SCOOP en ONCO GYNECO

29/01/2026

Place de la Bourse

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

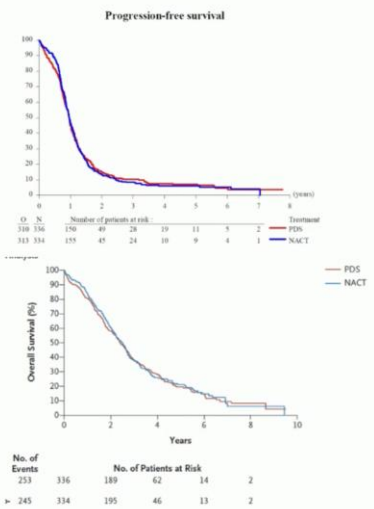
ESSAI TRUST

La chirurgie : 4 « vieux » essais

→ 3 essais de non infériorité :
- EORTC 55971 *(Vergote etal. NEJM 2011)*
- CHORUS *(Kehoe etal. 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

		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 etal. NEJM 2011)*
- CHORUS *(Kehoe etal. Lancet 2025)*
- JCOG0602 *(Onda et al. Eur Jcancer 2026)*

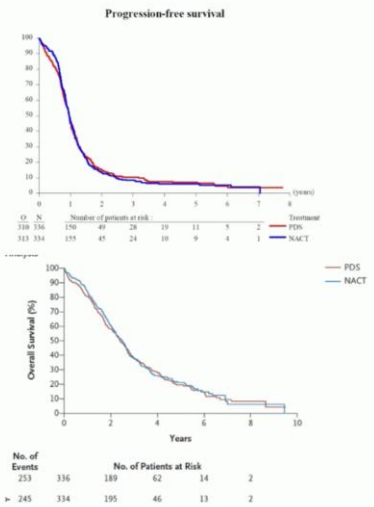
→ 1 essai de supériorité :
- SCORPION *(Fagotti et al. Int J Gynecol Cancer 2016)*

NEGATIF

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

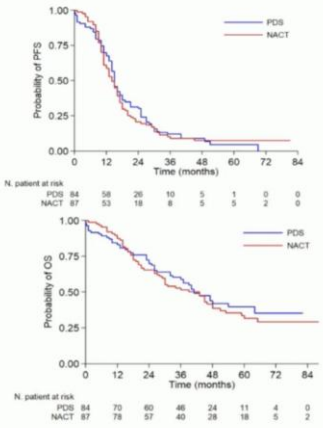
Sven Mahner, MD Sven.Mahner@med.uni-muenchen.de



SCORPION
Fagotti et al. Int J Gynecol Cancer 2020

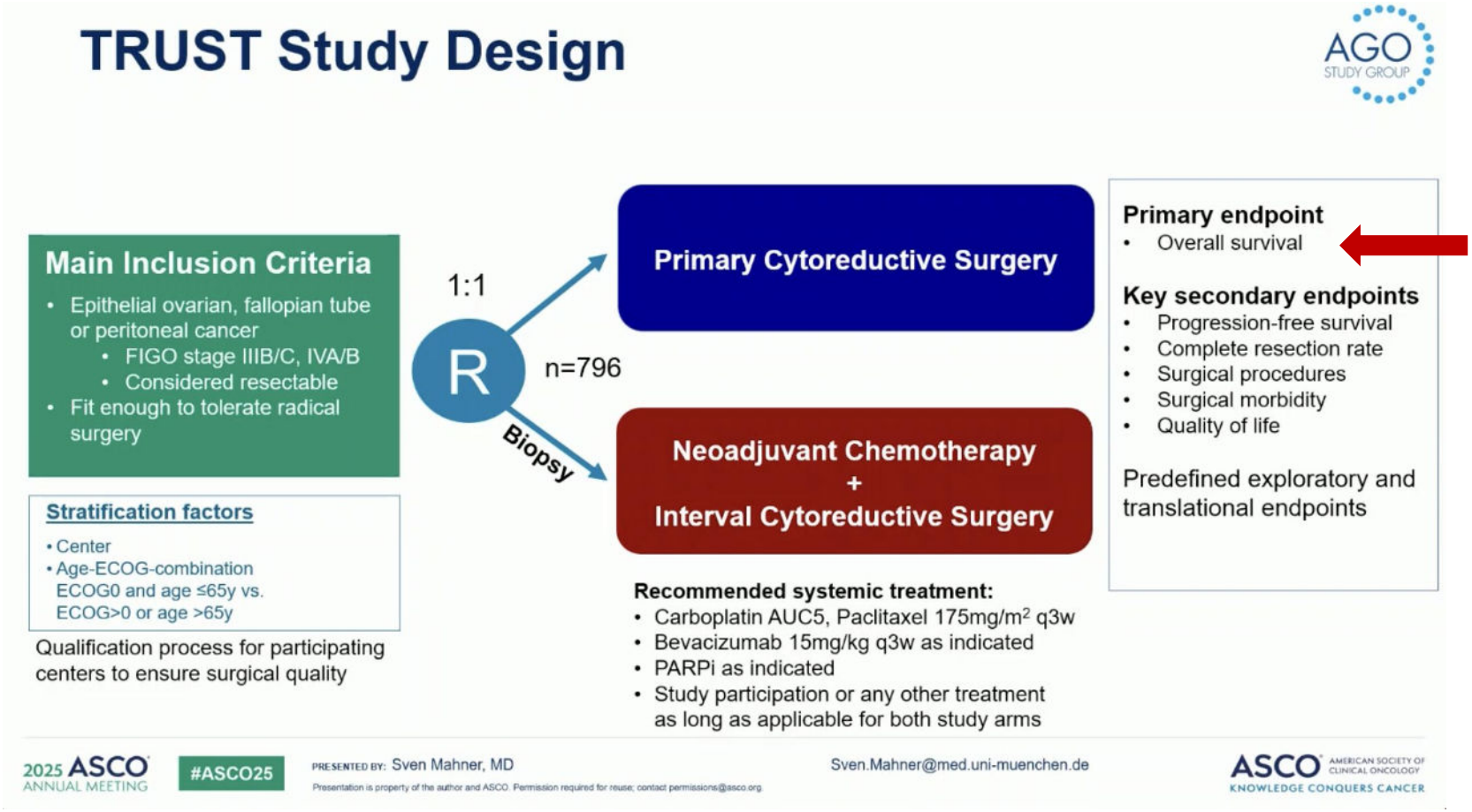
-171 pts single center
- FIGO IIIC/IVA/IVB
- „high tumor load“ by laparoscopic detection
- Superiority study (NACT/ICS > PCS)
- Median PFS
  - PCS: 15 months
  - ICS: 14 months
- Median OS
  - PCS: 41 months
  - ICS: 43 months

