Year in Review: Gynecologic Oncology

A CME/MOC-Accredited Live Webinar

Tuesday, June 25, 2024
5:00 PM – 6:00 PM ET

Faculty

Dana M Chase, MD

Moderator

Neil Love, MD

RTP Year in Review 2024

Faculty

Dana M Chase, MD
Associate Professor
Division of Gynecologic Oncology
David Geffen School of Medicine at UCLA
Los Angeles, California

MODERATOR
Neil Love, MD
Research To Practice
Miami, Florida

Commercial Support

This activity is supported by an educational grant from AstraZeneca Pharmaceuticals LP.

Dr Love — Disclosures

Dr Love is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME activities from the following companies: AbbVie Inc, Adaptive Biotechnologies Corporation, ADC Therapeutics, Agios Pharmaceuticals Inc, Alexion Pharmaceuticals, Amgen Inc, Array BioPharma Inc, a subsidiary of Pfizer Inc, Astellas, AstraZeneca Pharmaceuticals LP, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, BeiGene Ltd, BeyondSpring Pharmaceuticals Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol Myers Squibb, Celgene Corporation, Clovis Oncology, Coherus BioSciences, CTI BioPharma, a Sobi Company, Daiichi Sankyo Inc, Eisai Inc, Elevation Oncology Inc, EMD Serono Inc, Epizyme Inc, Exact Sciences Corporation, Exelixis Inc, Five Prime Therapeutics Inc, Foundation Medicine, G1 Therapeutics Inc, Genentech, a member of the Roche Group, Genmab US Inc, Gilead Sciences Inc, Grail Inc, GSK, Halozyme Inc, Helsinn Healthcare SA, ImmunoGen Inc, Incyte Corporation, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Karyopharm Therapeutics, Kite, A Gilead Company, Kronos Bio Inc, Legend Biotech, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, MEI Pharma Inc, Merck, Mersana Therapeutics Inc, Mirati Therapeutics Inc, Mural Oncology Inc, Natera Inc, Novartis, Novartis Pharmaceuticals Corporation on behalf of Advanced Accelerator Applications, Novocure Inc, Oncopeptides, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, R-Pharm US, Sanofi, Seagen Inc, Servier Pharmaceuticals LLC, SpringWorks Therapeutics Inc, Stemline Therapeutics Inc, Sumitomo Dainippon Pharma Oncology Inc, Syndax Pharmaceuticals, Taiho Oncology Inc, Takeda Pharmaceuticals USA Inc, TerSera Therapeutics LLC, Tesaro, A GSK Company, TG Therapeutics Inc, Turning Point Therapeutics Inc, Verastem Inc, and Zymeworks Inc.

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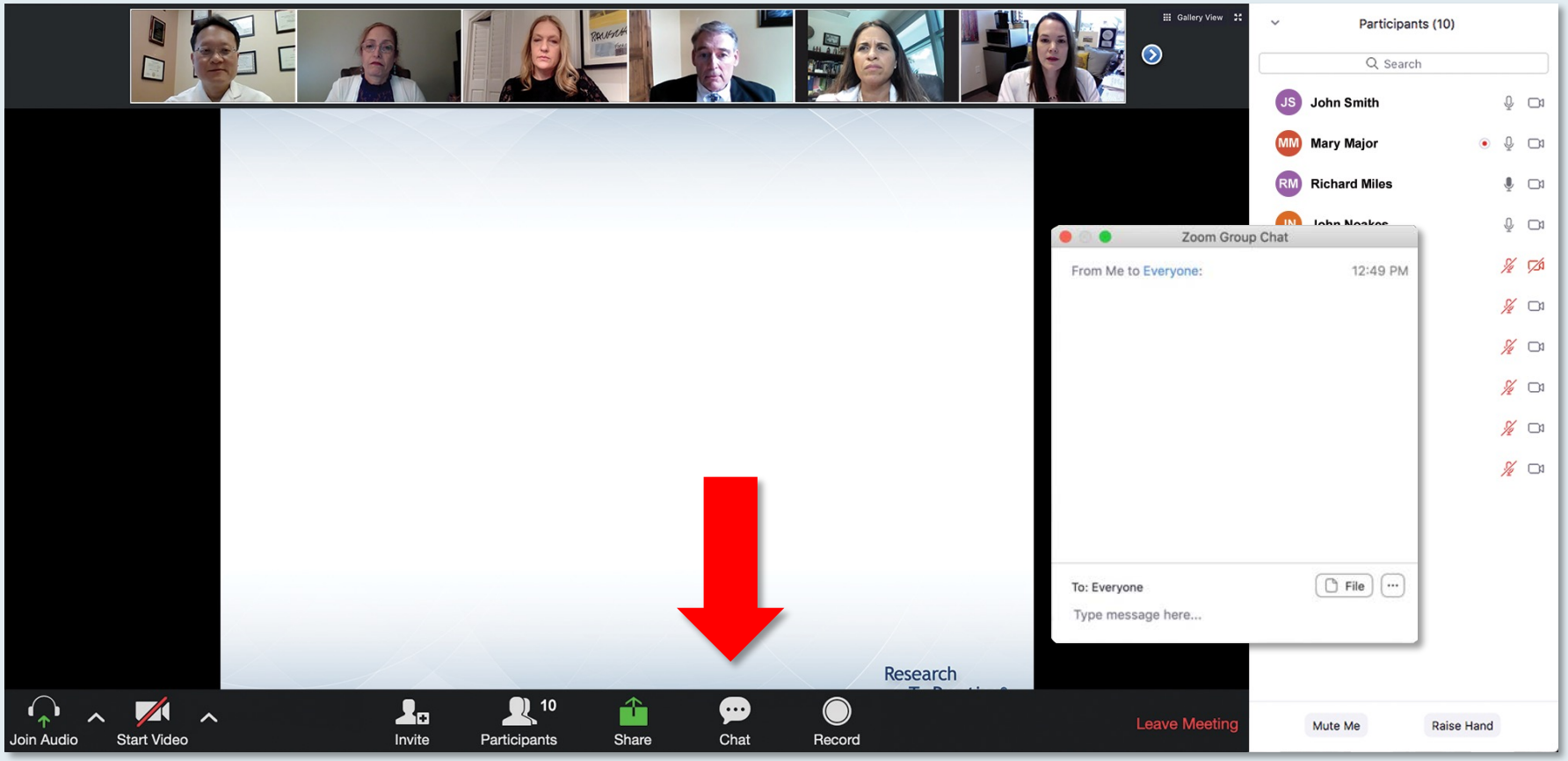
Planners, scientific staff and independent reviewers for Research To Practice have no relevant conflicts of interest to disclose.

