

# LES SCOOPS EN CANCEROLOGIE ORL

29 Janvier 2026

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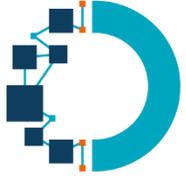
**Palais de la Bourse**

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**Amaury DASTE**

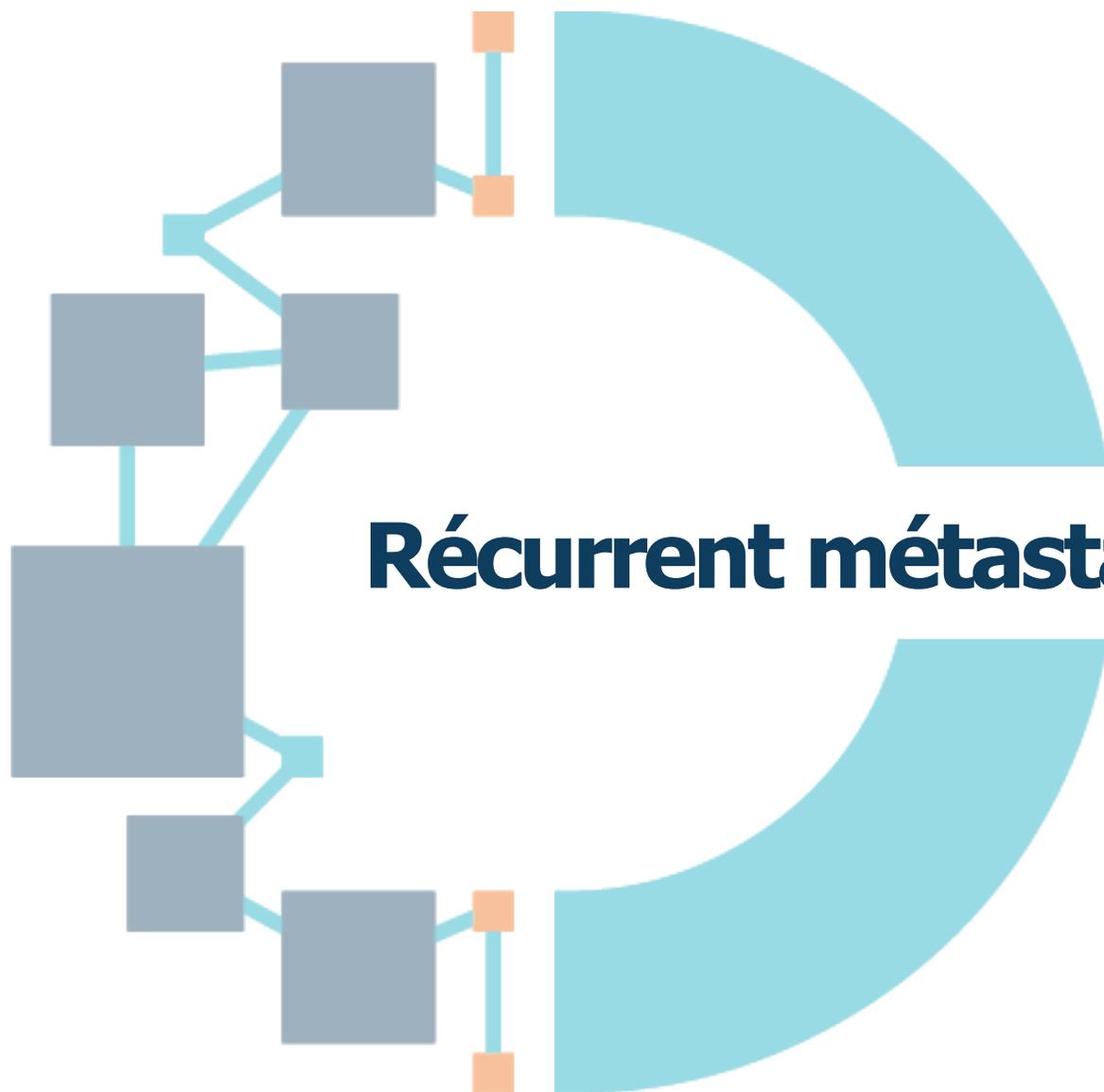
Oncologue CHU Bordeaux

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



## Liens d'intérêts

- Consultants MSD, Merck, BMS Leopharma, merus, abbvie, Astra Zeneca
- Supporter de l'UBB

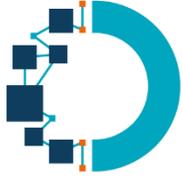


# Récurrent métastatique

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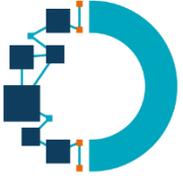
**Cancer VADS**

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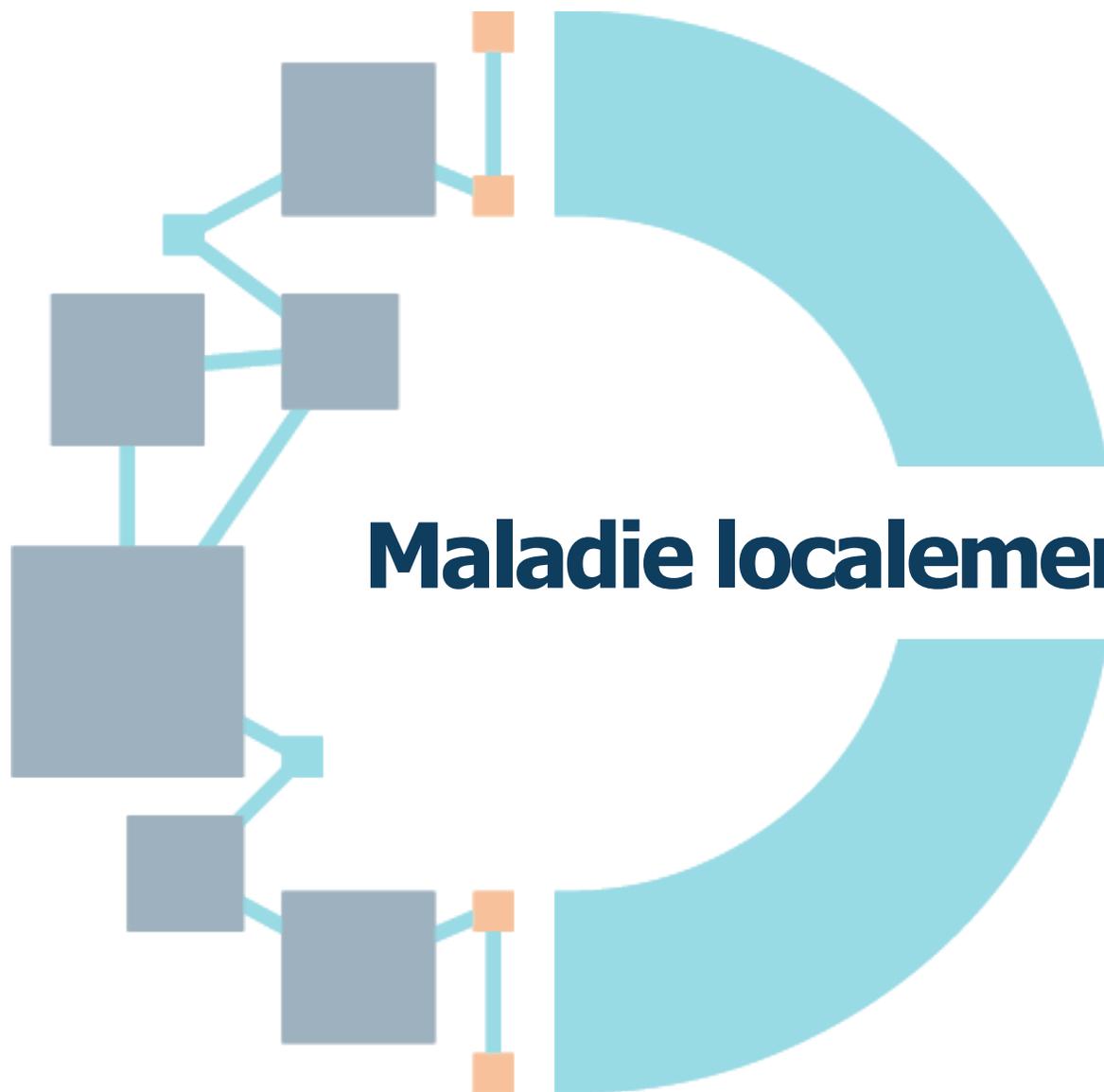
# Rechute/métastatique