Sven Mahner, MD Sven.Mahner@med.uni-muenchen.de



OVAIRE PRIMO PRISE EN CHARGE

ESSAI TRUST



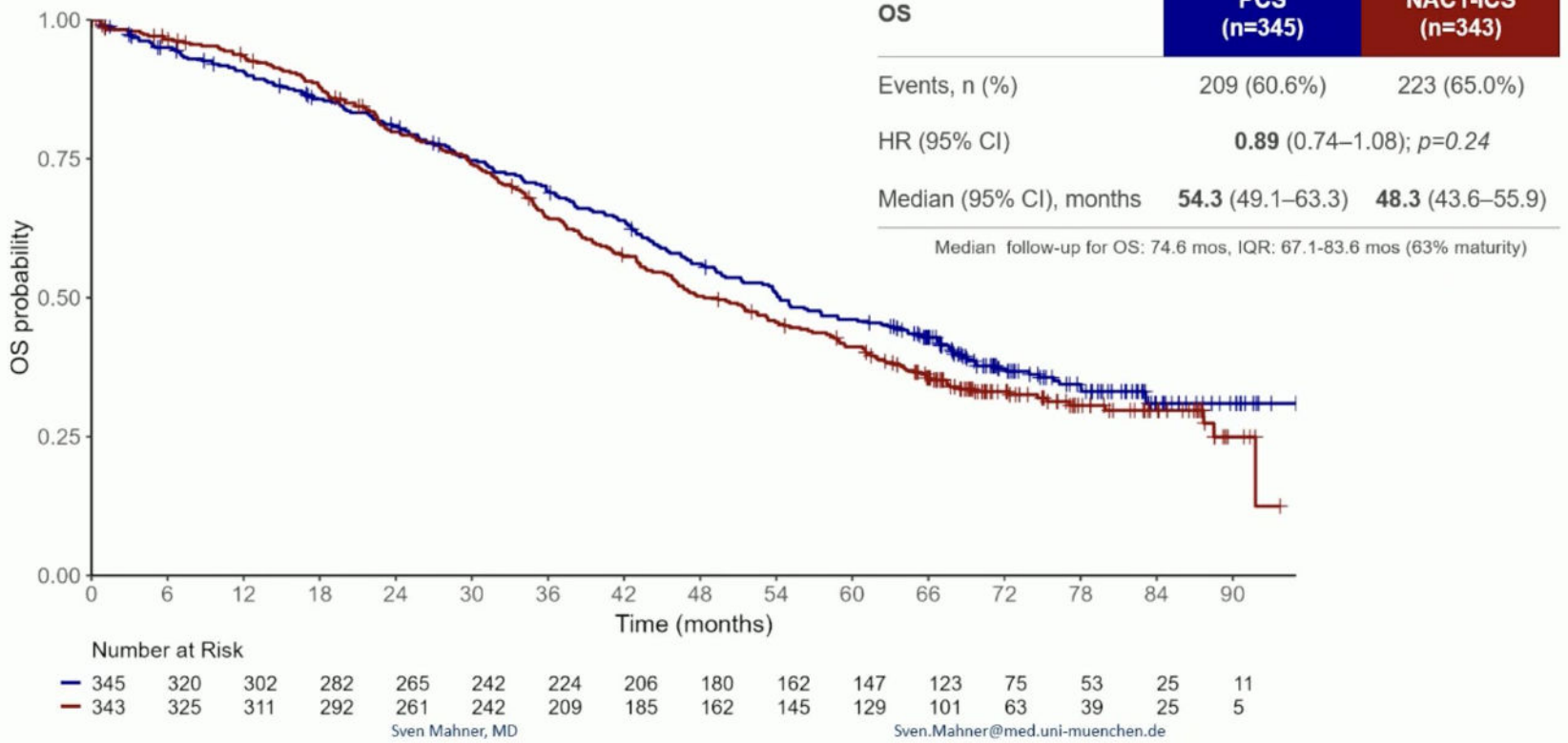
Hypothèse : améliorer l'OS de 15 mois

Sven Mahner, ASCO 2025

OVAIRE PRIMO PRISE EN CHARGE

ESSAI TRUST

TRUST Results: Overall Survival (ITT)



OS	PCS (n=345)	NACT-ICS (n=343)
Events, n (%)	209 (60.6%)	223 (65.0%)
HR (95% CI)	**0.89** (0.74–1.08); *p=0.24*	
Median (95% CI), months	**54.3** (49.1–63.3)	**48.3** (43.6–55.9)

Median follow-up for OS: 74.6 mos, IQR: 67.1-83.6 mos (63% maturity)

Sven Mahner, ASCO 2025

OVAIRE PRIMO PRISE EN CHARGE

ESSAI TRUST / TAKE HOME MESSAGE

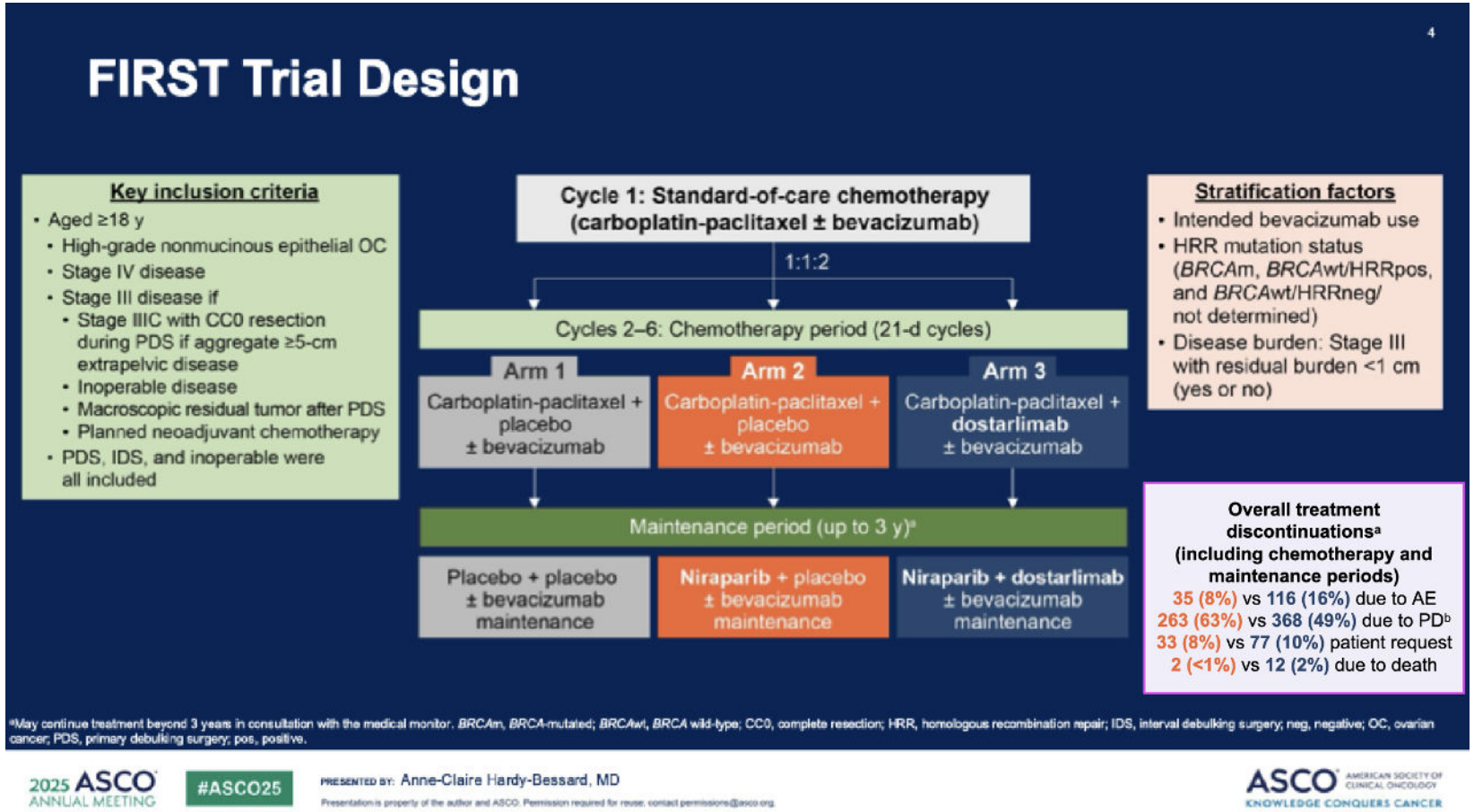
- La chirurgie première reste un standard chez les patientes fit, très bien sélectionnées stade III (coelio ++), si elle est raisonnable et réalisée dans un centre expert

- Privilégier la chimio néoadjuvante pour les stade IV, patiente âgée, patientes altérées