Dr Chase — Disclosures

Advisory Committees and Contracted Research	GSK, Merck
Consulting Agreements	AstraZeneca Pharmaceuticals LP, Eisai Inc, GSK
Speakers Bureaus	AstraZeneca Pharmaceuticals LP, Eisai Inc, GSK, ImmunoGen Inc, Merck, Myriad Genetic Laboratories Inc
Nonrelevant Financial Relationship	NRG Oncology

We Encourage Clinicians in Practice to Submit Questions



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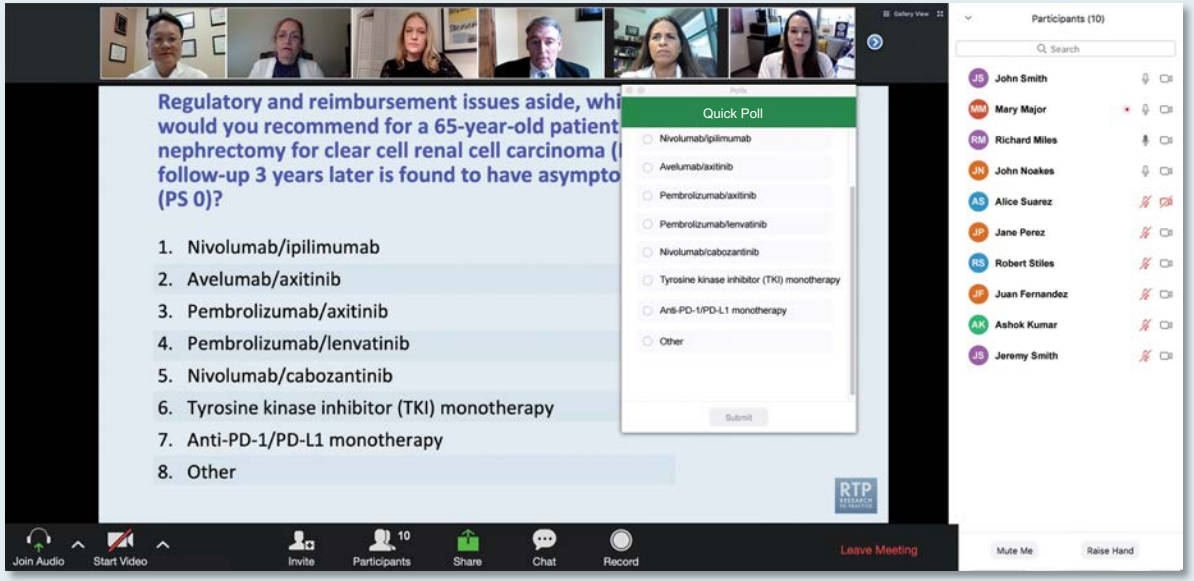

RTP RESEARCH TO PRACTICE

ONCOLOGY TODAY

WITH DR NEIL LOVE

Meet The Professor: Optimizing the Management of Ovarian Cancer — Part 4 of a 4-Part Series

DR BRADLEY J MONK
FLORIDA CANCER SPECIALISTS &
RESEARCH INSTITUTE

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Year in Review: Multiple Myeloma

A CME/MOC-Accredited Live Webinar

Tuesday, July 9, 2024
5:00 PM – 6:00 PM ET

Faculty

Jesús G Berdeja, MD
Thomas Martin, MD

Moderator

Neil Love, MD

RTP Year in Review 2024

Year in Review: Melanoma and Nonmelanoma Skin Cancers

A CME/MOC-Accredited Live Webinar

Wednesday, July 10, 2024
5:00 PM – 6:00 PM ET

Faculty

Evan J Lipson, MD

Moderator

Neil Love, MD

RTP Year in Review 2024

Inside the Issue: Integrating Antibody-Drug Conjugates into the Management of HR-Positive and Triple-Negative Metastatic Breast Cancer

A CME/MOC-Accredited Live Webinar

Wednesday, July 17, 2024
5:00 PM – 6:00 PM ET

Faculty

Professor Peter Schmid, FRCP, MD, PhD
Sara M Tolaney, MD, MPH

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Inside the Issue: Integrating ALK-Targeted Therapy into the Management of Localized Non-Small Cell Lung Cancer

A CME/MOC-Accredited Live Webinar

Thursday, July 18, 2024
5:00 PM – 6:00 PM ET

Faculty

Professor Solange Peters, MD, PhD
Professor Ben Solomon, MBBS, PhD

Moderator

Neil Love, MD

RTP
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TO PRACTICE

Agenda

INTRODUCTION: ASCO 2024 Review

MODULE 1: Ovarian Cancer

MODULE 2: HER2 as a Therapeutic Target

MODULE 3: Endometrial Cancer

MODULE 4: Cervical Cancer

Thank you for joining us!

CME and MOC credit information will be emailed to each participant within 5 business days.

