)	111 (10/59)	77 (10/89)	49 (5/74)	24 (4/78)	10 (3/81)	4 (0/81)	0 (1/82)
Nab-paclitaxel monotherapy	193 (0/0)	179 (6/6)	160 (13/19)	137 (20/39)	115 (20/59)	93 (15/74)	65 (14/88)	40 (9/97)	16 (9/100)	11 (1/107)	3 (2/109)	0 (1/110)

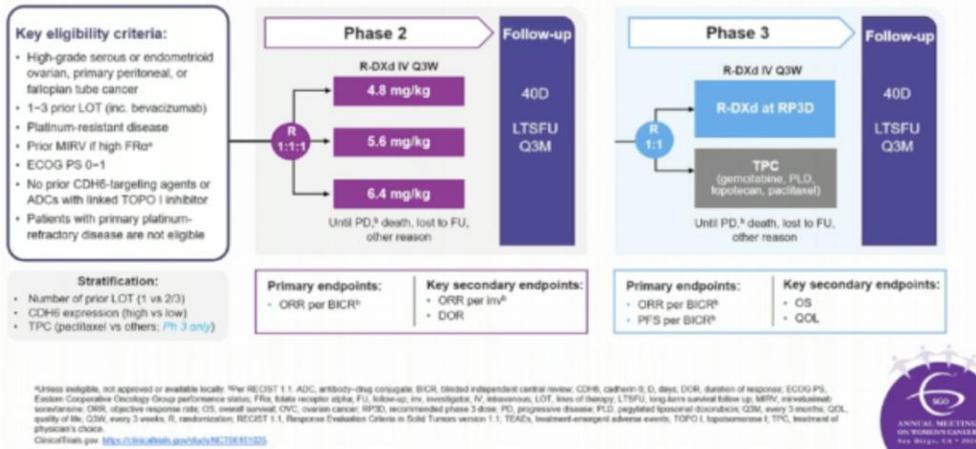
Olawaiye et al., ESMO 2025, abs #LBA5507



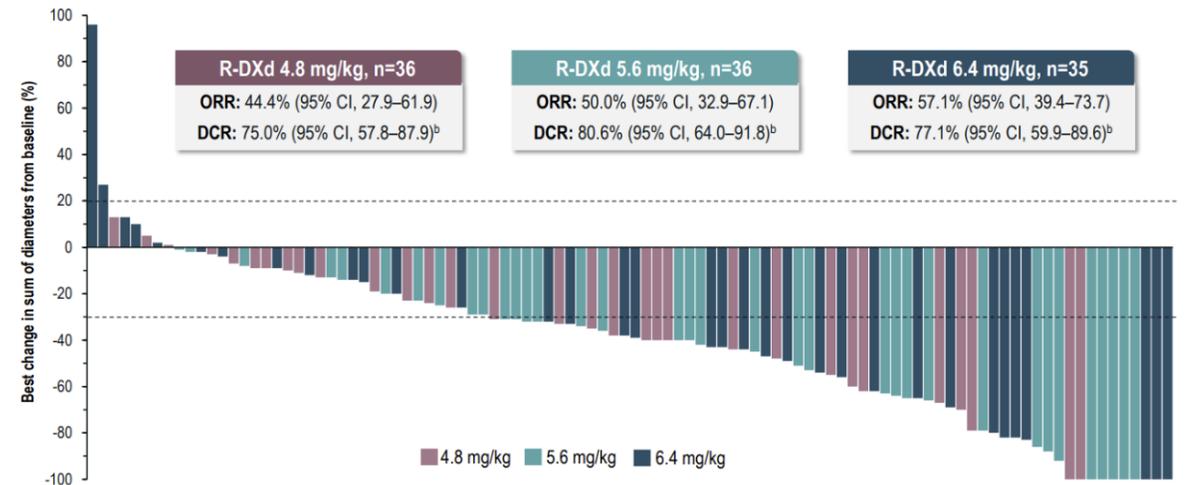
# OVAIRE : RECIDIVE PLATINE RESISTANTE

ESSAI REJOICE-OVARIAN 01, phase II/III

## REJOICE-Ovarian01: Phase 2/3 randomized study of R-DXd in platinum-resistant OVC (NCT06161025)



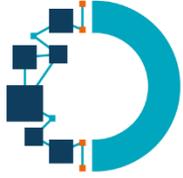
Clinically meaningful tumor responses were seen irrespective of dose<sup>a</sup>