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

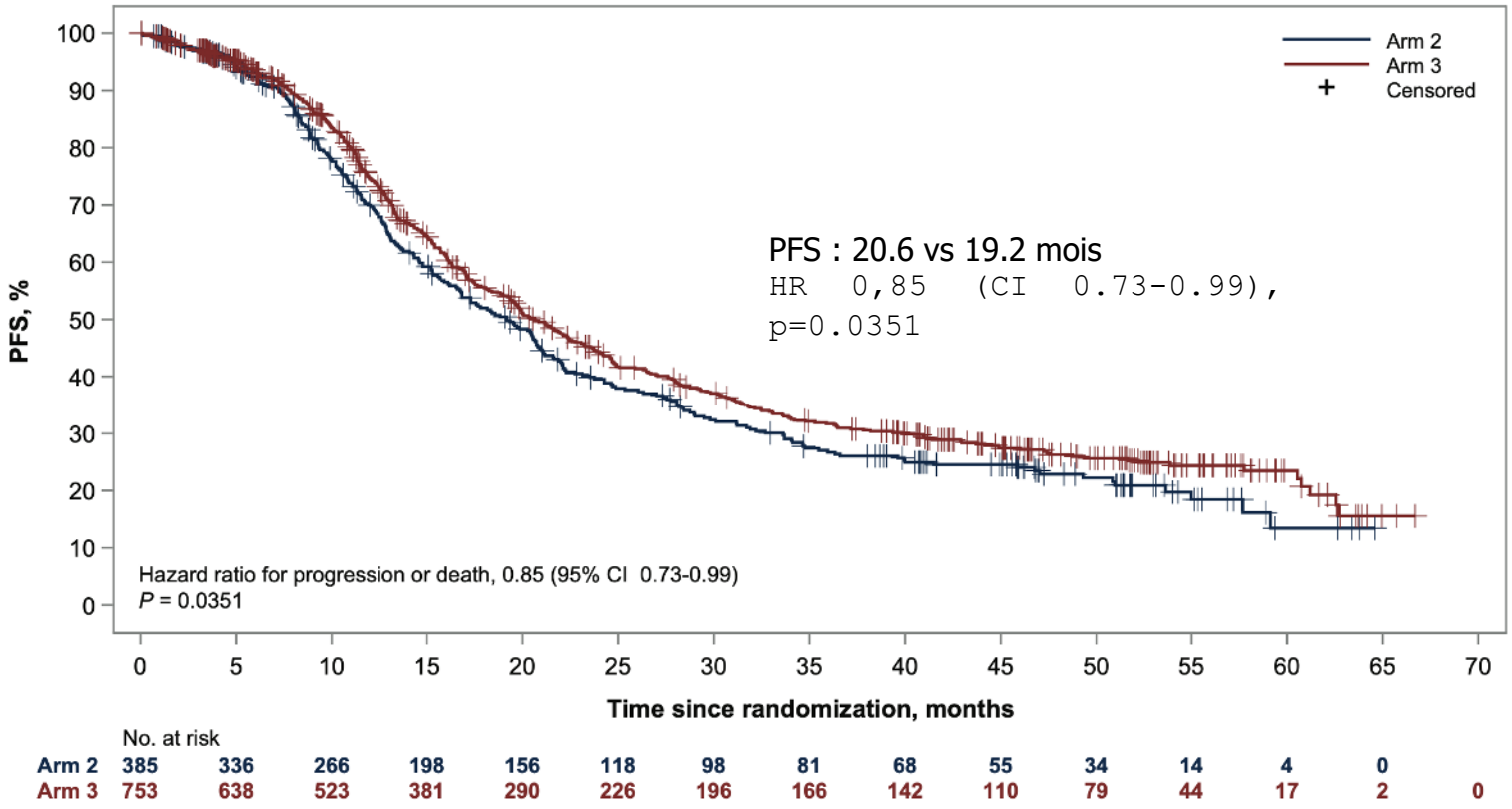
OVAIRE PRIMO PRISE EN CHARGE

ESSAI FIRST



OVAIRE PRIMO PRISE EN CHARGE

ESSAI FIRST



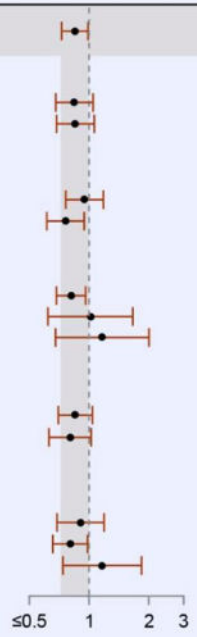
AC Hardy Bessard et al, annals of oncoly 2025

OVAIRE PRIMO PRISE EN CHARGE

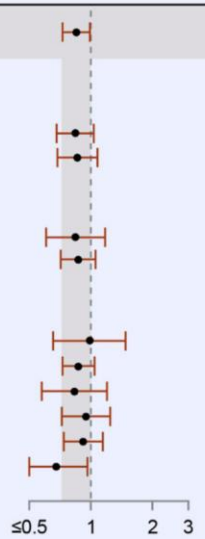
ESSAI FIRST

Aucun sous groupe ne tire bénéfice du dorstarlimab

Subgroup	Niraparib n / N (%)	Dostarlimab + niraparib n / N (%)	Hazard ratio (95% CI)
All patients	260/385 (68)	443/753 (59)	0.85 (0.73–0.99)
Age categories			
<65 y	129/199 (65)	232/413 (56)	0.84 (0.68–1.05)
≥65 y	131/186 (70)	211/340 (62)	0.85 (0.69–1.06)
ECOG PS score at screening			
0	124/201 (62)	229/399 (57)	0.95 (0.76–1.18)
1	136/184 (74)	214/353 (61)	0.76 (0.61–0.94)
Primary tumor site[a]			
Ovarian	217/310 (70)	353/602 (59)	0.81 (0.69–0.96)
Primary peritoneal	23/34 (68)	52/79 (66)	1.02 (0.62–1.66)
Fallopian tube	20/40 (50)	38/72 (53)	1.17 (0.68–2.01)
Disease stage at initial diagnosis			
III	160/247 (65)	257/466 (55)	0.85 (0.70–1.04)
IV	100/138 (72)	186/287 (65)	0.80 (0.63–1.03)
Surgical status at screening[a]			
PDS	80/132 (61)	144/273 (53)	0.91 (0.69–1.19)
Planned IDS	153/217 (71)	240/404 (59)	0.80 (0.66–0.99)
Nonsurgical (inoperable)	27/36 (75)	59/76 (78)	1.17 (0.74–1.84)



Subgroup	Niraparib n / N (%)	Dostarlimab + niraparib n / N (%)	Hazard ratio (95% CI)
All patients	260/385 (68)	443/753 (59)	0.85 (0.73–0.99)
Concurrent bevacizumab use, as per exposure			
Yes	137/199 (69)	244/398 (61)	0.84 (0.68–1.03)
No	123/186 (66)	199/355 (56)	0.86 (0.69–1.08)
PD-L1 status			
TAP ≥5% (positive)	52/92 (57)	116/226 (51)	0.84 (0.61–1.17)
TAP <5% (negative)	166/230 (72)	248/403 (62)	0.87 (0.71–1.06)
Myriad MyChoice status			
*BRCA*m	37/81 (46)	63/151 (42)	0.98 (0.65–1.48)
*BRCA*wt	184/253 (73)	336/513 (65)	0.87 (0.73–1.04)
*BRCA*wt HRd	43/65 (66)	86/147 (59)	0.83 (0.58–1.20)
HRd	80/146 (55)	149/298 (50)	0.95 (0.72–1.24)
HRp	126/164 (77)	219/312 (70)	0.92 (0.74–1.14)
HRD unknown	54/75 (72)	75/143 (52)	0.68 (0.48–0.96)



AC Hardy Bessard et al, annals of oncoly 2025

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

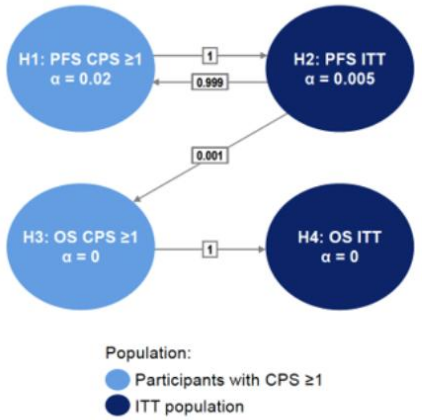
- Histologically confirmed epithelial ovarian, fallopian tube, or primary peritoneal carcinoma
- 1 or 2 prior lines of systemic therapy; at least 1 platinum-based therapy
  - Prior anti–PD-1 or anti–PD-L1, PARPi, and bevacizumab permitted
- Radiographic evidence of disease progression within 6 months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

R 1:1

N = 616

Pembrolizumab 400 mg (Q6W, 18 cycles) + Paclitaxel 80 mg/m² Days 1, 8, and 15 each Q3W cycle (± bevacizumab[a] 10 mg/kg Q2W)

Placebo (Q6W, 18 cycles) + Paclitaxel 80 mg/m² Days 1, 8, and 15 each Q3W cycle (± bevacizumab[a] 10 mg/kg Q2W)



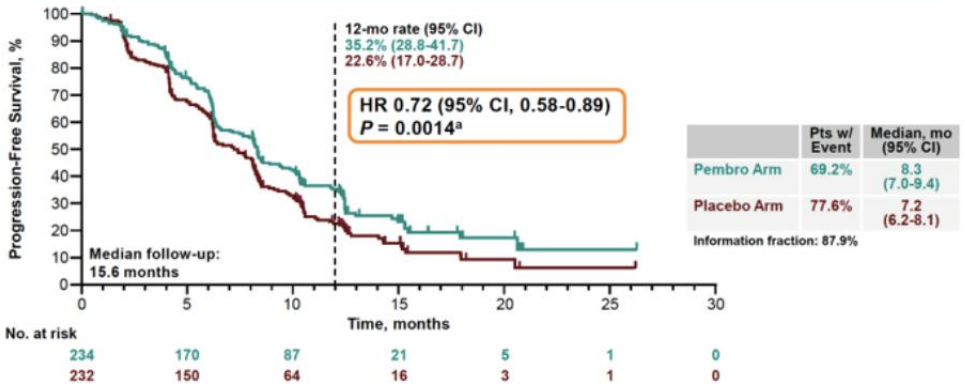
Primary endpoint: PFS per RECIST v1.1 assessed by investigator
Key secondary endpoint: OS
Secondary endpoints: PFS by BICR per RECIST v1.1, safety, HRQoL