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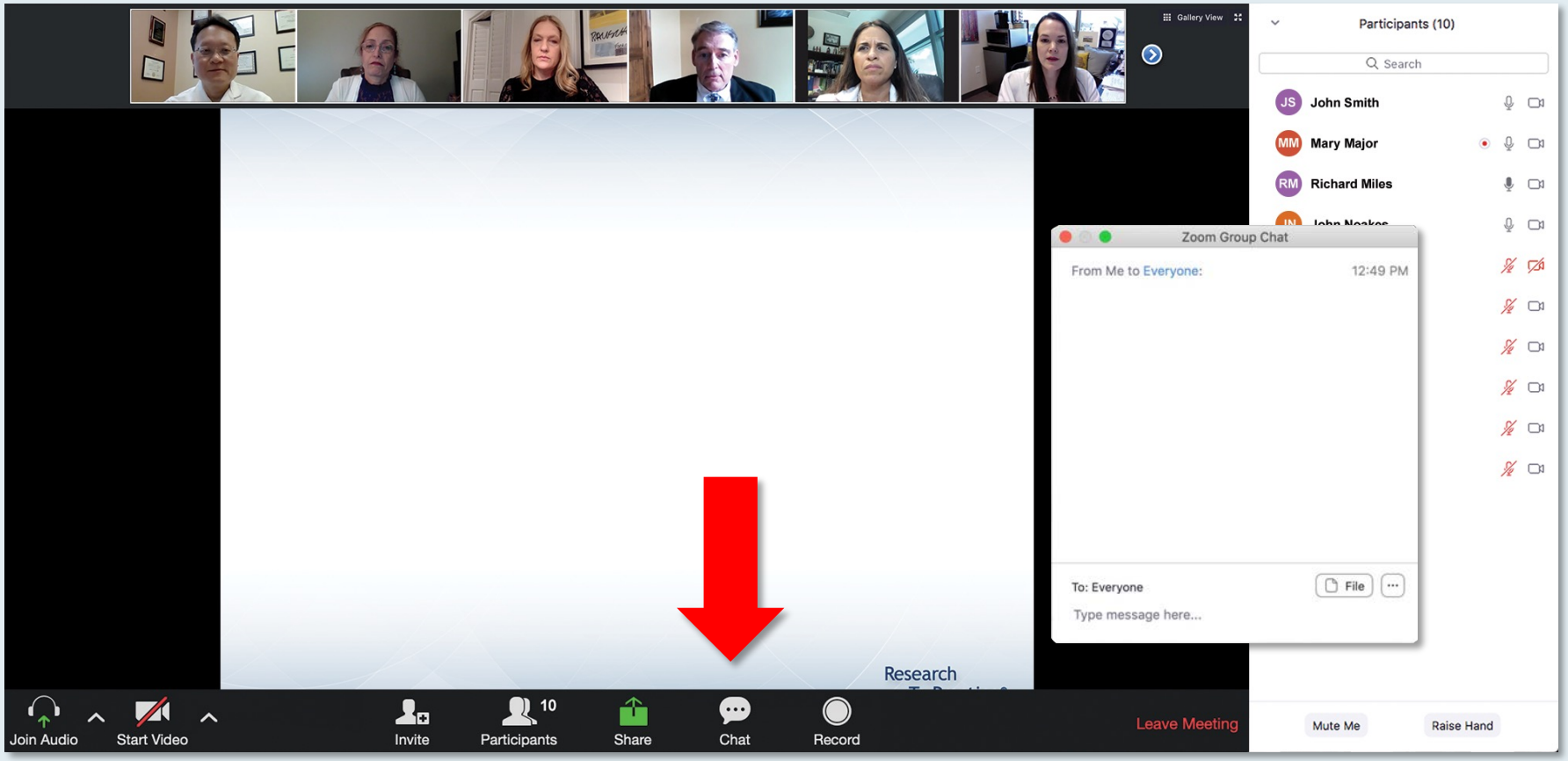

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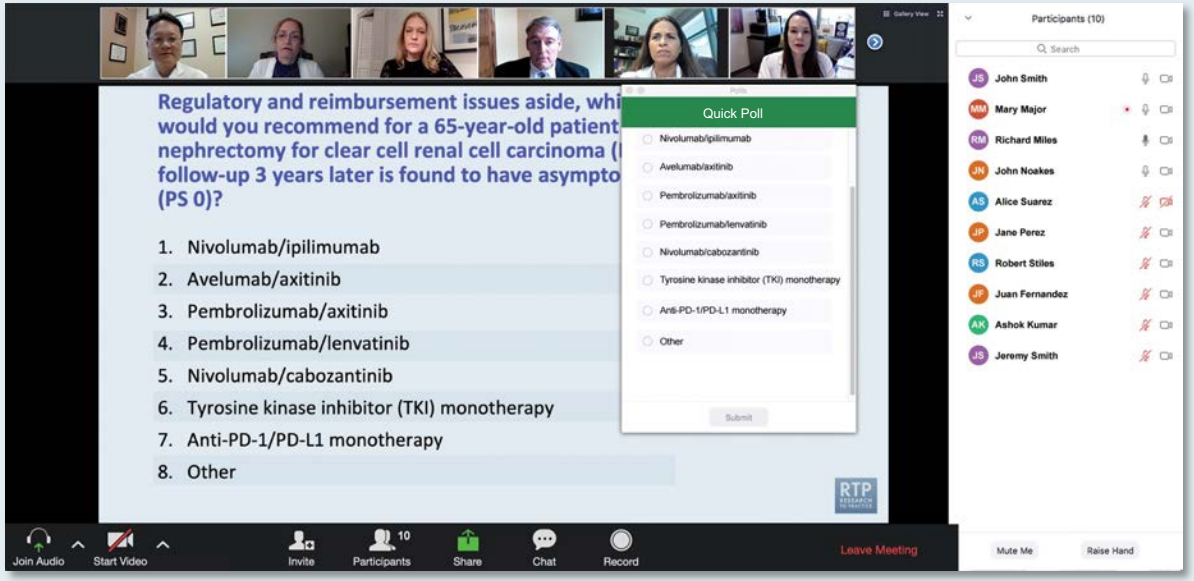

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Nonrelevant Financial Relationship	NRG Oncology

This educational activity contains discussion of non-FDA-approved uses of agents and regimens. Please refer to official prescribing information for each product for approved indications.

Key Data Sets

- Pfisterer J et al. **Optimal treatment duration of bevacizumab** as front-line therapy for advanced OC: AGO-OVAR 17 **BOOST**/GINECO OV118/ENGOT Ov-15 open-label randomized Phase III Trial. *J Clin Oncol* 2023;41(4):893-902.
- DiSilvestro P et al; SOLO1 Investigators. Overall survival with **maintenance olaparib** at a 7-year follow-up in patients with newly diagnosed advanced OC and a BRCA mutation: The **SOLO1**/GOG 3004 trial. *J Clin Oncol* 2023;41(3):609-17.
- González-Martín A et al. Progression-free survival and safety at 3.5 years of follow-up: Results from the randomised Phase III **PRIMA**/ENGOT-OV26/GOG-3012 trial of **niraparib maintenance** treatment in patients with newly diagnosed OC. *Eur J Cancer* 2023;189:112908.
- Ray-Coquard I et al. **Olaparib plus bevacizumab first-line maintenance** in ovarian cancer: Final overall survival results from the **PAOLA-1**/ENGOT-ov25 trial. *Ann Oncol* 2023;34(8):681-92.
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Key Data Sets (Continued)