Data cutoff: February 26, 2025. The median follow-up for 4.8-mg/kg, 5.6-mg/kg, and 6.4-mg/kg cohorts was 5.6 months (95% CI, 4.7-6.3), 5.6 months (95% CI, 4.6-5.8), and 5.2 months (95% CI, 4.9-5.8), respectively. <sup>a</sup>Antitumor response assessed by BICR per RECIST 1.1. Only patients with measurable disease at baseline and ≥1 post-baseline tumor scan, both by BICR, were included in the waterfall plot (n=100). Six patients (R-DXd 4.8 mg/kg [n=5], 6.4 mg/kg [n=1]) did not have measurable disease at baseline and one patient (R-DXd 5.6 mg/kg) had no adequate post-baseline tumor assessment. <sup>b</sup>DCR was defined as percentage of patients with BOR of CR, PR, or SD (per RECIST 1.1). BICR, blinded independent central review; CI, confidence interval; DCR, disease control rate; ORR, objective response rate; RECIST 1.1, Response Evaluation Criteria in Solid Tumors, version 1.1.



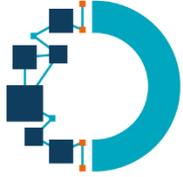
Ray-Coquart I et al., ESMO 2025, abs #LBA42



# OVAIRE : RECIDIVE PLATINE RESISTANTE

## TAKE HOME MESSAGE / ACCES PRECOCE

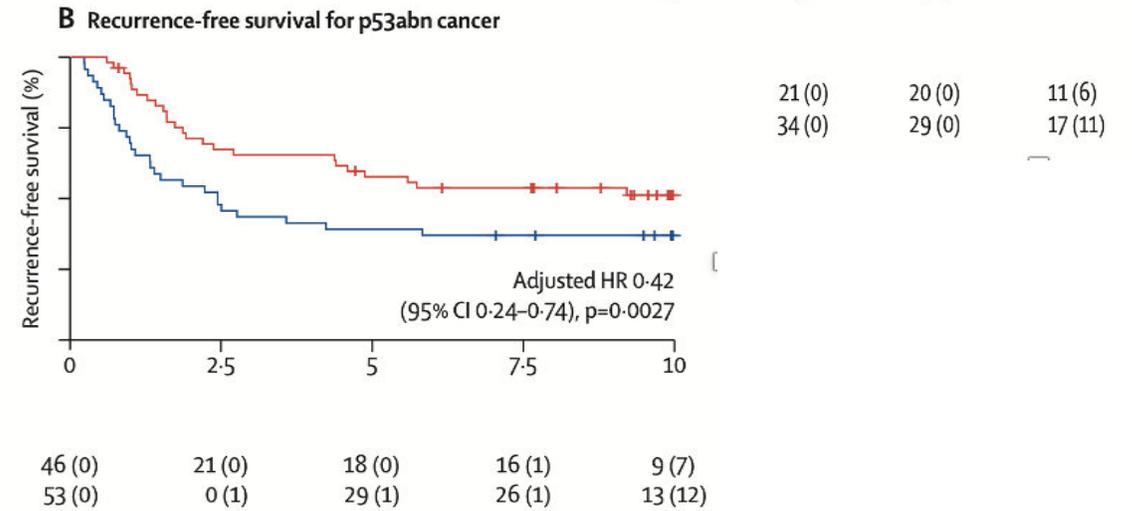
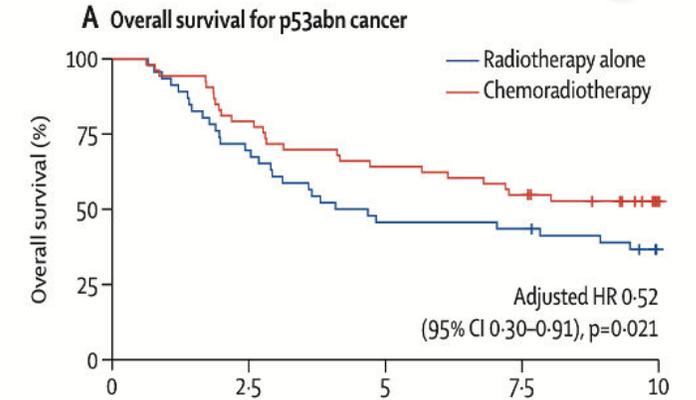
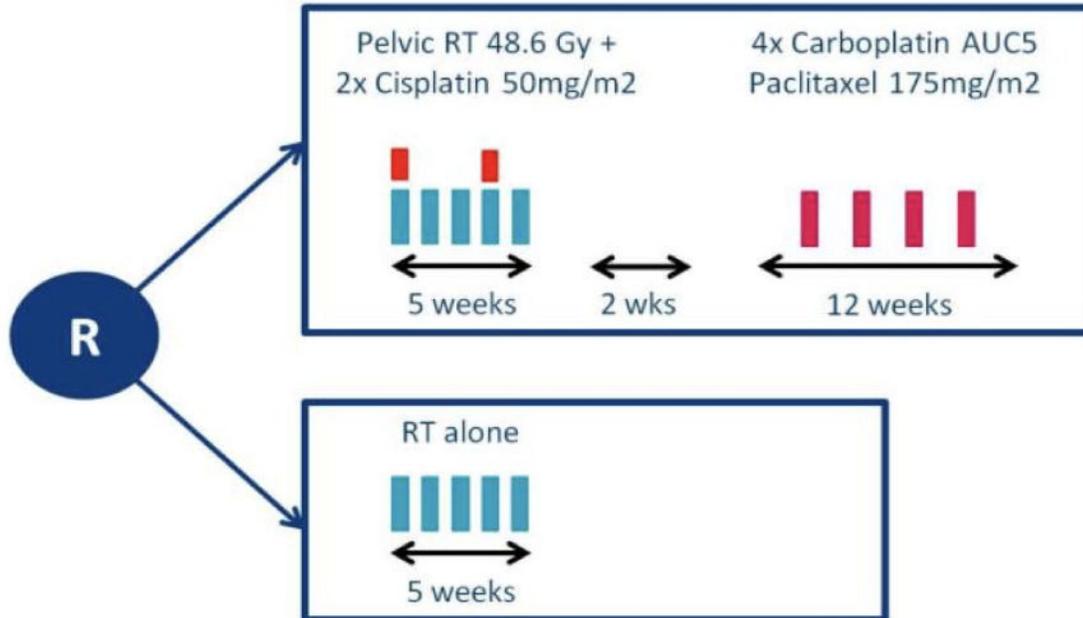
- Personnalisation du traitement à la récurrence platinée résistante
- MIRVETUXIMAB SORAVTANSINE, AAC (*Etude Mirasol*)
  - Cancer de l'ovaire sévère de haut grade en récurrence platinée résistante
  - FOLR1 positif
  - Max 3 lignes antérieures
- BALSTILIMAB-BOTENSILIMAB, AAP (*Porter R et al, J Immuno Cancer 2025*)
  - pour les cancers de l'ovaire en récurrence platinée résistante (privilégier les cellules claires ?)
  - Pas de limite de ligne
  - Risque de colite immuno médiée +++