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

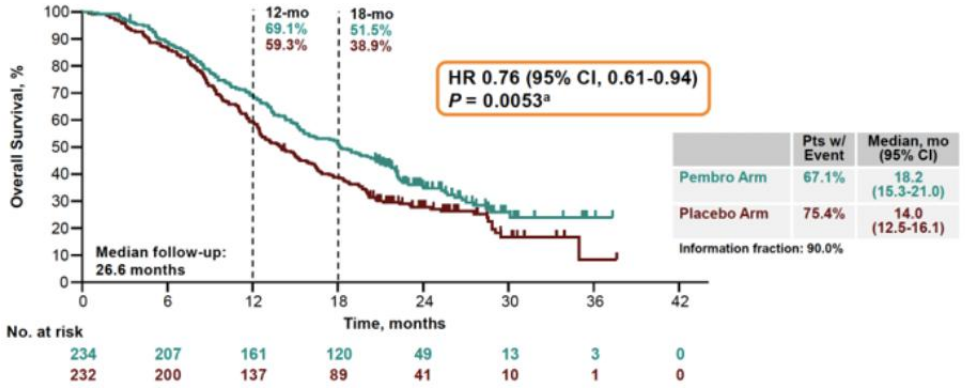
OVAIRE : RECIDIVE PLATINE RESISTANTE

ESSAI KEYNOTE B96

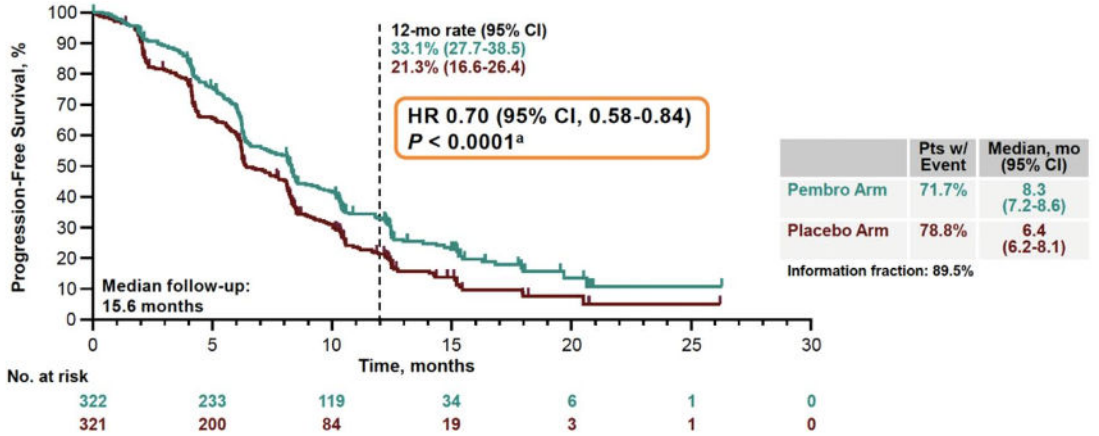
Progression-Free Survival in the CPS ≥1 Population at IA1