- Pujade-Lauraine E et al. **Maintenance olaparib rechallenge** in patients with platinum-sensitive relapsed ovarian cancer previously treated with a PARP inhibitor (**OReO**/ENGOT-ov38): A phase IIIb trial. *Ann Oncol* 2023;34(12):1152-64.
- Simpkins F et al. Combination ATR and PARP Inhibitor (**CAPRI**): A phase 2 study of **ceralasertib plus olaparib**
  in patients with recurrent, platinum-sensitive epithelial ovarian cancer (cohort A). ASCO 2024;Abstract 5510.
- Moore KN et al. **Mirvetuximab soravtansine in FRα-positive, platinum-resistant ovarian cancer**. *N Engl J Med* 2023;389(23):2162-74.
- Meric-Bernstam F et al. Efficacy and safety of trastuzumab deruxtecan in patients with HER2-expressing solid tumors: Primary results from the DESTINY-PanTumor02 phase II trial. J Clin Oncol 2024;42(1):47-58.
- Nishikawa T et al. Trastuzumab Deruxtecan for Human Epidermal Growth Factor Receptor 2-Expressing Advanced or Recurrent Uterine Carcinosarcoma (NCCH1615): The STATICE Trial. J Clin Oncol 2023; 41(15):2789-99.
- Van Nieuwenhuysen E et al. **Durvalumab + carboplatin/paclitaxel** (CP) **followed by durvalumab ± olaparib** as **first-line** treatment for newly diagnosed **advanced or recurrent endometrial cancer** (EC) in **DUO-E: Results by BRCA1/BRCA2 mutation (BRCAm) status**. ASCO 2024;Abstract 5595.

Key Data Sets (Continued)

- Pepin JT et al. **Safety and tolerability** of **durvalumab + carboplatin/paclitaxel followed by durvalumab + olaparib** in patients with newly diagnosed advanced or recurrent endometrial cancer (EC) in the **DUO-E**/GOG-3041/ENGOT-EN10 trial. ASCO 2024;Abstract 5599.
- Westin SN et al. **Durvalumab plus carboplatin/paclitaxel** followed by **maintenance durvalumab with or without olaparib** as **first-line** treatment for **advanced endometrial cancer**: The phase III **DUO-E** trial. *J Clin Oncol* 2023;42;283-99.
- Eskander RN et al. **Overall survival** and **progression-free survival** by **PD-L1 status** among endometrial cancer patients treated with **pembrolizumab plus carboplatin/paclitaxel** as compared to carboplatin/paclitaxel plus placebo in the **NRG GY018** trial. SGO 2024; Late-breaking abstract.
- Makker V et al. **Long-term follow-up of selinexor maintenance for patients with TP53wt advanced or recurrent endometrial cancer: A pre-specified subgroup analysis from the phase 3 ENGOT-EN5/GOG-3055/SIENDO study**. ASCO 2024;Rapid Update.
- Makker V et al. Phase 3 **dose selection** for **selinexor** in **TP53wt endometrial cancer** based on exposure-response analysis. ASCO 2024;Abstract 5594.
- Lorusso D et al. **Pembrolizumab** or placebo **with chemoradiotherapy followed by pembrolizumab** or placebo for **newly diagnosed, high-risk, locally advanced cervical cancer** (ENGOT-cx11/GOG-3047/**KEYNOTE-A18**): A randomised, double-blind, phase 3 clinical trial. *Lancet* 2024;403:1341-50.

Key Data Sets (Continued)

- Oaknin A et al. **Atezolizumab plus bevacizumab and chemotherapy** for **metastatic, persistent, or recurrent cervical cancer (BEATcc)**: A randomised, open-label, phase 3 trial. *Lancet* 2024;403:31-43.
- Sánchez LM et al. **Tisotumab vedotin** in 2L/3L recurrent or metastatic cervical cancer: **Subsequent therapy data** from **ENGOT-cx12/GOG-3057/innovaTV 301**. ASCO 2024;Abstract 5531.
- Vergote I et al. **innovaTV 301/ENGOT-cx12/GOG-3057:** A global, randomized, open-label, **phase III** study of **tisotumab vedotin** vs investigator's choice of chemotherapy in **2L or 3L recurrent or metastatic cervical cancer.** ESMO 2023;Abstract LBA9.
- **Vergote I et al. Tisotumab vedotin in combination with carboplatin,** pembrolizumab, or bevacizumab in recurrent or metastatic cervical cancer: Results from the innovaTV 205/GOG-3024/ENGOT-cx8 study. *J Clin Oncol* 2023;41:5536-49.

Agenda

INTRODUCTION: ASCO 2024 Review

MODULE 1: Ovarian Cancer

MODULE 2: HER2 as a Therapeutic Target

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ASCO 2024 Review

- Lheureux S et al. **Phase II** randomized multi-centre study of **neoadjuvant olaparib** in patients with **platinum sensitive relapsed high grade serous ovarian cancer: The NEO trial**. ASCO 2024;Abstract 5506.
- Francoeur AA et al. **Endometrial cancer** and **obesity trends** in the **United States** in the 21st century. ASCO 2024;Abstract 5507.
- Rojas C et al. **Vibostolimab coformulated with pembrolizumab** (vibo/pembro) for previously treated advanced mismatch repair–deficient **(dMMR) endometrial cancer**: Results from cohort B1 of the phase 2 **KEYVIBE-005** study. ASCO 2024;Abstract 5502.

2024 ASCO ANNUAL MEETING

GCIG GYNECOLOGIC CANCER INTERGROUP

Abstract 5506

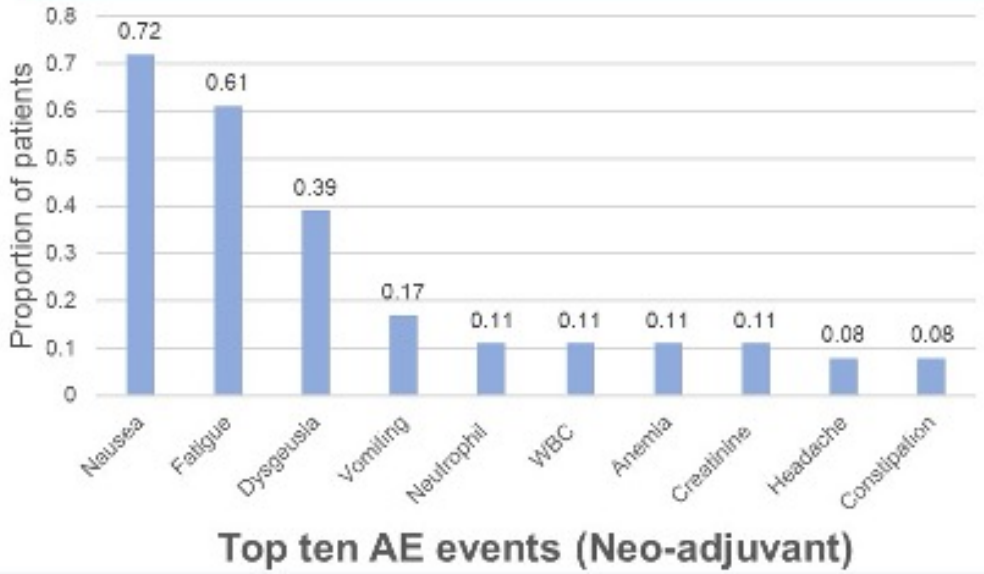
Phase II randomized multi-centre study of neoadjuvant olaparib in patients with platinum sensitive relapsed high grade serous ovarian cancer: The NEO Trial