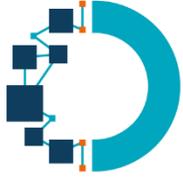


# ENDOMETRE LOCALISE

## ESSAI PORTEC-3 : données actualisées à 10 ans

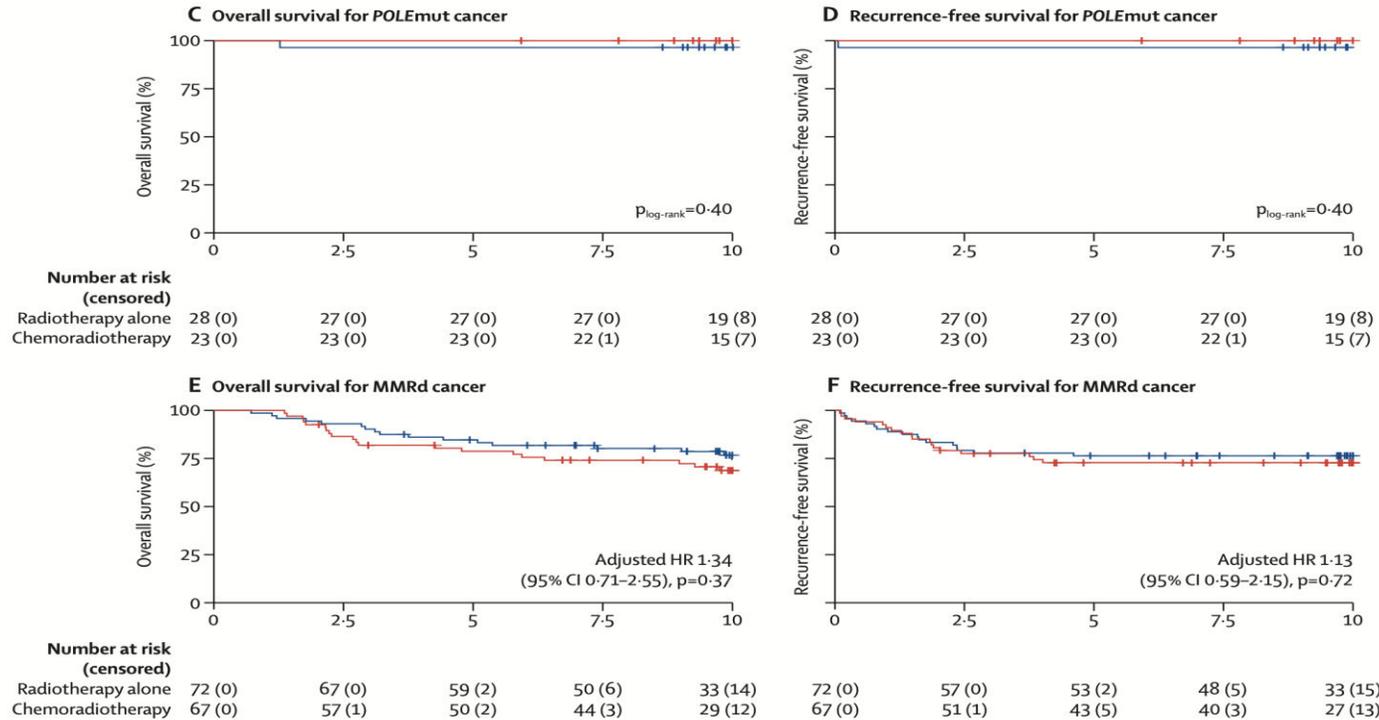
### ➤ High risk Endometrial Cancer (HREC)

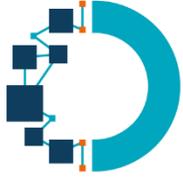




# ENDOMETRE LOCALISE, Risque intermédiaire-haut

## ESSAI PORTEC-3 : données actualisées à 10 ans

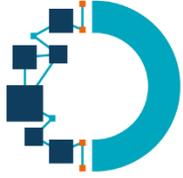




# ENDOMETRE LOCALISE

## TAKE HOME MESSAGE

- Les stratégies de traitements adjuvants reposent sur les groupes de risques moléculaires POLE, MSI, NSMP et P53
- Etude RAINBOW en cours