- Pas de changement de pratique
- Beaucoup d'évaluation
- Place des anti EGFR (ADC ou bispécifique+++)
- Echec des doubles immuno



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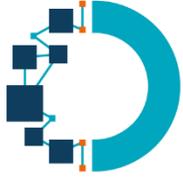


# Maladie localement Avancé

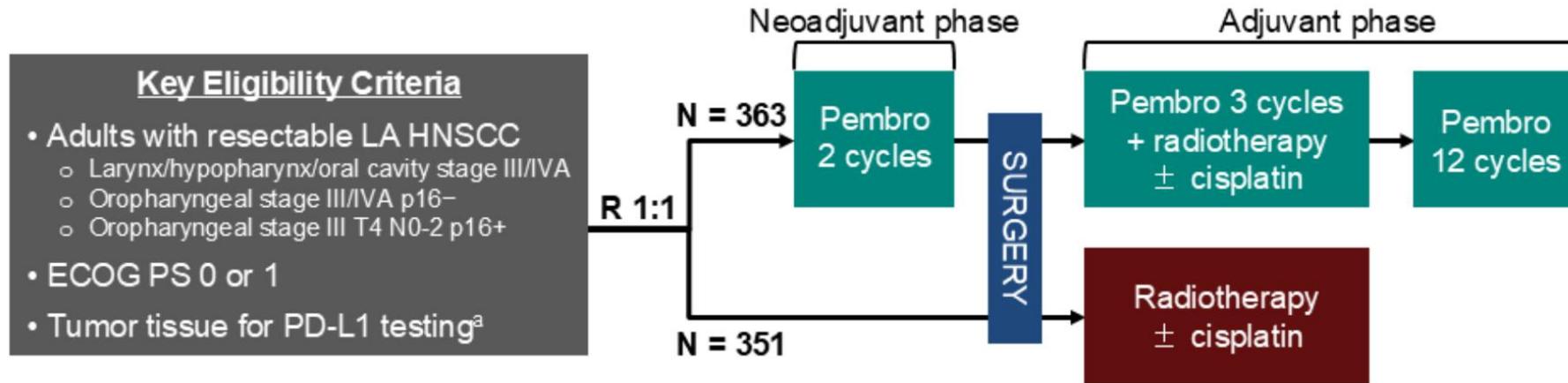
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**Cancer VADS**

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# Keynote 689 Study design



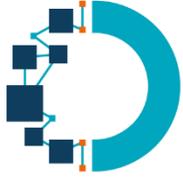
## Stratification factors

- Primary tumor site (oropharynx/oral cavity vs larynx vs hypopharynx)
- Tumor stage (III vs IVA)
- PD-L1 TPS<sup>a</sup> (≥50% vs <50%)

**Primary endpoint:** EFS per RECIST 1.1 by BICR

**Key secondary endpoints:** Major pathological response (mPR; ≤10% residual invasive SCC in resected primary tumor and all sampled regional lymph nodes) by BIPR and OS

**Other secondary endpoints include:** Safety

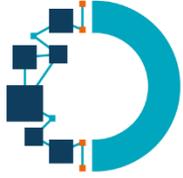


# Keynote 689 Population

**Table 1. Baseline Characteristics of the Total Population.<sup>a</sup>**

Characteristic	Pembrolizumab (N = 363)	Control (N = 351)
Median age (range) — yr	60.0 (29–82)	61.0 (22–87)
Male sex — no. (%)	286 (78.8)	277 (78.9)
ECOG performance-status score of 0 — no. (%) <sup>†</sup>	199 (54.8)	209 (59.5)
Geographic region — no. (%)		
North America	64 (17.6)	49 (14.0)
European Union	138 (38.0)	145 (41.3)
Rest of the world	161 (44.4)	157 (44.7)
Race or ethnic group — no. (%) <sup>‡</sup>		
American Indian or Alaska Native	0	1 (0.3)
Asian	51 (14.0)	44 (12.5)
Black	9 (2.5)	9 (2.6)
Multiple	9 (2.5)	20 (5.7)
Native Hawaiian or other Pacific Islander	1 (0.3)	1 (0.3)
White	284 (78.2)	270 (76.9)
Missing	9 (2.5)	6 (1.7)
Primary tumor site — no. (%)		
Hypopharynx	28 (7.7)	26 (7.4)
Larynx	81 (22.3)	73 (20.8)
Oral cavity	219 (60.3)	213 (60.7)
Oropharynx	35 (9.6)	38 (10.8)
Missing	0	1 (0.3)
HPV status — no. (%) <sup>§</sup>		
Positive	12 (3.3)	15 (4.3)
Negative	351 (96.7)	335 (95.4)
Missing	0	1 (0.3)
PD-L1 status — no. (%) <sup>¶</sup>		
TPS ≥50%	103 (28.4)	107 (30.5)
CPS ≥10	234 (64.5)	231 (65.8)
CPS ≥1	347 (95.6)	335 (95.4)
CPS <1	13 (3.6)	14 (4.0)
Missing CPS	3 (0.8)	2 (0.6)
Current or former smoker — no. (%)		
Yes	293 (80.7)	267 (76.1)
No	64 (17.6)	81 (23.1)
Missing	6 (1.7)	3 (0.9)
Alcohol use — no. (%)		
Yes	250 (68.9)	238 (67.8)
No	107 (29.5)	110 (31.3)
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Uppaluri NEJM 2025 3;393(1):37-50.



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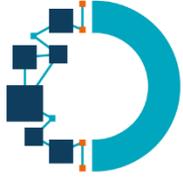
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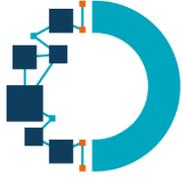
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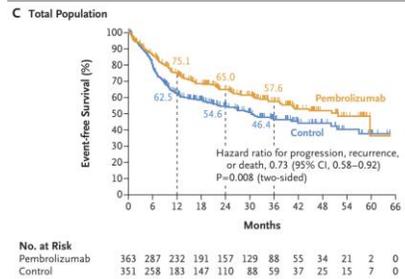
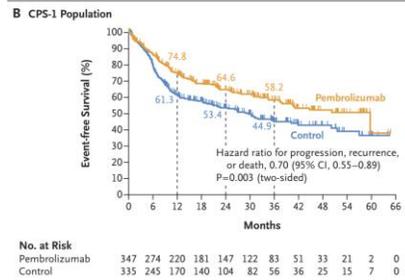
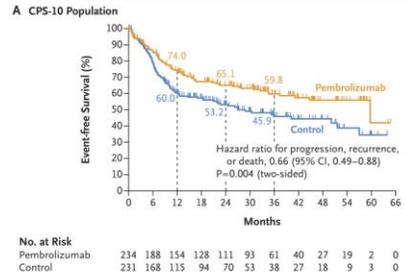
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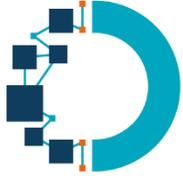
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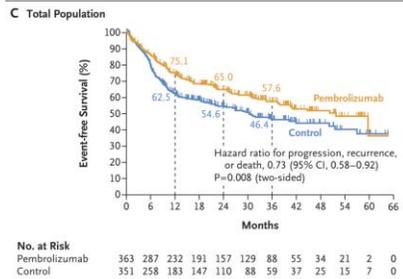
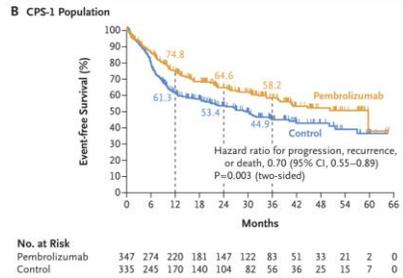
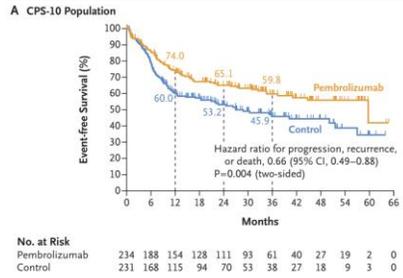
# Résultats Survie sans rechute