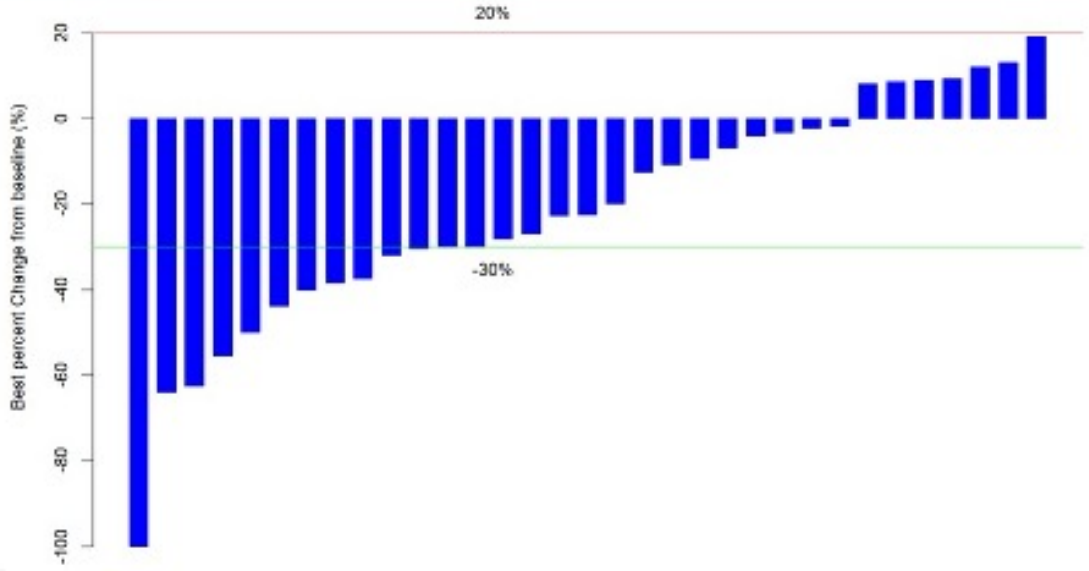
Stephanie Lheureux, Taymaa May, Michelle K. Wilson, Diane M. Provencher, Susie Lau, Prafull Ghatage, Johanne I Weberpals, Susana N. Banerjee, Iain A. McNeish, Neesha C. Dhani, Sarah Ferguson, Genevieve Bouchard-Fortier, Trevor John Pugh, Xiang Y Ye, Sarah Garisto, Judy Quintos, Janelle Ramsahai, Horace Wong, Valerie Bowering, Amit M. Oza

NEO Trial: Efficacy and Safety of Neoadjuvant Olaparib

- **Olaparib median duration** : 40 (34-48) days
- **Safety:** No grade ≥3 AEs

  2 patients (5%) had at least one dose modification (dose reduction & hold)
- **Objective Response Rate**: 29% (10/35 – 1 missing)





Lheureux S et al. ASCO 2024;Abstract 5506.

NEO Trial: Key Takeaways

- Following secondary cytoreductive surgery, olaparib alone was as effective as chemotherapy followed by olaparib and associated with less toxicity.
- This study suggests the potential for a de-escalated approach with targeted therapy in this selected population.

Moroney JW. ASCO 2024 Highlights of the Day – Gynecologic Cancer, Discussant.

2024 ASCO ANNUAL MEETING

Abstract 5507

Endometrial Cancer and Obesity Trends in the United States in the 21st Century

June 2, 2024

ASCO Annual Meeting

Alex A. Francoeur MD

University of California Irvine

Cheng-I Liao, Jenny Chang, Caitlin R. Johnson, Kiran Clair, Krishnansu S. Tewari, Daniel S. Kapp, John K. Chan, Robert E. Bristow

Endometrial Cancer and Obesity Trends: Key Takeaways

- Obesity rates are rising rapidly in the U.S. particularly among Black and Hispanic women
- Endometrioid endometrial adenocarcinoma incidence has risen rapidly over a similar time frame and is highly correlated with obesity in matched racial and age populations
- Though not scientifically causal, the relationship is so clear and the burden of disease is severe among young, vulnerable women that a call to action is warranted

Moroney JW. ASCO 2024 Highlights of the Day – Gynecologic Cancer, Discussant.

ASCO 2024
Abstract: 5502

Vibostolimab Coformulated With Pembrolizumab for Previously Treated Advanced Mismatch Repair–Deficient Endometrial Cancer: Results From Cohort B1 of the Phase 2 KEYVIBE-005 Study

Carlos Rojas[1]; Francois Ghiringhelli[2]; Mustafa Özgüroğlu[3]; Christian Caglevic[4]; Mahmut Gumus[5]; Diego Tosi[6]; Julien Grenier[7]; Alejandro Falcon Gonzalez[8]; Andres Fernando Arenas Arias[9]; Lucia Gonzalez Cortijo[10]; Andrew Robinson[11]; Javier Cuello Lopez[12]; Maria Bell[13]; Mariusz Kwiatkowski[14]; Mehmet Ali Nahit Sendur[15]; Qi Liu[16]; Tanya Keenan[16]; Robin Guo[17]

KEYVIBE-005: Key Takeaways

- Co-formulated vibostolimab / pembrolizumab is active in checkpoint inhibitor (ICi) naïve patients following platinum-based chemotherapy
- This anti-TIGIT / anti PD-1 combination resulted in an impressive response rate (65%) in mostly 2nd/3rd line patients, with PFS durability *historically* similar to pembrolizumab monotherapy
- The combination is relatively tolerable, though clearly more toxic than pembrolizumab monotherapy

Moroney JW. ASCO 2024 Highlights of the Day – Gynecologic Cancer, Discussant.