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

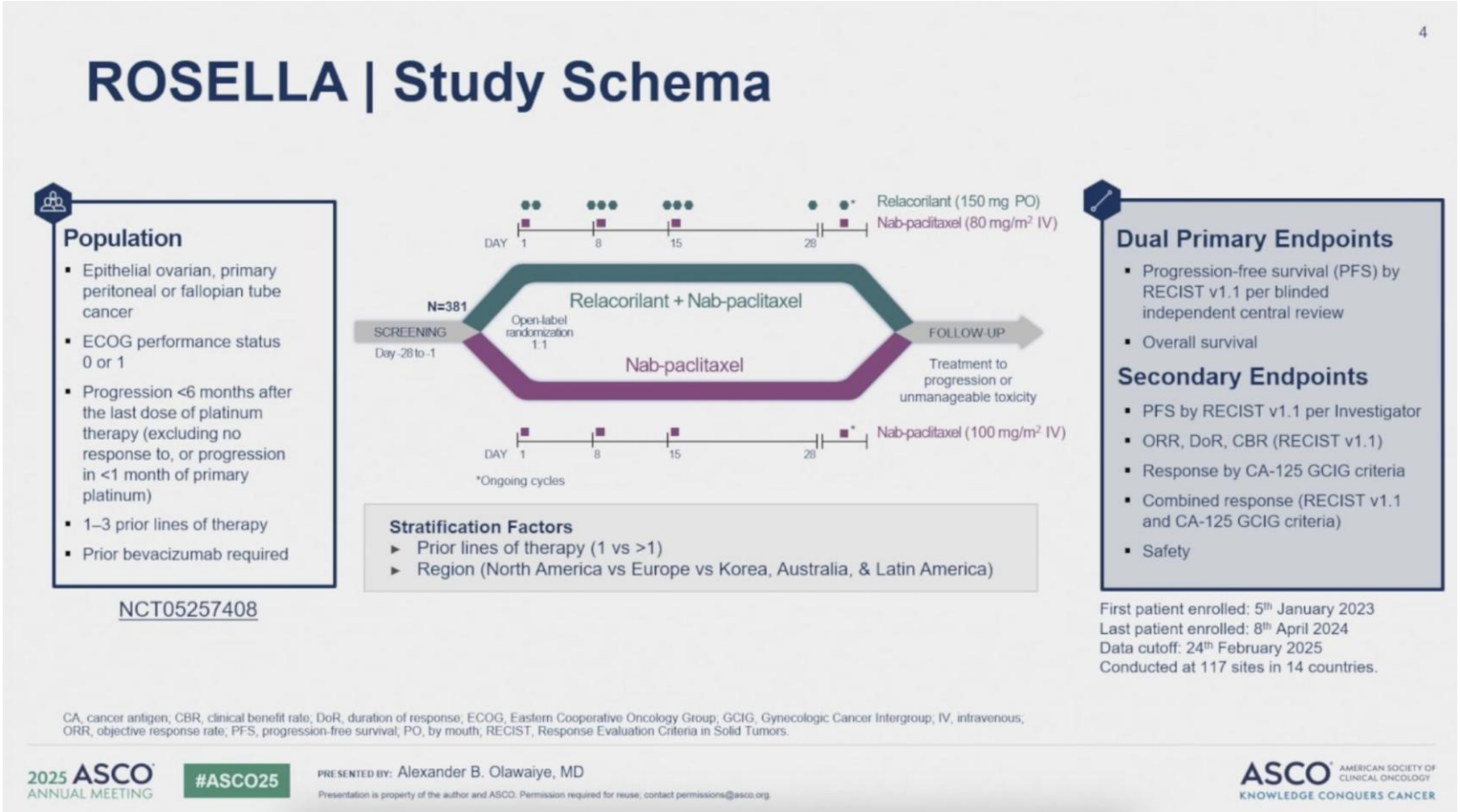


Progression-Free Survival in the ITT Population at IA1



OVAIRE : RECIDIVE PLATINE RESISTANTE

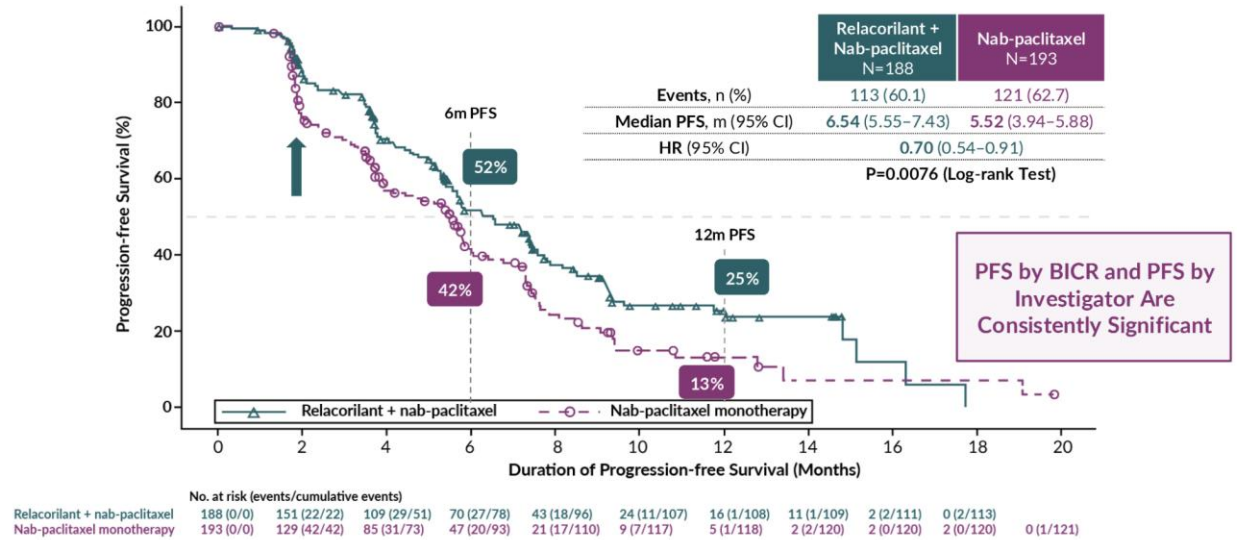
ESSAI ROSELLA, phase II/III



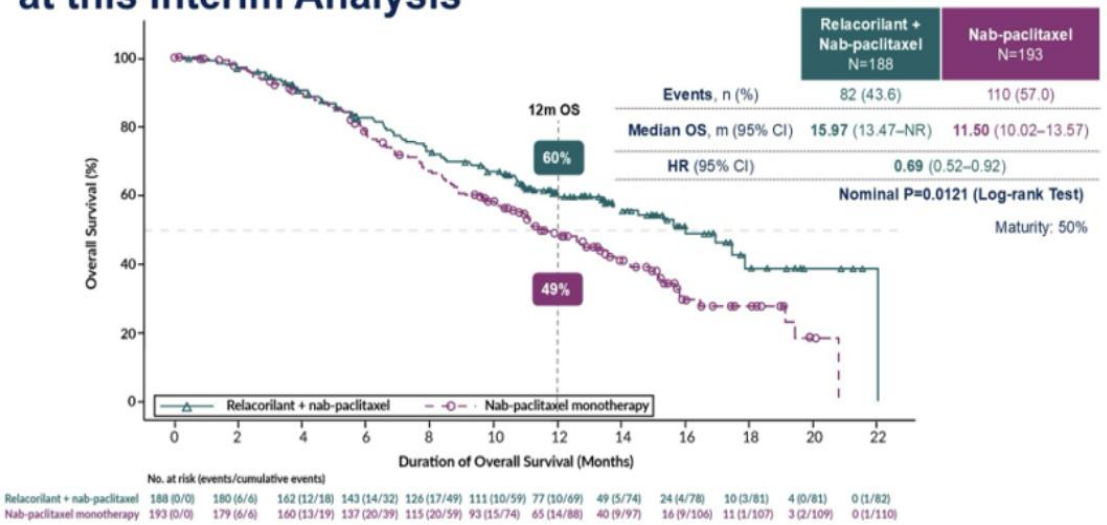
OVAIRE : RECIDIVE PLATINE RESISTANTE

ESSAI ROSELLA, phase II/III

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



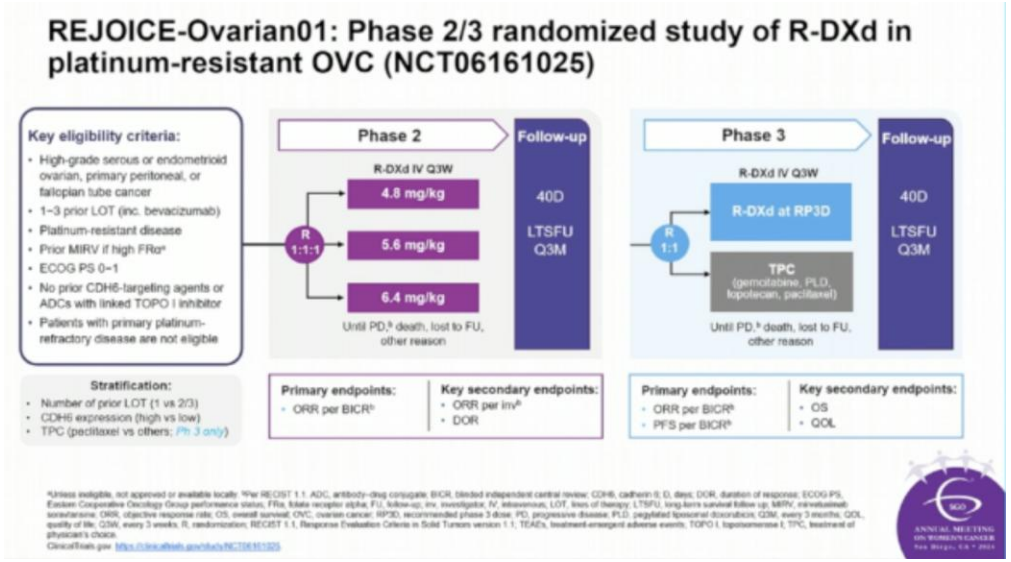
ROSELLA | Relacorilant Improved Overall Survival at this Interim Analysis

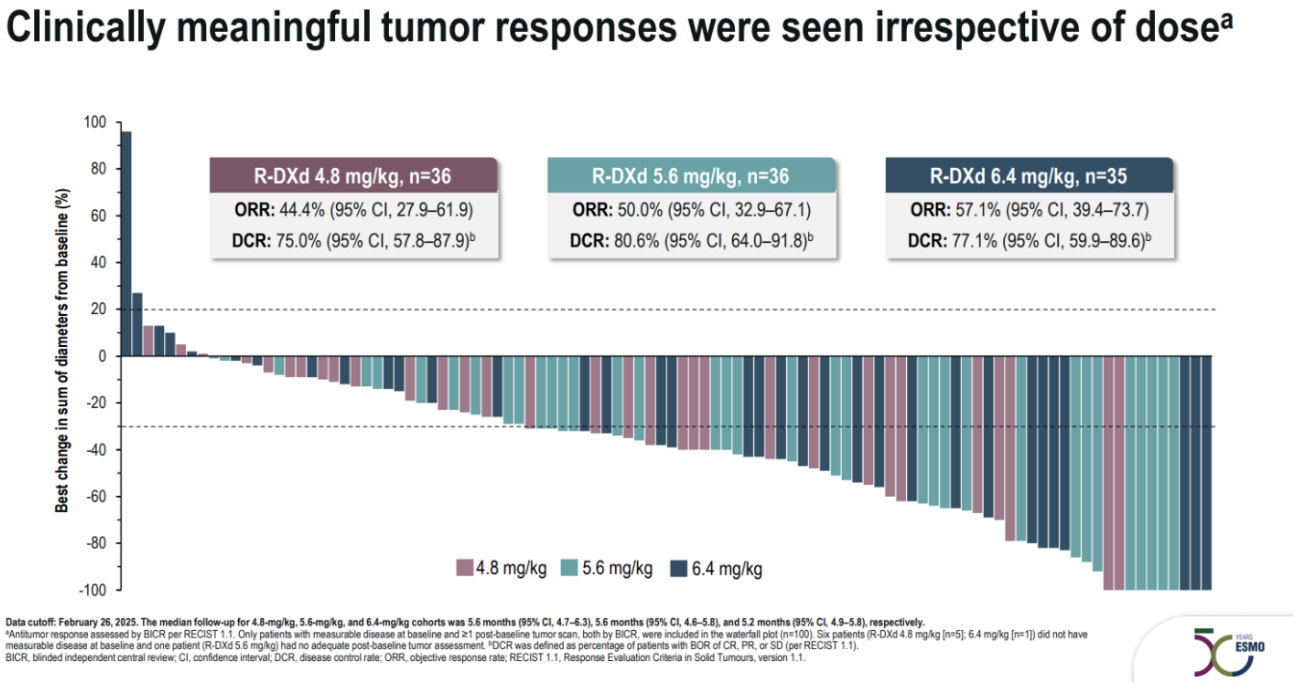


Olawaiye et al., ESMO 2025, abs #LBA5507

OVAIRE : RECIDIVE PLATINE RESISTANTE

ESSAI REJOICE-OVARIAN 01, phase II/III





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

OVAIRE : RECIDIVE PLATINE RESISTANTE

TAKE HOME MESSAGE / ACCES PRECOCE

- Personnalisation du traitement à la récidive platine résistante

- MIRVETUXIMAB SORAVTANSINE, AAC ***(Etude Mirasol)***

- Cancer de l'ovaire séreux de haut grade en récidive platine résistante
- FOLR1 positif
- Max 3 lignes antérieures