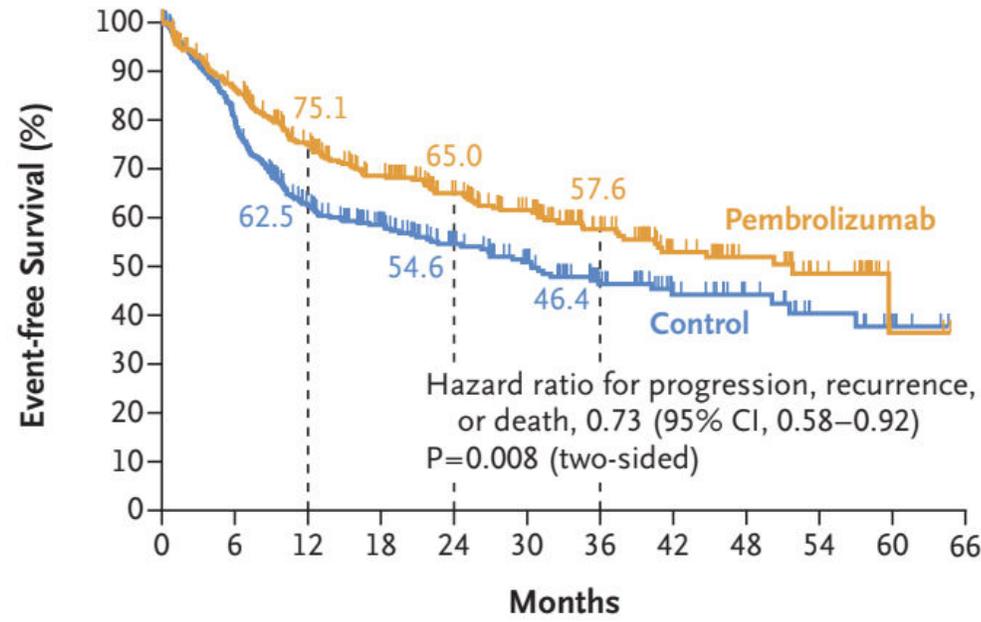
	Pembro + SOC (N = 363)	SOC (N = 351)
Events, n (%)	136 (37.5)	159 (45.3)
Death	67 (18.5)	64 (18.2)
Distant PD	26 (7.2)	51 (14.5)
Local + distant PD	4 (1.1)	7 (2.0)
Local PD/recurrence	39 (10.7)	37 (10.5)
<b>Median, mo (95% CI)</b>	<b>51.8 (37.5-NR)</b>	<b>30.4 (21.8-50.1)</b>



# Résultats Survie sans rechute



## C Total Population

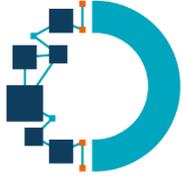


**No. at Risk**  
Pembrolizumab  
Control

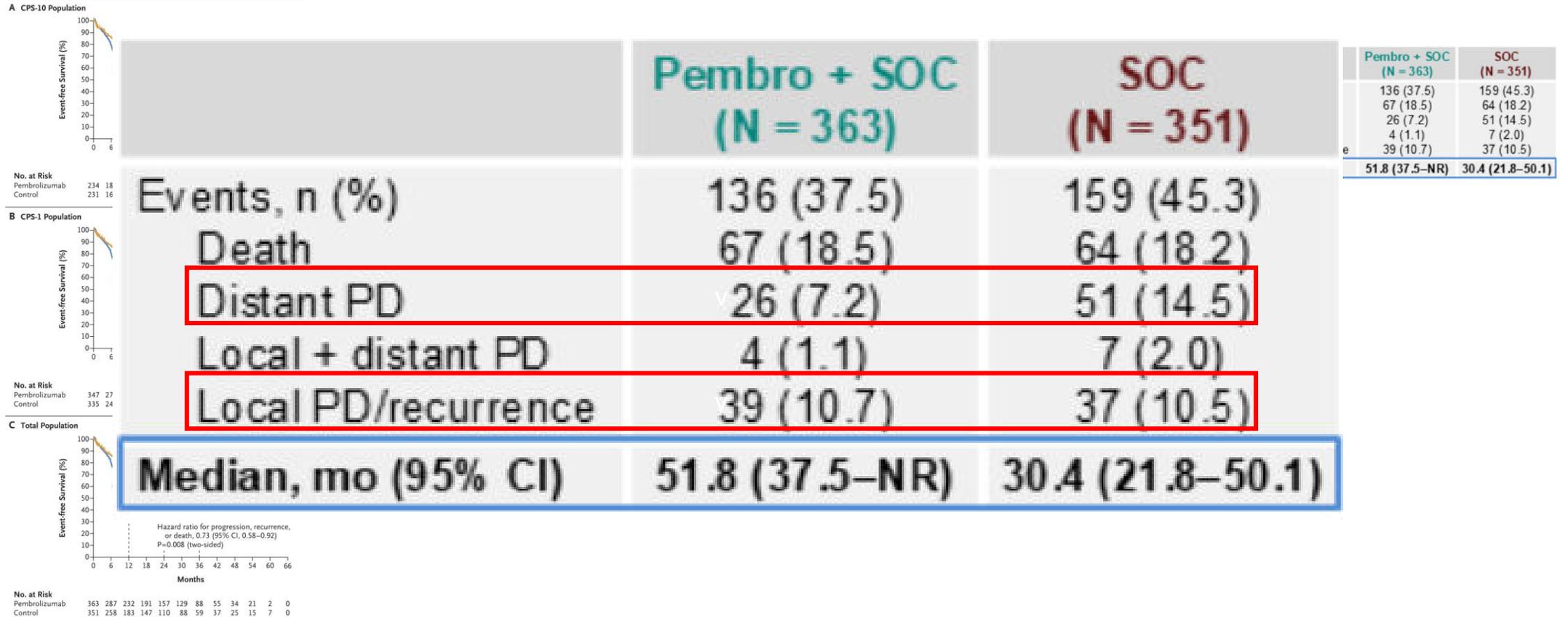
Pembrolizumab	363	287	232	191	157	129	88	55	34	21	2	0
Control	351	258	183	147	110	88	59	37	25	15	7	0