Agenda

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Bevacizumab as Front-Line Therapy for Advanced OC

- Pfisterer J et al. **Optimal treatment duration of bevacizumab** as front-line therapy for advanced OC: AGO-OVAR 17 **BOOST**/GINECO OV118/ENGOT Ov-15 open-label randomized phase III trial. *J Clin Oncol* 2023;41(4):893-902.

DISCUSSION QUESTIONS

- **In what situations should bevacizumab be included as a component of front-line chemotherapy?**
- **How, if at all, do you factor in the KELIM score when deciding on a treatment approach?**

original reports

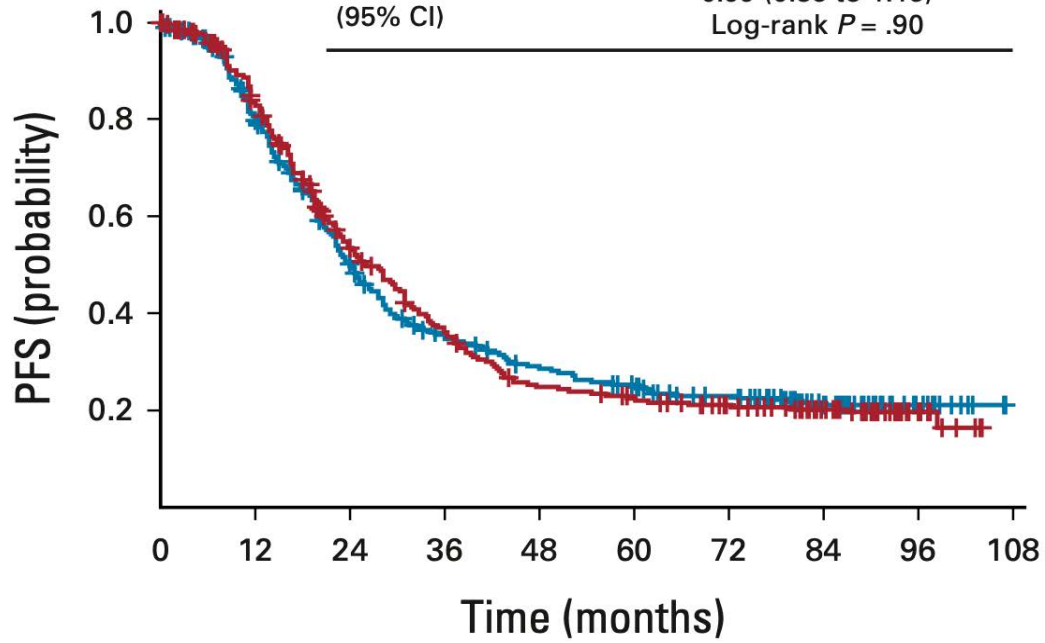
Optimal Treatment Duration of Bevacizumab as Front-Line Therapy for Advanced Ovarian Cancer: AGO-OVAR 17 BOOST/GINECO OV118/ENGOT Ov-15 Open-Label Randomized Phase III Trial

Jacobus Pfisterer, MD[1]; Florence Joly, MD, PhD[2]; Gunnar Kristensen, MD[3]; Joern Rau, MSc[4]; Sven Mahner, MD[5,6]; Patricia Pautier, MD[7]; Ahmed El-Balat, MD[8,9]; Jean-Emmanuel Kurtz, MD[10]; Ulrich Canzler, MD[11]; Jalid Sehouli, MD[12]; Martin L. Heubner, MD[13,14]; Andreas D. Hartkopf, MD[15,16]; Klaus Baumann, MD[17,18]; Annette Hasenburg, MD[19,20]; Lars C. Hanker, MD[21]; Antje Belau, MD[22,23]; Barbara Schmalfeldt, MD[24,25]; Dominik Denschlag, MD[26]; Tjoung-Won Park-Simon, MD[27]; Frédéric Selle, MD[28]; Christian Jackisch, MD[29]; Alexander Burges, MD[6]; Hans-Joachim Lück, MD[30]; Günter Emons, MD[31]; Werner Meier, MD[32,33]; Martina Gropp-Meier, MD[34]; Willibald Schröder, MD[35]; Nikolaus de Gregorio, MD[36,37]; Felix Hilpert, MD[38,39]; and Philipp Harter, MD[40]

J Clin Oncol 2023;41(4):893-902.

ENGOT-OV15: Progression-Free Survival (PFS) and Overall Survival (OS) Outcomes in the ITT Population

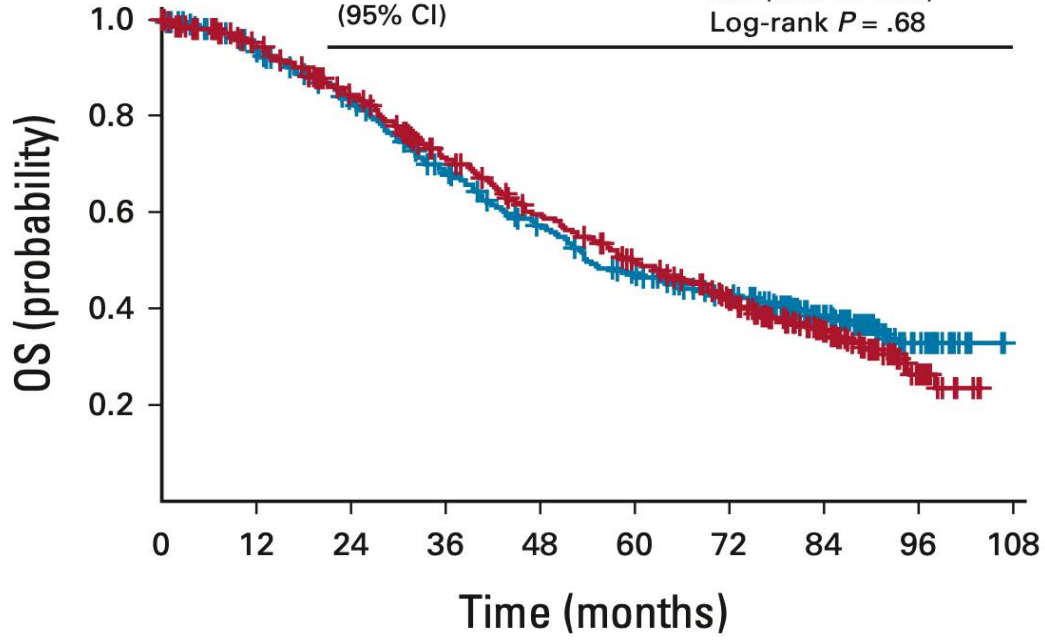
PFS	CP + BEV15 (n = 464)	CP + BEV30 (n = 463)
Events, No. (%)	333 (72)	340 (73)
Median, months (95% CI)	24.2 (22.2 to 26.5)	26.0 (23.7 to 29.7)
Hazard ratio (95% CI)	0.99 (0.85 to 1.15) Log-rank *P* = .90	