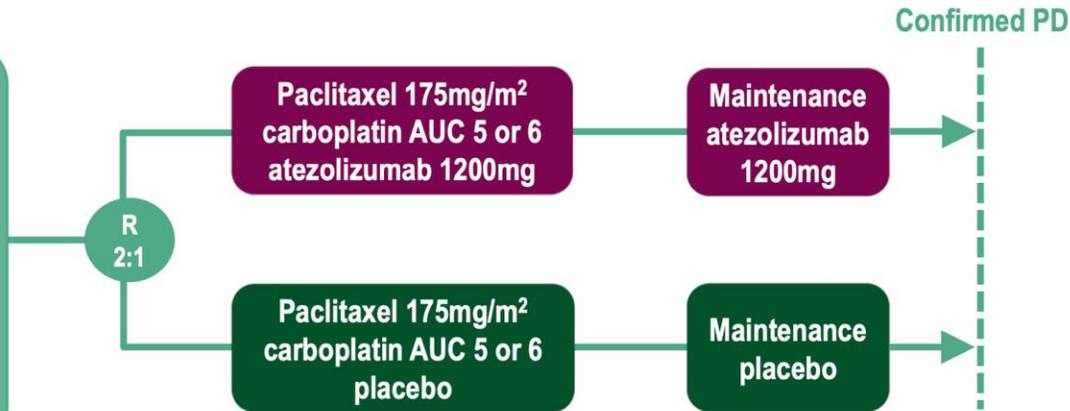


# ENDOMETRE METASTATIQUE

## ESSAI AtTEND : FINAL OVERALL SURVIVAL

### AtTend Study Design

- Endometrial carcinoma or carcinosarcoma
- Patients with advanced (stage III-IV) newly diagnosed or recurrent disease with no prior systemic chemotherapy for recurrence.
- In recurrent patients, one prior line of systemic platinum-based regimen is permitted with a platinum-free interval  $\geq 6$  months.
- ECOG 0-2
- Normal organ and bone marrow function



#### Stratified by:

- Country
- Endometrioid vs. other histotypes
- Recurrent disease vs newly diagnosed
- Non-MMRd vs MMRd vs non evaluable (*centrally evaluated*)

#### Dual primary endpoints



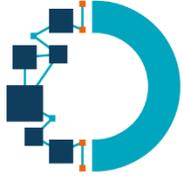
Domenica Lorusso, MD, PhD

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Barretina Ginesta et al. Presented at ESMO 2025 LBA39