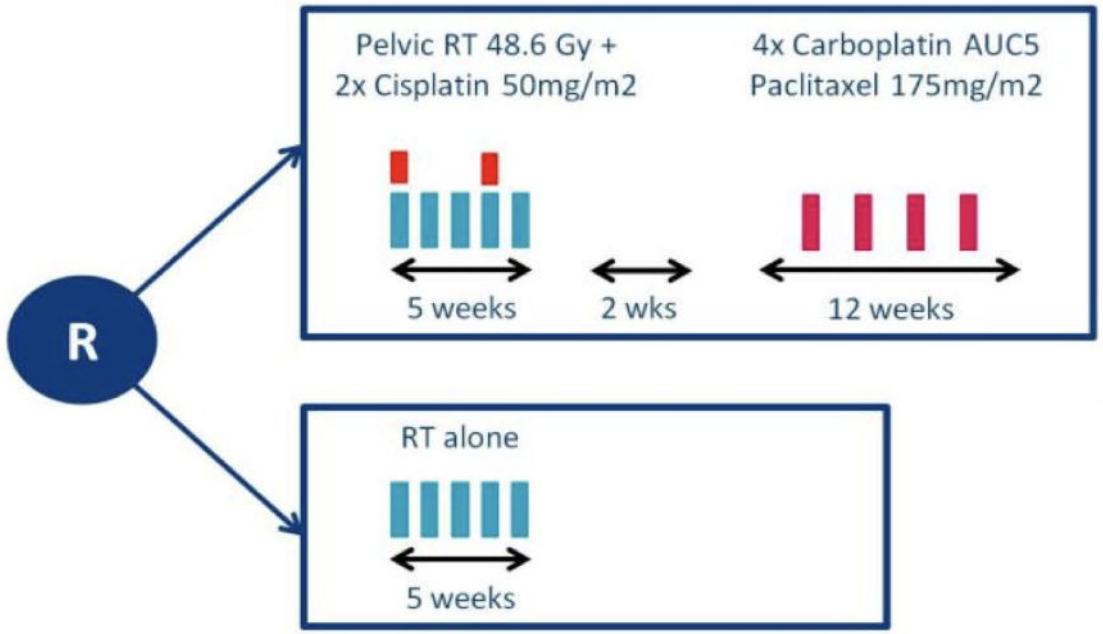
- BALSTILIMAB-BOTENSILIMAB, AAP ***(Porter R et al, J Immuno Cancer 2025)***

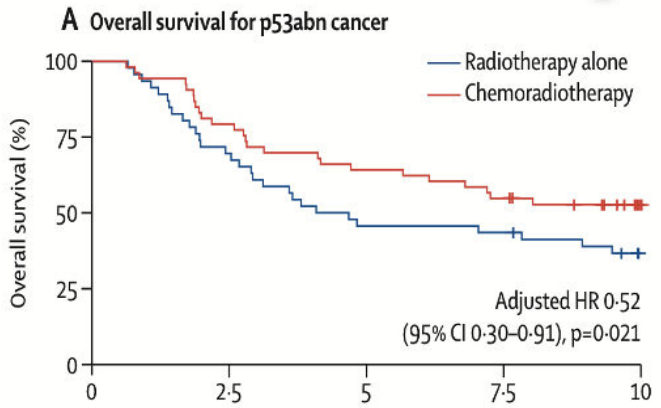
- pour les cancers de l'ovaire en récidive platine résistante (privilégier les cellules claires ?)
- Pas de limite de ligne
- Risque de colite immuno médiée +++

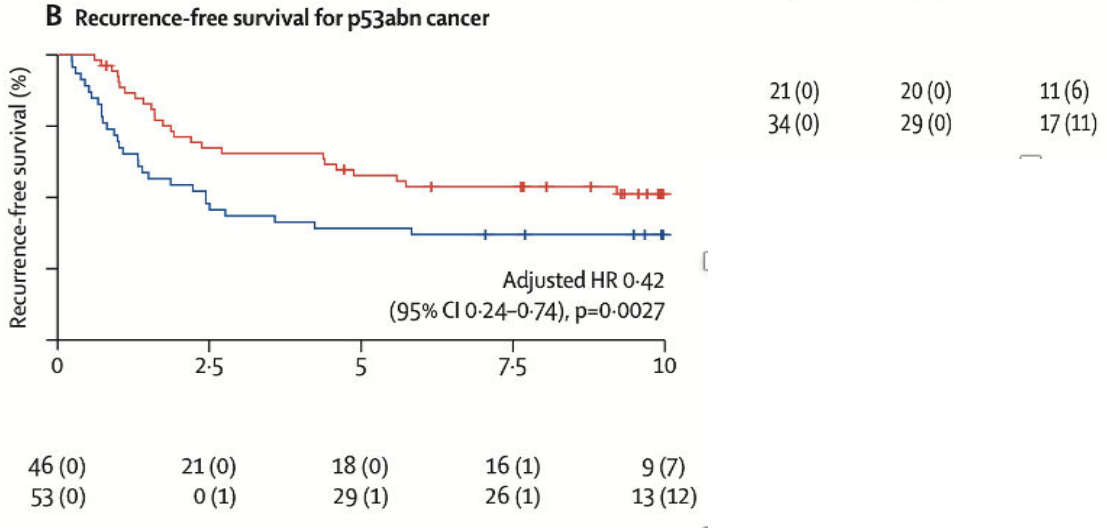
ENDOMETRE LOCALISE

ESSAI PORTEC-3 : données actualisées à 10 ans

- High risk Endometrial Cancer (HREC)