No. at risk:

CP + BEV15	464	349	212	146	115	98	78	48	12
CP + BEV30	463	365	225	152	103	88	72	55	13

OS	CP + BEV15 (n = 464)	CP + BEV30 (n = 463)
Events, No. (%)	257 (55)	275 (59)
Median, months (95% CI)	54.3 (51.0 to 64.6)	60.0 (54.0 to 68.6)
Hazard ratio (95% CI)	1.04 (0.87 to 1.23) Log-rank *P* = .68	



No. at risk:

CP + BEV15	464	410	351	284	230	185	152	92	20
CP + BEV30	463	413	358	291	237	194	152	94	19

ITT = intention to treat; CP = carboplatin/paclitaxel; BEV = bevacizumab

Pfisterer J et al. *J Clin Oncol* 2023;41(4):893-902.

PARP Inhibitors as First-Line Maintenance for OC

- DiSilvestro P et al; SOLO1 Investigators. Overall survival with **maintenance olaparib** at a 7-year follow-up in patients with newly diagnosed advanced OC and a BRCA mutation: The **SOLO1**/GOG 3004 trial. *J Clin Oncol* 2023;41(3):609-17.
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DISCUSSION QUESTIONS

- **In general, what is your approach to primary PARP-inhibitor maintenance for patients with a germline or somatic BRCA mutation?**
- **What about patients without a BRCA mutation with HRD-positive disease?**
- **For patients who don't receive bevacizumab with chemotherapy, when should it be added to PARP-inhibitor maintenance?**

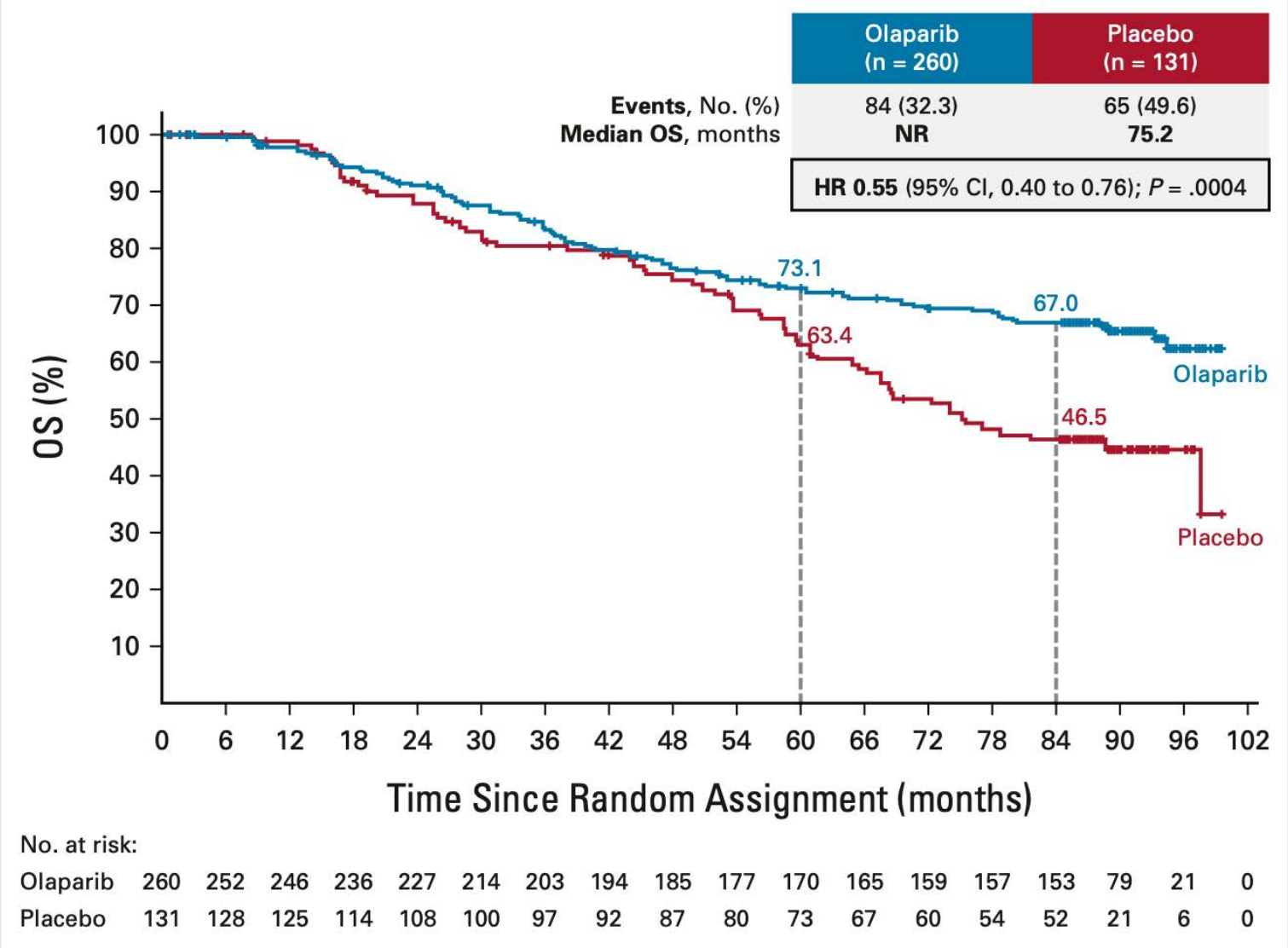
original reports

Overall Survival With Maintenance Olaparib at a 7-Year Follow-Up in Patients With Newly Diagnosed Advanced Ovarian Cancer and a BRCA Mutation: The SOLO1/GOG 3004 Trial

Paul DiSilvestro, MD[1]; Susana Banerjee, MD, PhD[2]; Nicoletta Colombo, MD, PhD[3]; Giovanni Scambia, MD[4]; Byoung-Gie Kim, MD, PhD[5]; Ana Oaknin, MD, PhD[6]; Michael Friedlander, MD[7]; Alla Lisyanskaya, MD[8]; Anne Floquet, MD[9,10]; Alexandra Leary, MD[10,11]; Gabe S. Sonke, MD, PhD[12]; Charlie Gourley, MD, PhD[13]; Amit Oza, MD[14]; Antonio González-Martín, MD, PhD[15,16]; Carol Aghajanian, MD[17]; William Bradley, MD[18]; Cara Mathews, MD[1]; Joyce Liu, MD[19]; John McNamara, MSc[20]; Elizabeth S. Lowe, MD[21]; Mei-Lin Ah-See, MB BChir, MD[22]; and Kathleen N. Moore, MD[23]; on behalf of the SOLO1 Investigators

J Clin Oncol 2023;41(3):609-17.