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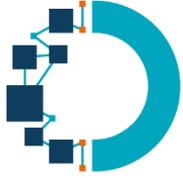
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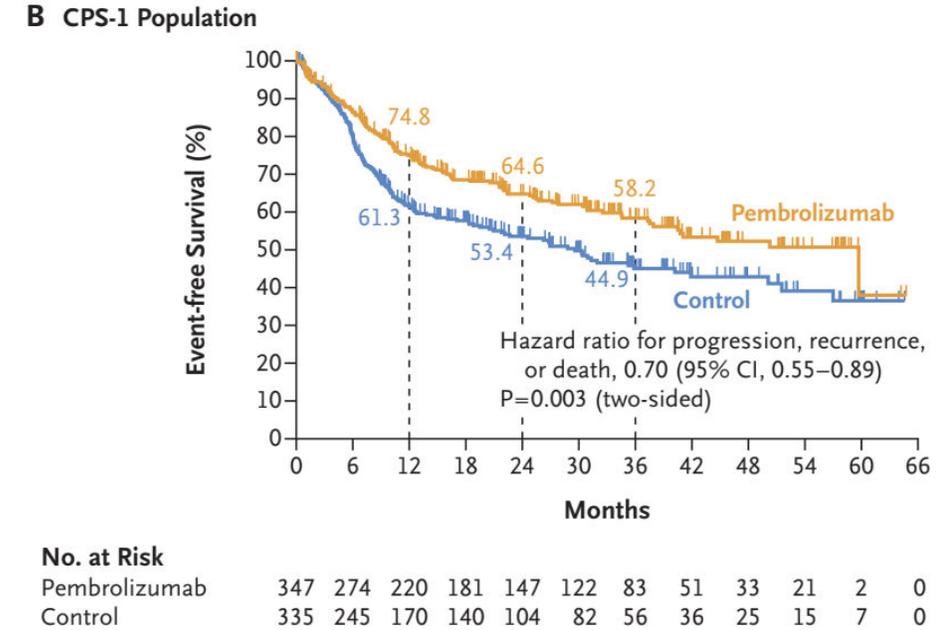
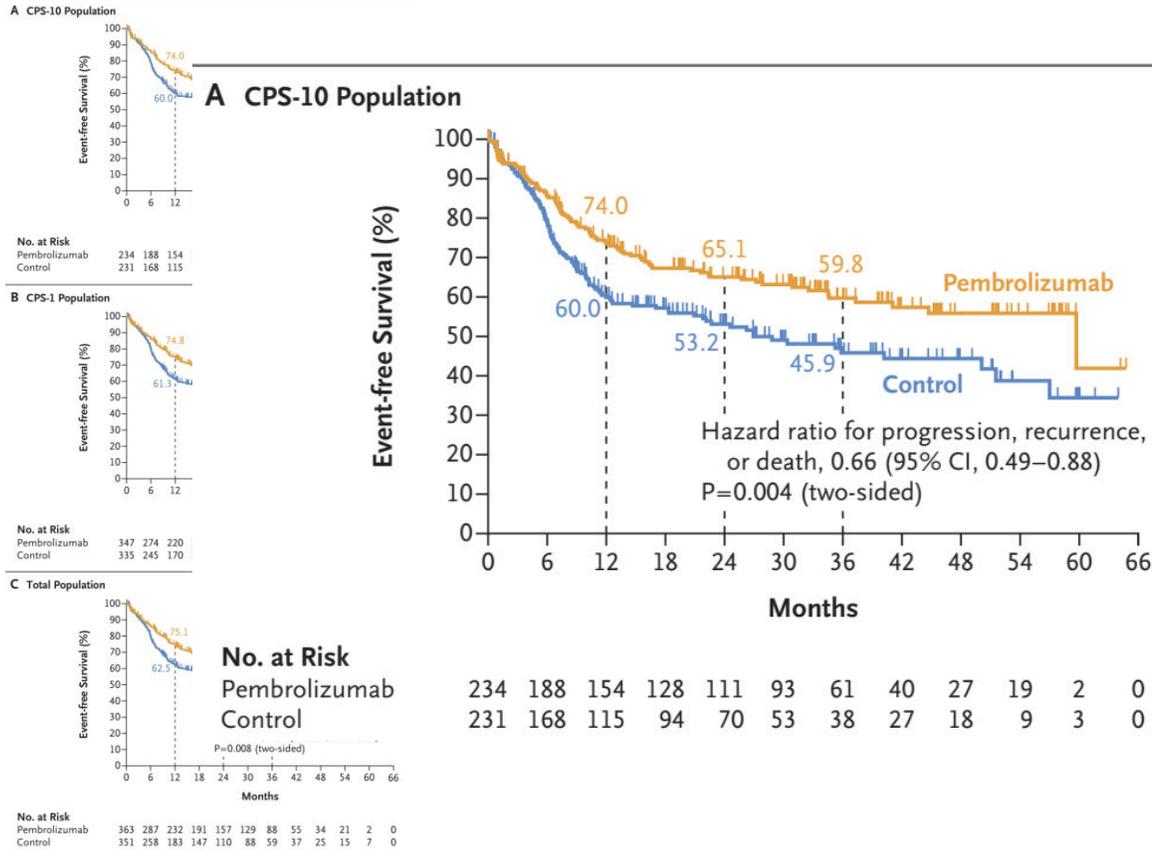
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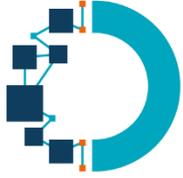
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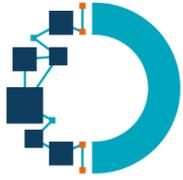


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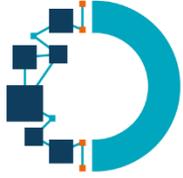
# Résultats Caractéristique post traitement

		Pembro + SOC	SOC
<b>Study start</b>	Participants randomized (Dec 2018-Oct 2023), N	363	351
<b>Neoadjuvant therapy</b>	Received ≥1 dose of neoadjuvant pembrolizumab, n (%)	360 (99.2)	2 <sup>a</sup> (0.6)
	Completed 2 cycles of pembrolizumab, n (%)	341 (93.9)	1 (0.3)
	Permanently discontinued all study therapy at this phase, n (%)	30 (8.3)	0
<b>In-study surgery</b>	Underwent surgery, n (%)	322 (88.7)	308 (87.7)
	Completed surgery	321 (88.4)	308 (87.7)
	Tumor found to be surgically unresectable	1 (0.3)	0
	Permanently discontinued all study therapy at this phase, n (%)	55 (15.2)	41 (11.7)
	Postoperative risk assessment by BIPR, n (%)		
	High-risk features present	118 (32.5)	156 (44.4)
Low risk (no high-risk features present)	196 (54.0)	148 (42.2)	
	Missing	49 (13.5)	47 (13.4)
<b>Adjuvant therapy</b>	Received ≥1 dose of adjuvant therapy after surgery, n (%)	267 (73.6) <sup>b</sup>	267 (76.1) <sup>b</sup>
	Started radiotherapy	266 (73.3)	267 (76.1)
	Started pembrolizumab	248 (68.3)	0
	Started cisplatin	100 (27.5)	132 (37.6)
	Permanently discontinued all study therapy at this phase, n (%)	109 (30.0)	14 (4.0)
<b>All study treatment</b>	Completed all study treatment, n (%)	155 (42.7)	261 (74.4)
	Treatment ongoing, n (%)	11 (3.0)	0



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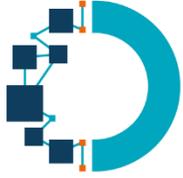
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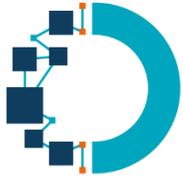
# Résultats Caractéristique post traitement