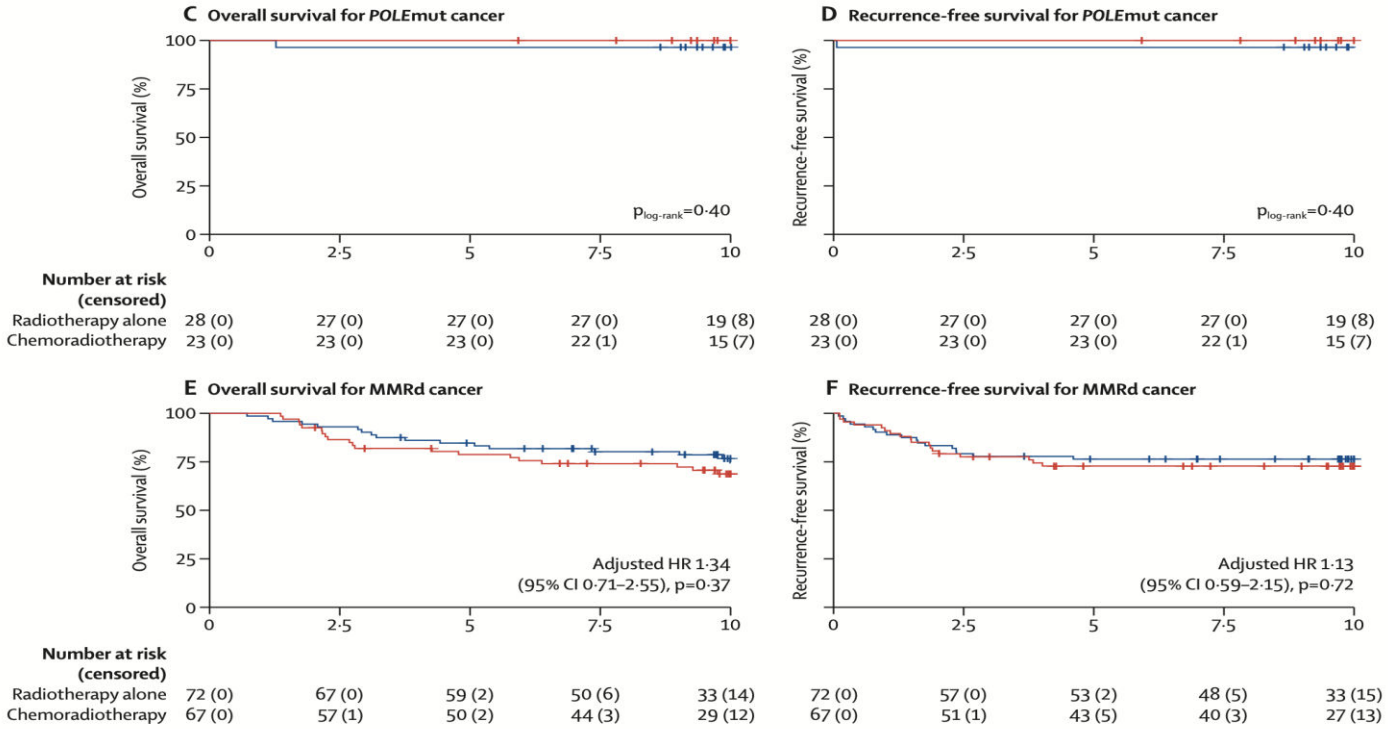




VM Van Den Heerik et al, PORTEC-4, Lancet Oncol 2026

ENDOMETRE LOCALISE, Risque intermédiaire-haut

ESSAI PORTEC-3 : données actualisées à 10 ans



VM Van Den Heerik et al, PORTEC-4, Lancet Oncol 2026

ENDOMETRE LOCALISE

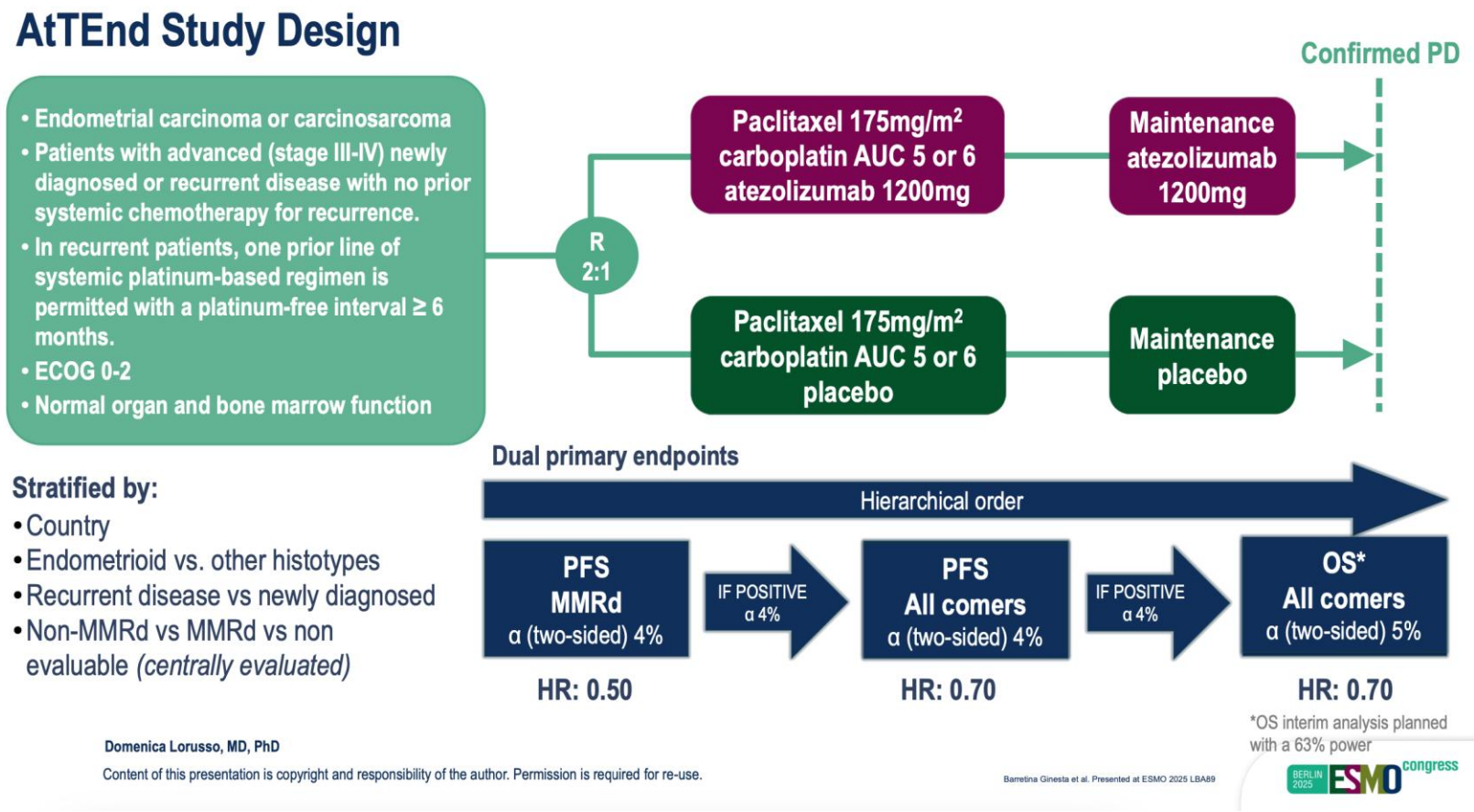
TAKE HOME MESSAGE

- 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

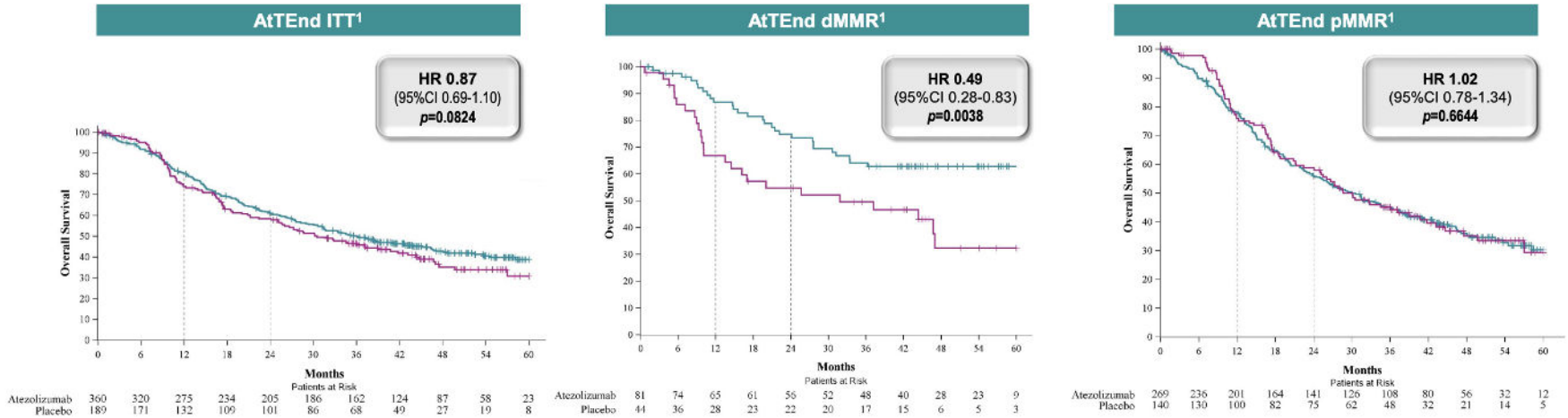


Maria Pilar Barretina Ginest et al, ESMO 2025, #LBA39

ENDOMETRE METASTATIQUE

ESSAI AtTEND : FINAL OVERALL SURVIVAL

AtTEnd: OS in ITT, dMMR and pMMR population



Maria Pilar Barretina Ginest et al, ESMO 2025, #LBA39

ENDOMETRE METASTATIQUE

1ere ligne

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

- Carboplatine Paclitaxel + Pembrolizumab **(Etude NRG GY018)**

Maria Pilar Barretina Ginest et al, ESMO 2025, #LBA39

CANCER DU COL LOCALISE

ESSAI KEYNOTE A-18

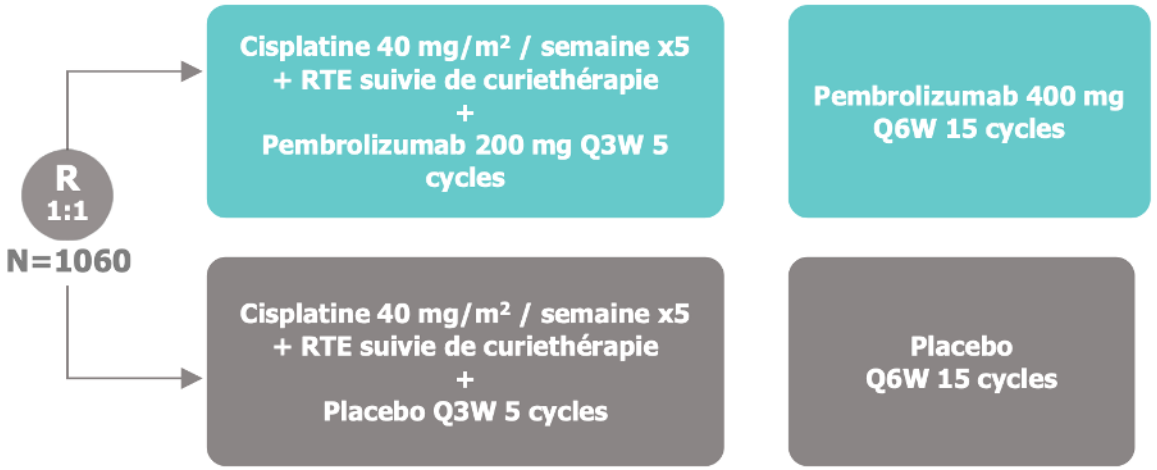
Critères d'inclusion

- 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]