\*OS interim analysis planned with a 63% power

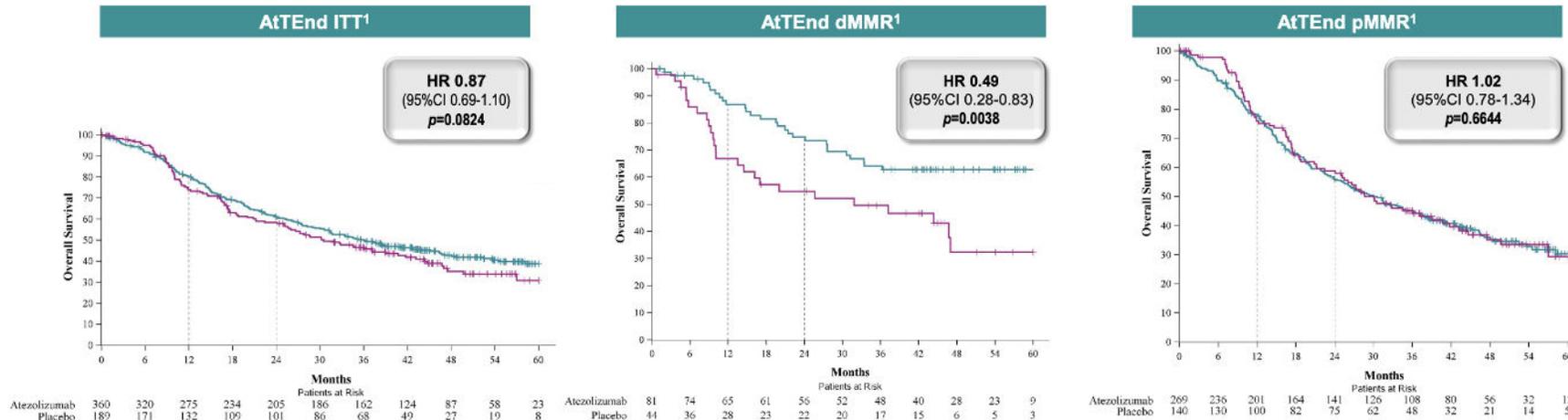


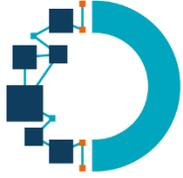


# ENDOMETRE METASTATIQUE

## ESSAI AtTEND : FINAL OVERALL SURVIVAL

### AtTEnd: OS in ITT, dMMR and pMMR population

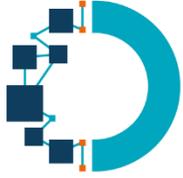




# ENDOMETRE METASTATIQUE

## 1ere ligne

- Carboplatine Paclitaxel + Dorstarlimab (**Etude ruby**)
  - AMM pour les dMMR
  - AAP pour les pMMR
- Carboplatine Paclitaxel + Pembrolizumab (**Etude NRG GY018**)



# CANCER DU COL LOCALISE

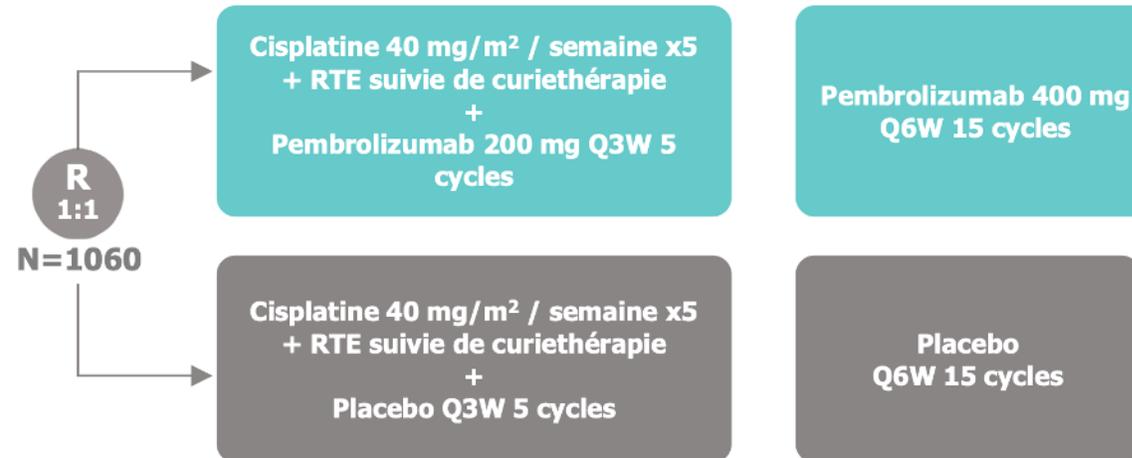
## ESSAI KEYNOTE A-18

### Critères d'inclusion

- stades IB2-IIB N+
- stades III-IVA (N0 ou N+)
- Non pré traités (FIGO 2014)

### Facteurs de stratification

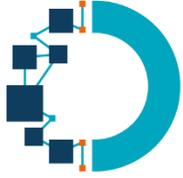
- Type de radiothérapie externe (IMRT ou VMAT vs non)
- Stade au screening (stage IB2-IIB vs III-IVA)
- Dose totale de radiothérapie planifiée (<70 Gy vs >70 Gy [EQ2D])



### Objectifs

- Primaires : SSP (RECIST v1.1) par investigateur ou confirmation histologique et SG
- Secondaires clés : SSP à 24 mois, taux de réponse, PRO, et tolérance