	Pembro + SOC (N = 363)	SOC (N = 351)
<b>Surgery status, n (%)</b>		
Participants who underwent surgery	322 (88.7)	308 (87.7)
Participants who did not undergo surgery	41 (11.3)	43 (12.3)
<b>Reasons for surgery not performed, n (%)</b>		
Randomized not treated <sup>a</sup>	3 (0.8)	35 (10.0)
Discontinued treatment prior to surgery	30 (8.3)	0
Progressive disease	15 (4.1)	0
Withdrawal by participant	7 (1.9)	0
Adverse event	4 (1.1)	0
Physician decision	2 (0.6)	0
Lost to follow-up	1 (0.3)	0
Non-study anticancer therapy	1 (0.3)	0
Definitive (chemo)radiotherapy without surgery	8 (2.2)	8 (2.3)
Withdrawal by participant	3 (0.8)	5 (1.4)
Physician decision	2 (0.6)	2 (0.6)
Tumor found to be surgically unresectable	2 (0.6)	0
Adverse event	1 (0.3)	1 (0.3)

<sup>a</sup>Reasons included: participant withdrawal (n=21), clinical progression (n=6), physician decision (n=5), adverse event (n=4), protocol violation (n=1), and randomized in error (n=1).

Data cutoff date: 25 July 2024

Uppaluri NEJM 2025 3;393(1):37-50 lee et al ASTRO 2025.



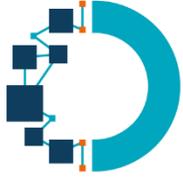
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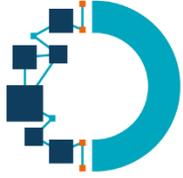
<sup>a</sup>Reasons included: participant withdrawal (n=21), clinical progression (n=6), physician decision (n=5), adverse event (n=4), protocol violation (n=1), and randomized in error (n=1).

Non-study anticancer therapy	1 (0.3)	0
Definitive (chemo)radiotherapy without surgery	8 (2.2)	8 (2.3)
Withdrawal by participant	3 (0.8)	5 (1.4)
Physician decision	2 (0.6)	2 (0.6)
Tumor found to be surgically unresectable	2 (0.6)	0
Adverse event	1 (0.3)	1 (0.3)

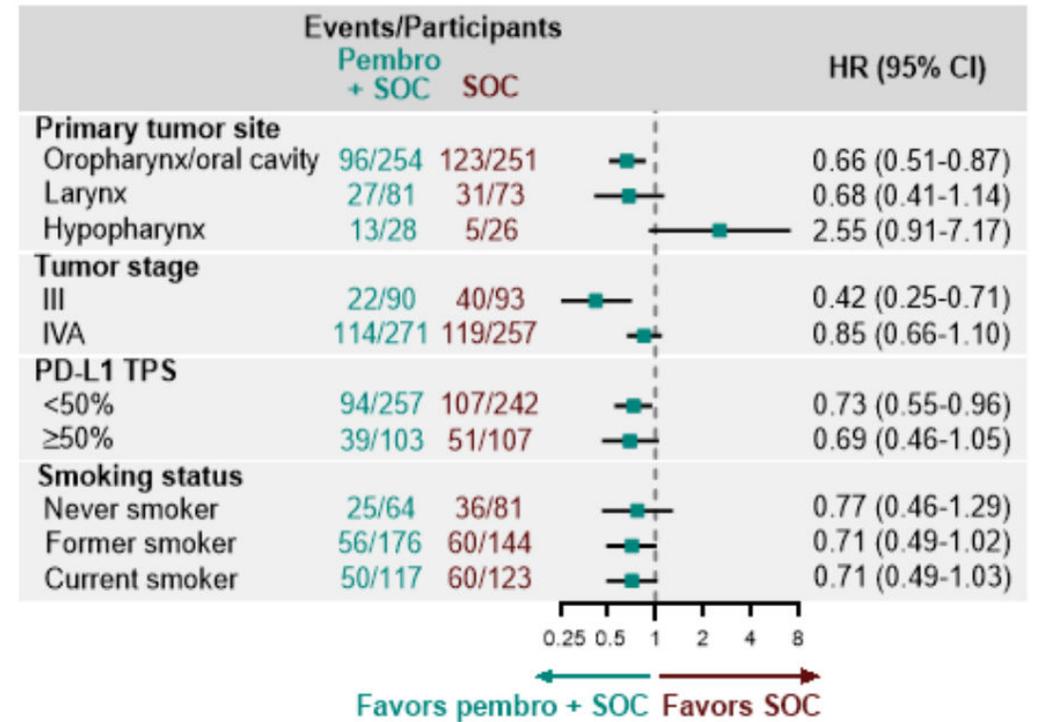
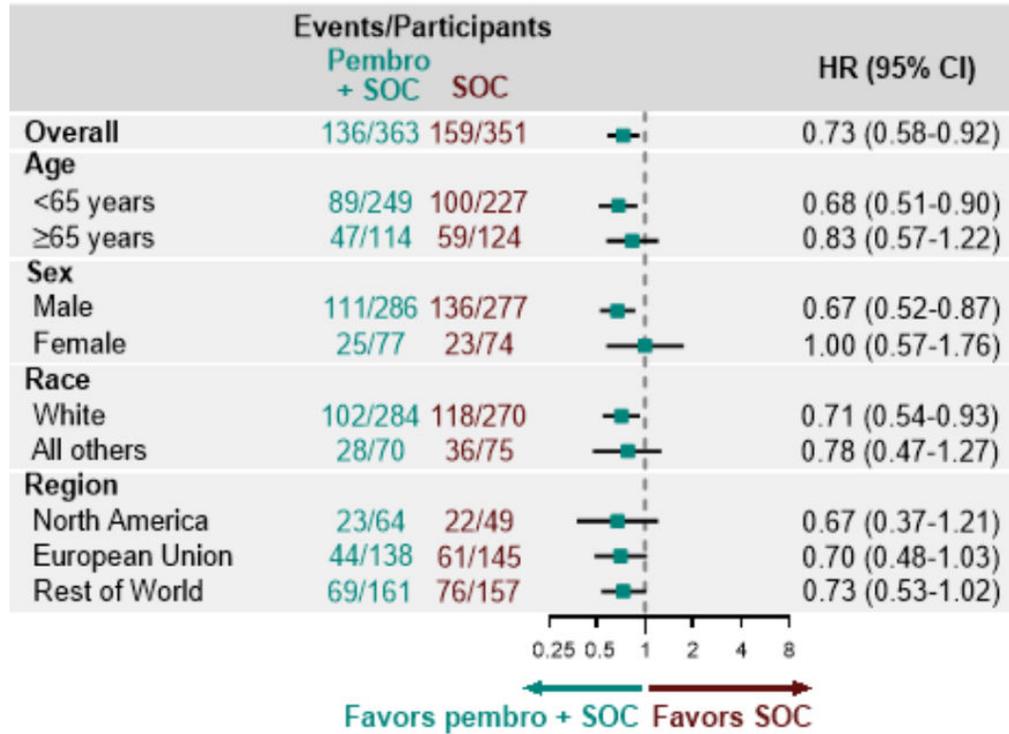
<sup>a</sup>Reasons included: participant withdrawal (n=21), clinical progression (n=6), physician decision (n=5), adverse event (n=4), protocol violation (n=1), and randomized in error (n=1).

Data cutoff date: 25 July 2024

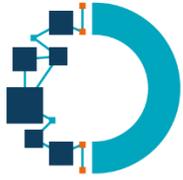
Uppaluri NEJM 2025 3;393(1):37-50 lee et al ASTRO 2025.