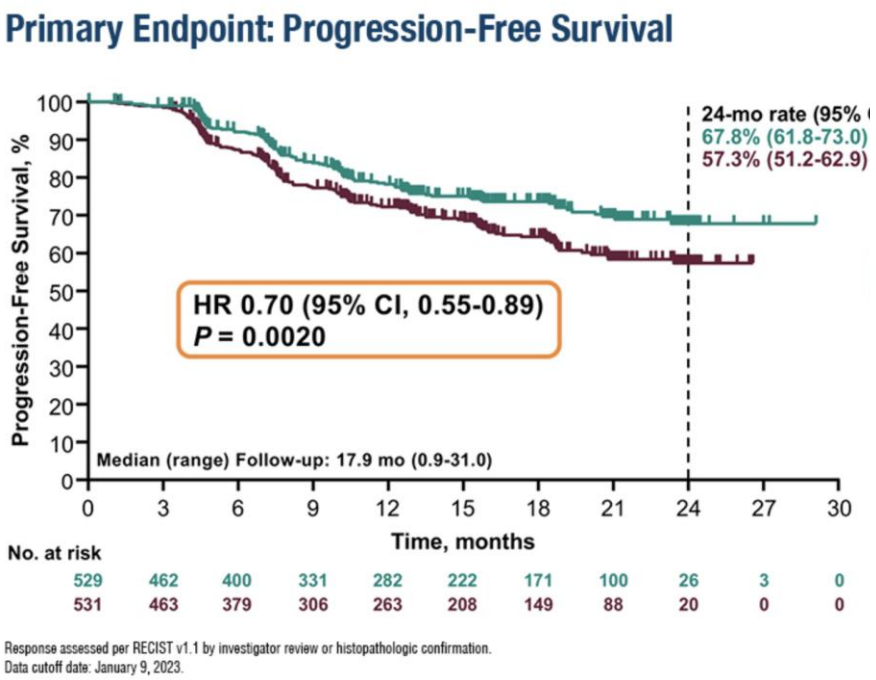
Objectifs

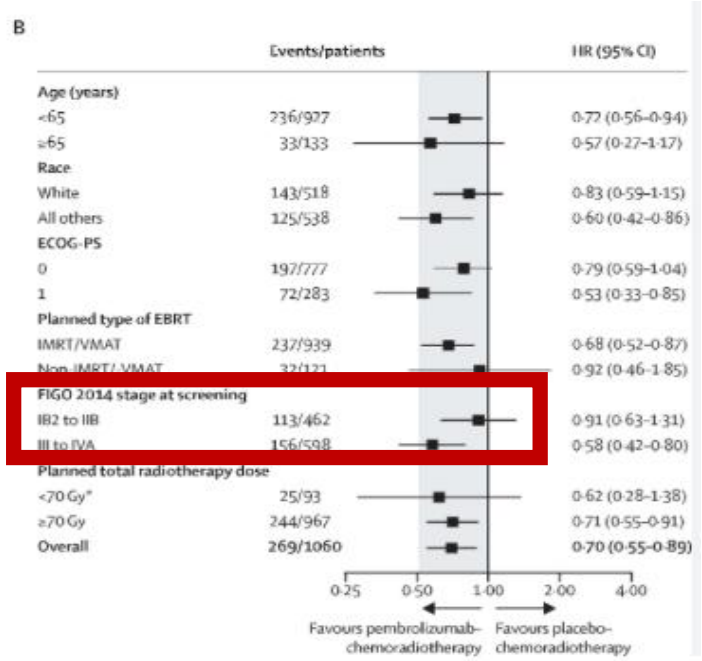
- Primaires : SSP (RECIST v1.1) par investigateur ou confirmation histologique et SG
- Secondaires clés : SSP à 24 mois, taux de réponse, PRO, et tolérance

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

CANCER DU COL LOCALISE

ESSAI KEYNOTE A-18





	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)	

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

Duska LE et al, ASCO 2025, abs #LB5504

CANCER DU COL LOCALISE

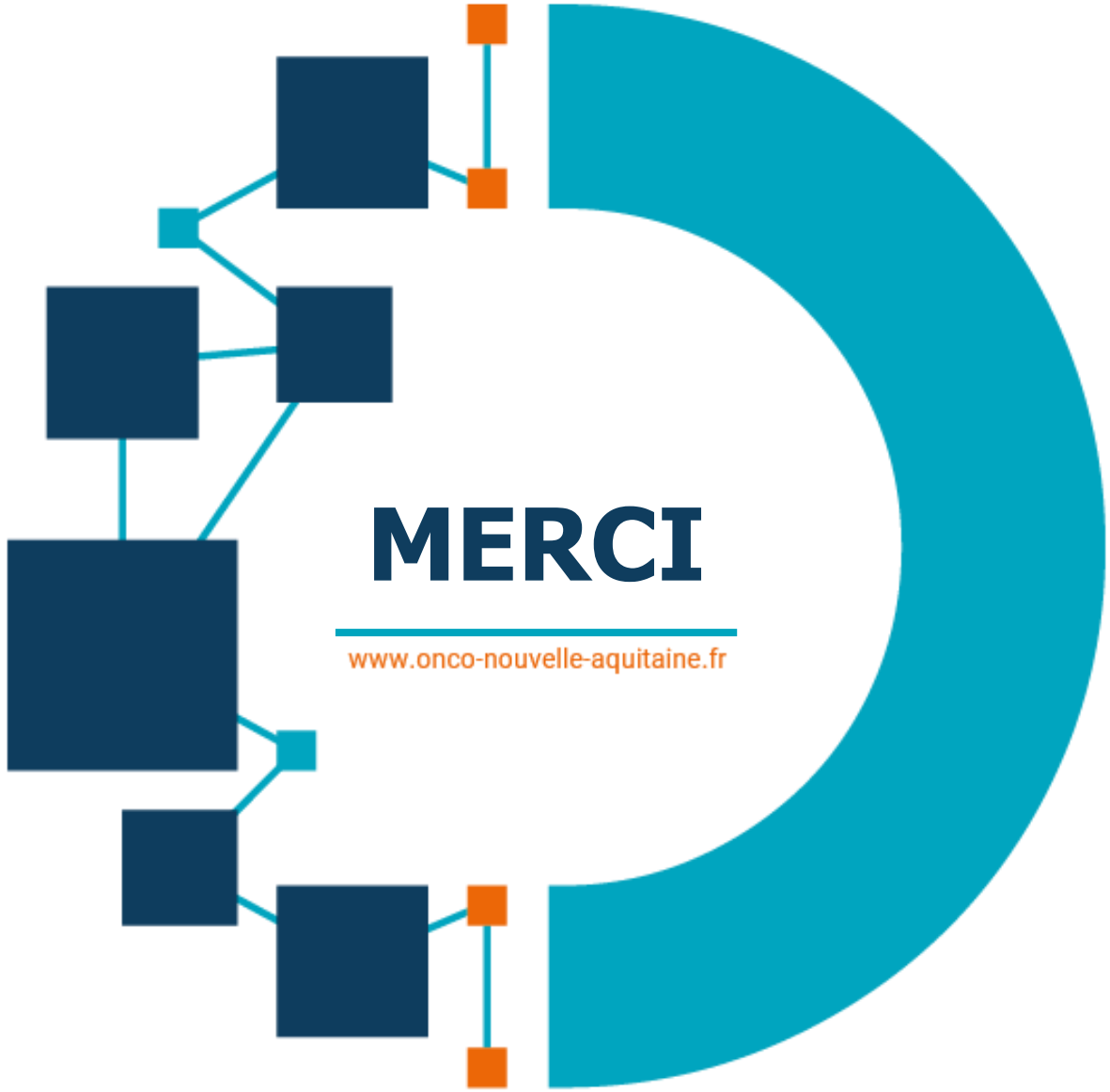
ESSAI KEYNOTE A-18 : ACCES PRECOCE

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

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

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

Et quelque soit l'atteinte ganglionnaire


MERCI
www.onco-nouvelle-aquitaine.fr