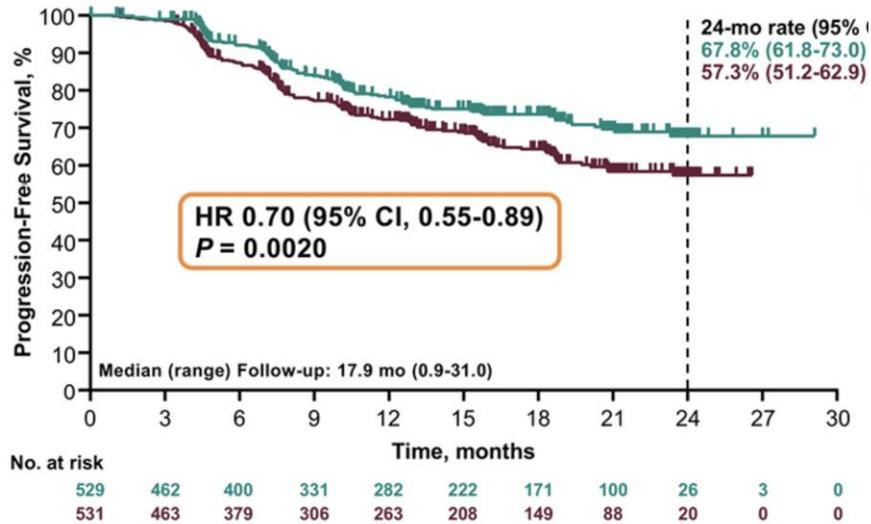
Lorusso D et al., ESMO 2023, abs #LBA38



# CANCER DU COL LOCALISE

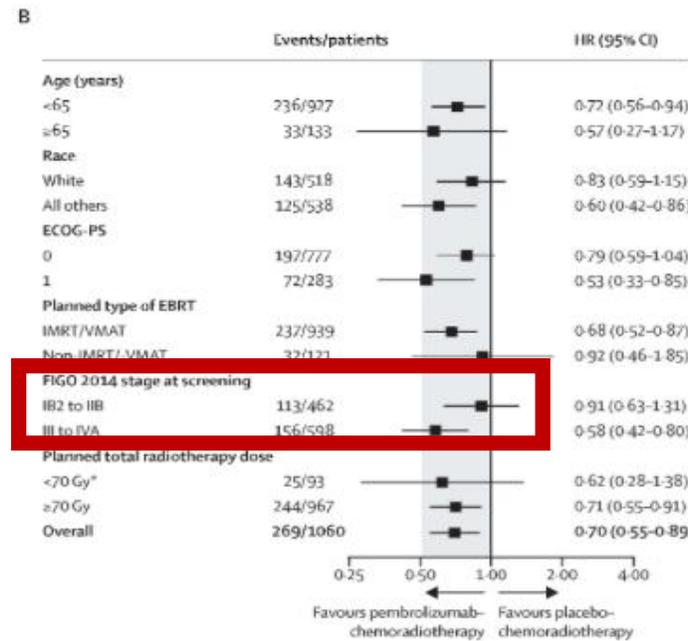
## ESSAI KEYNOTE A-18

### Primary Endpoint: Progression-Free Survival



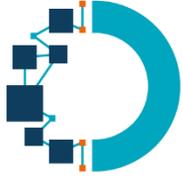
Response assessed per RECIST v1.1 by investigator review or histopathologic confirmation.  
 Data cutoff date: January 9, 2023.

Lorusso D et al., ESMO 2023, abs #LBA38



	Final Analysis 07JAN25	
	Pembro + CCRT	Pbo + CCRT
OS, median (95% CI)	NR (NR-NR)	NR (NR-NR)
36-mo OS	81.8%	74.4%
HR (95% CI)	0.73 (0.57-0.94)	

Duska LE et al, ASCO 2025, abs #LB5504



# CANCER DU COL LOCALISE

## ESSAI KEYNOTE A-18 : ACCES PRECOCE

- Cancer du col de l'utérus stade III et IVA (FIGO 2014)

= **T3** : Atteinte 1/3 inférieur du vagin, extension paroi pelvienne/hydronephrose ou rein non fonctionnel ou

**T4** : extension à la muqueuse de la vessie ou du rectum

Et quelque soit l'atteinte ganglionnaire