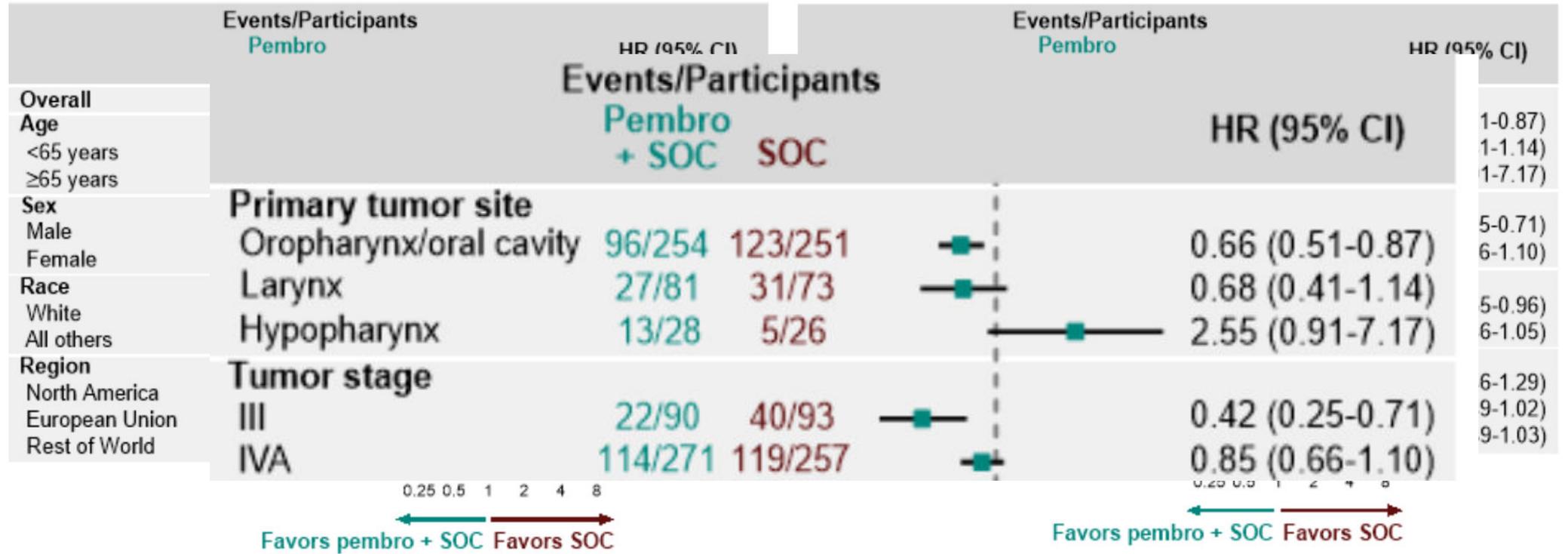
# Analyse sous group



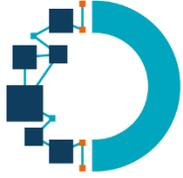
Uppaluri NEJM 2025 3;393(1):37-50.



# Analyse sous group



Uppaluri NEJM 2025 3;393(1):37-50.

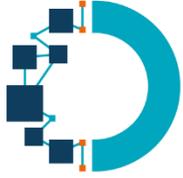


# Réponse pathologique

**Table 2. Pathological Response According to Blinded Independent Pathological Review.\***

End Point	CPS-10 Population (N=465)		CPS-1 Population (N=682)		Total Population (N=714)	
	Pembrolizumab (N=234)	Control (N=231)	Pembrolizumab (N=347)	Control (N=335)	Pembrolizumab (N=363)	Control (N=351)
<b>Key secondary end point: major pathological response†</b>						
No. with response	32	0	34	0	34	0
Incidence — % (95% CI)	13.7 (9.5–18.8)	0.0 (0.0–1.6)	9.8 (6.9–13.4)	0.0 (0.0–1.1)	9.4 (6.6–12.8)	0.0 (0.0–1.0)
Estimated difference (95% CI) — percentage points‡	13.7 (9.7–18.7)		9.8 (7.0–13.3)		9.3 (6.7–12.8)	
P value	<0.001		<0.001		<0.001	
<b>Additional secondary end point: pathological complete response§</b>						
No. with response	10	0	11	0	11	0
Incidence — % (95% CI)	4.3 (2.1–7.7)	0.0 (0.0–1.6)	3.2 (1.6–5.6)	0.0 (0.0–1.1)	3.0 (1.5–5.4)	0.0 (0.0–1.0)
Estimated difference (95% CI) — percentage points	4.2 (2.1–7.6)		3.1 (1.6–5.6)		3.0 (1.5–5.3)	

Uppaluri NEJM 2025 3;393(1):37-50.

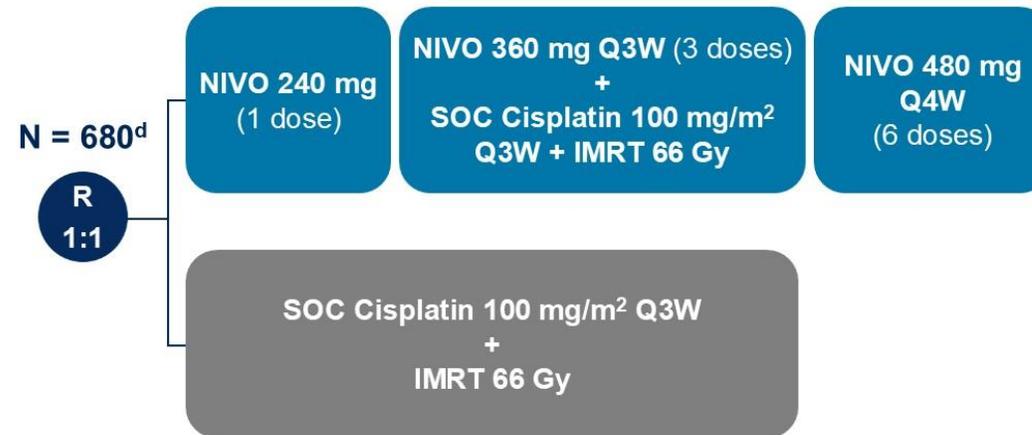


# Nivopost-op Study design

GORTEC

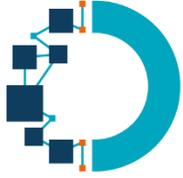
## Key inclusion criteria:

- Adult patients <75 y/o
- ECOG PS 0-1
- SCC of the oral cavity, oropharynx, larynx, or hypopharynx with :
  - Complete macroscopic surgical resection
  - pStage III or IV<sup>b</sup> (AJCC 8<sup>th</sup> edition)
  - High-risk pathological features of relapse<sup>c</sup>



<sup>a</sup>Minimization factors : p16 (OPC p16+ versus OPC p16- and non-OPC) and centers . <sup>b</sup>pStage II p16+ oropharynx if pT3/T4 and tobacco ≥20 packs/year; <sup>c</sup>extra capsular extension (ECE) of lymph node, microscopically positive tumor margins (R1 or close margin ≤ 1 mm), ≥ 4 cervical nodal involvements without ECE, multiple peri-neural invasions; <sup>d</sup>total number of randomized patients between October 2018 and July 2024.

Bourhis Lancet 2026 Jan 24;407(10526):363-374.



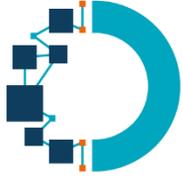
# Nivopost-op Population

GORTEC

N (%)	NIVO + CRT (n = 332 <sup>a</sup> )	CRT (n = 334 <sup>a</sup> )
<b>Median age (IQR), y</b>	59 (53–65)	59 (53–64)
<b>Sex</b>		
Male	250 (75)	257 (77)
Female	82 (25)	77 (23)
<b>ECOG PS</b>		
0	169 (51)	168 (50)
1	163 (49)	166 (50)
<b>Smoking status</b>		
Current	179 (54)	161 (48)
Former	108 (33)	109 (33)
Never	45 (14)	64 (19)
<b>Median no. packs-years (IQR)</b>	40 (25–50)	40 (25–45)
<b>Tumor site and p16 status</b>		
Oral cavity	192 (58)	193 (58)
Hypopharynx	43 (13)	40 (12)
Larynx	40 (12)	41 (12)
OPC p16-	41 (12)	43 (13)
OPC p16+	16 (5)	17 (5)

N (%)	NIVO + CRT (n = 332)	CRT (n = 334)
<b>pStage</b>		
I-II	12 (4)	11 (3)
III	44 (14)	46 (14)
IVA	128 (38)	117 (35)
IVB	148 (45)	160 (48)
<b>High-risk pathological features<sup>a</sup></b>		
ECE or positive margins	190 (57)	196 (59)
ECE and positive margins	109 (33)	100 (30)
Multiple PNIs or ≥4 involved LNs	32 (10)	38 (11)
<b>PD-L1 CPS</b>		
<1	44 (13)	34 (10)
1-19	157 (47)	141 (42)
≥20	113 (34)	133 (40)
Not evaluable	18 (5)	26 (8)

Bourhis Lancet 2026 Jan 24;407(10526):363-374.

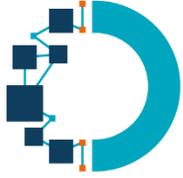


# Nivopost-op Population

GORTEC

N (%)	NIVO + CRT (n = 332 <sup>a</sup> )	CRT (n = 334 <sup>a</sup> )	N (%)	NIVO + CRT (n = 332)	CRT (n = 334)
Median age (IQR), y	59 (53–65)	59 (53–64)	pStage		
<b>Tumor site and p16 status</b>					
Oral cavity			192 (58)	193 (58)	
Hypopharynx			43 (13)	40 (12)	
Larynx			40 (12)	41 (12)	
OPC p16-			41 (12)	43 (13)	
OPC p16+			16 (5)	17 (5)	
Larynx	40 (12)	41 (12)	≥20	113 (34)	133 (40)
OPC p16-	41 (12)	43 (13)	Not evaluable	18 (5)	26 (8)
OPC p16+	16 (5)	17 (5)			

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# Nivopost-op Population

GORTEC

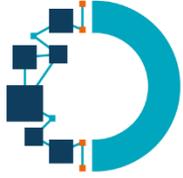
N (%)	NIVO + CRT (n = 332 <sup>a</sup> )	CRT (n = 334 <sup>a</sup> )
Median age (IQR), y	59 (53–65)	59 (53–64)
<b>Sex</b>		
Male	250 (75)	257 (77)
Female	82 (25)	77 (23)
<b>ECOG PS</b>		
0	100 (51)	100 (50)

N (%)	NIVO + CRT (n = 332)	CRT (n = 334)
<b>pStage</b>		
I-II	12 (4)	11 (3)
III	44 (14)	46 (14)
IVA	128 (38)	117 (35)

## High-risk pathological features<sup>a</sup>

ECE or positive margins	190 (57)	196 (59)
ECE and positive margins	109 (33)	100 (30)
Multiple PNIs or $\geq 4$ involved LNs	32 (10)	38 (11)
OPC p16-	41 (12)	43 (13)
OPC p16+	16 (5)	17 (5)
$\geq 2U$	113 (34)	133 (40)
Not evaluable	18 (5)	26 (8)

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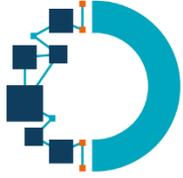


# Nivopost-op Population

GORTEC

	NIVO + CRT (n = 332 <sup>a</sup> )	CRT (n = 334 <sup>a</sup> )		NIVO + CRT (n = 332)	CRT (n = 334)
<b>N (%)</b>			<b>N (%)</b>		
Median age (IQR), y	59 (53–65)	59 (53–64)	pStage		
<b>PD-L1 CPS</b>					
<1			44 (13)	34 (10)	
1-19			157 (47)	141 (42)	
≥20			113 (34)	133 (40)	
Not evaluable			18 (5)	26 (8)	
Larynx	40 (12)	41 (12)			
OPC p16-	41 (12)	43 (13)			
OPC p16+	16 (5)	17 (5)			
			≥20	113 (34)	133 (40)
			Not evaluable	18 (5)	26 (8)

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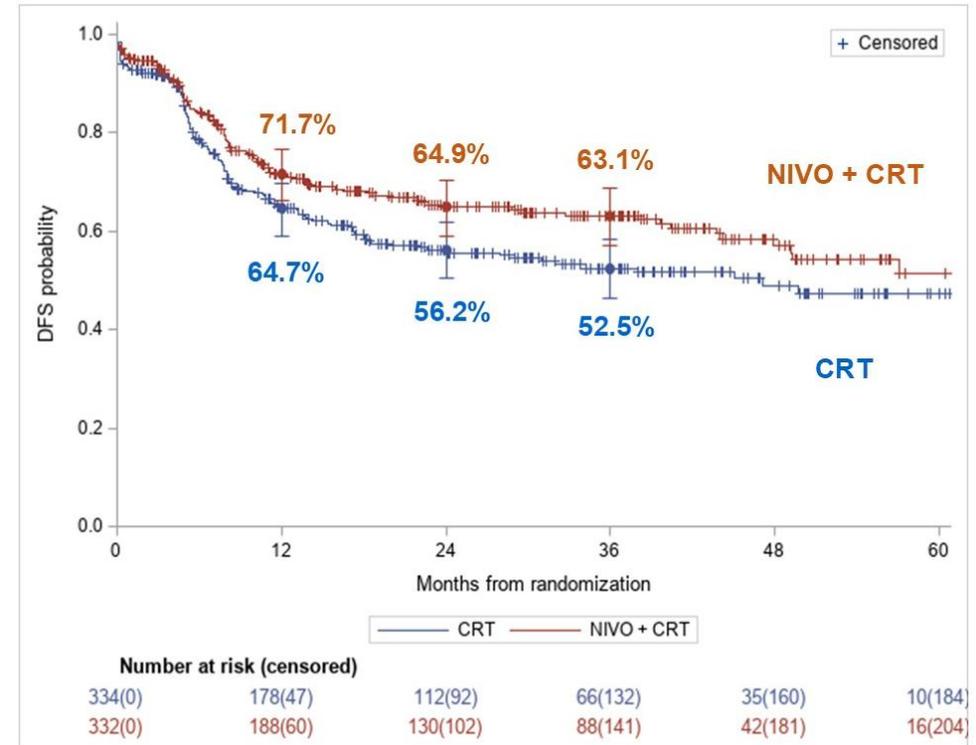
# Nivopost-op Population

## Survie sans rechute

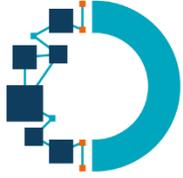
GORTEC

	NIVO + CRT	CRT
<b>DFS events, n</b>	<b>112</b>	<b>140</b>
Loco-regional	39	61
Loco-regional + distant	16	22
Distant	37	40
Death	20	17

**Stratified\* HR (95%CI) = 0.76 (0.60; 0.98)**  
**Stratified log-rank p-value=0.034**

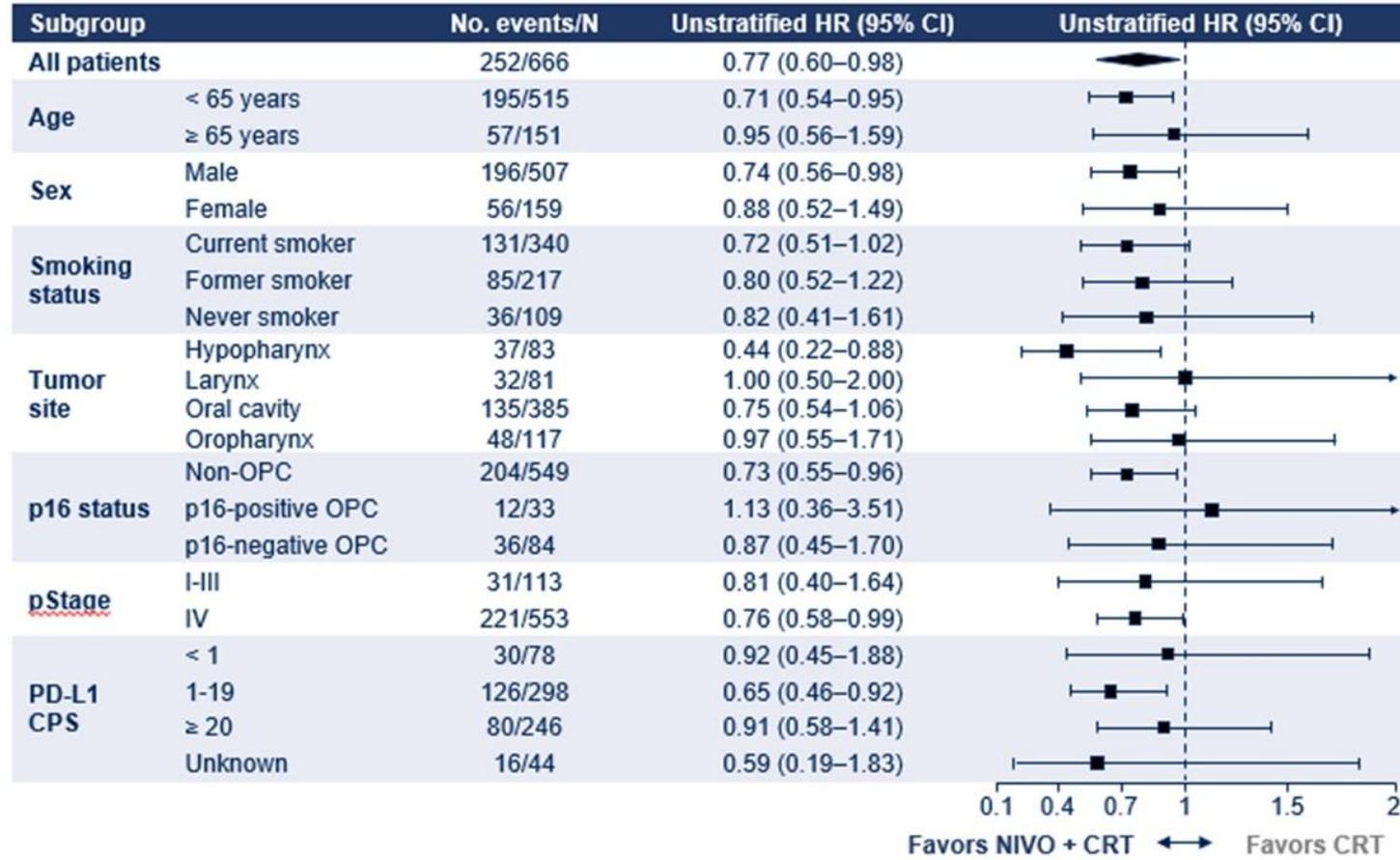


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# Nivopost-op

## Analyse sous groupe

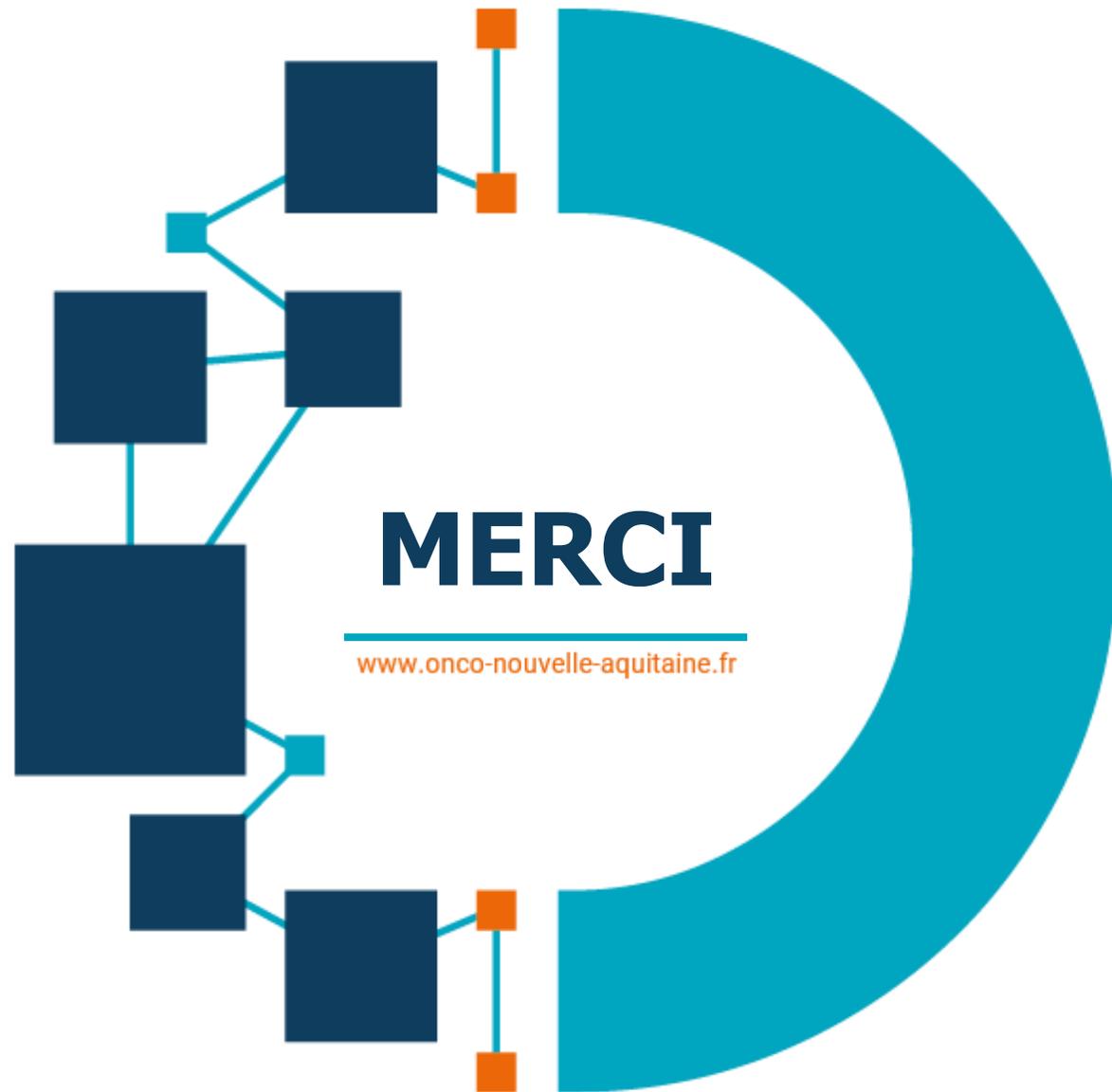


Bourhis Lancet 2026 Jan 24;407(10526):363-374.



# Synthèse

- Résultats positifs
- En attente de remboursement
- Réflexion sur la stratégie



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