SOLO-1: Long-Term OS Outcomes



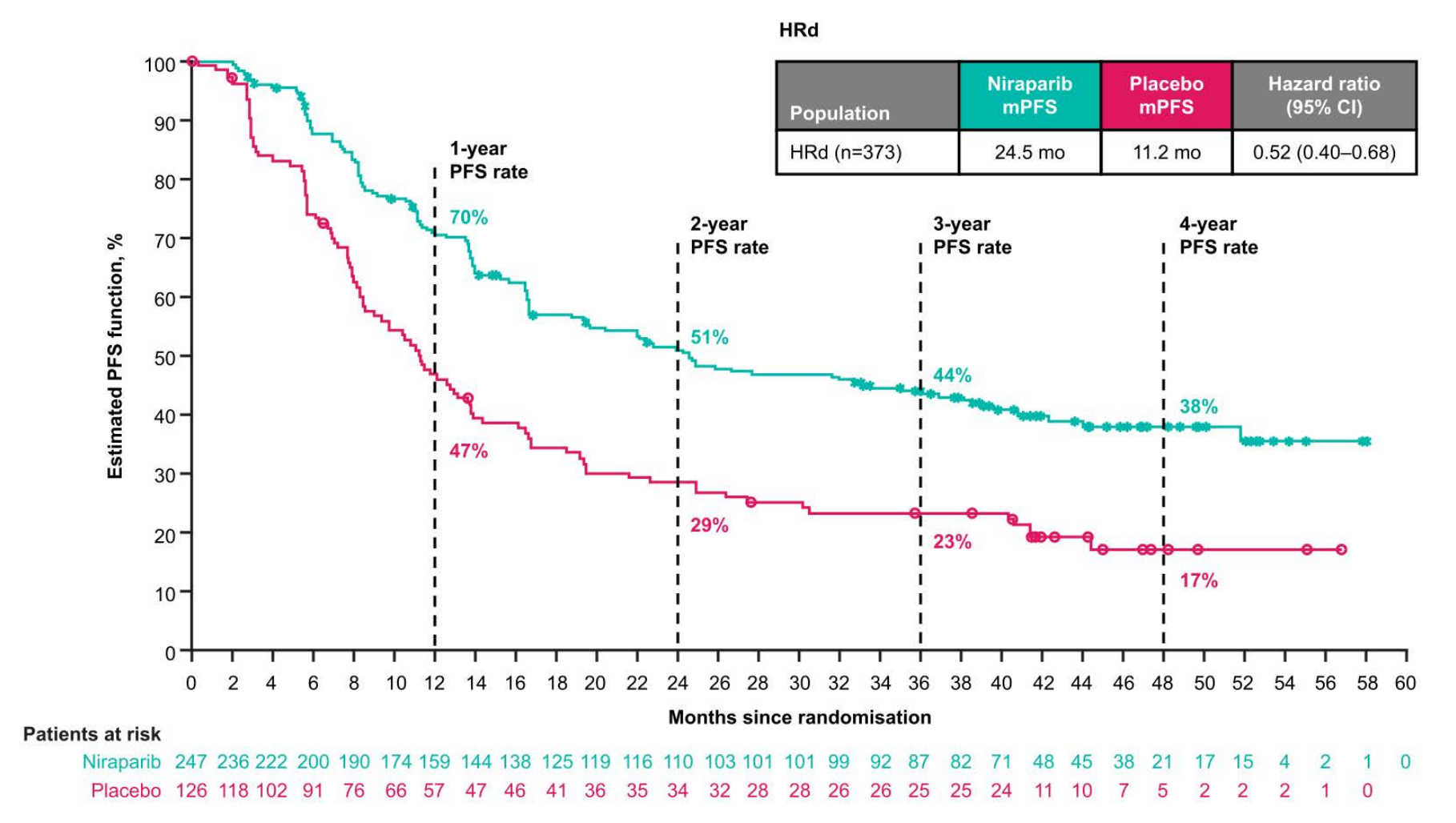
DiSilvestro P et al. *J Clin Oncol* 2023;41(3):609-17.

Progression-free survival and safety at 3.5 years of follow-up: results from the randomised phase 3 PRIMA/ENGOT-OV26/GOG-3012 trial of niraparib maintenance treatment in patients with newly diagnosed ovarian cancer

Antonio González-Martín [a,*], Bhavana Pothuri [b], Ignace Vergote [c], Whitney Graybill [d], Domenica Lorusso [e], Colleen C. McCormick [f], Gilles Freyer [g], Floor Backes [h], Florian Heitz [i,q], Andrés Redondo [j], Richard G. Moore [k], Christof Vulsteke [l,r], Roisin E. O'Cearbhaill [m], Izabela A. Malinowska [n], Luda Shtessel [n], Natalie Compton [n], Mansoor R. Mirza [o], Bradley J. Monk [p]

Eur J Cancer 2023;189:112908.

PRIMA/ENGOT-OV26: PFS in the Homologous Recombination-Deficient (HRd) Population



mPFS = median progession-free survival

González-Martín A et al. *Eur J Cancer* 2023;189:112908.

DISCUSSION QUESTIONS

- **Do you believe there is therapeutic synergy between PARP inhibitors and anti-PD-1/PD-L1 antibodies?**
- **Based on available data from studies such as DUO-O, is there any current role for this strategy?**

2023 ASCO ANNUAL MEETING

Abstract LBA5506

Durvalumab with paclitaxel/carboplatin and bevacizumab followed by maintenance durvalumab, bevacizumab and olaparib in patients with newly diagnosed advanced ovarian cancer without a tumor *BRCA1/BRCA2* mutation: results from the randomized, placebo-controlled Phase III DUO-O/ENGOT-ov46/AGO-OVAR 23/GOG-3025 trial

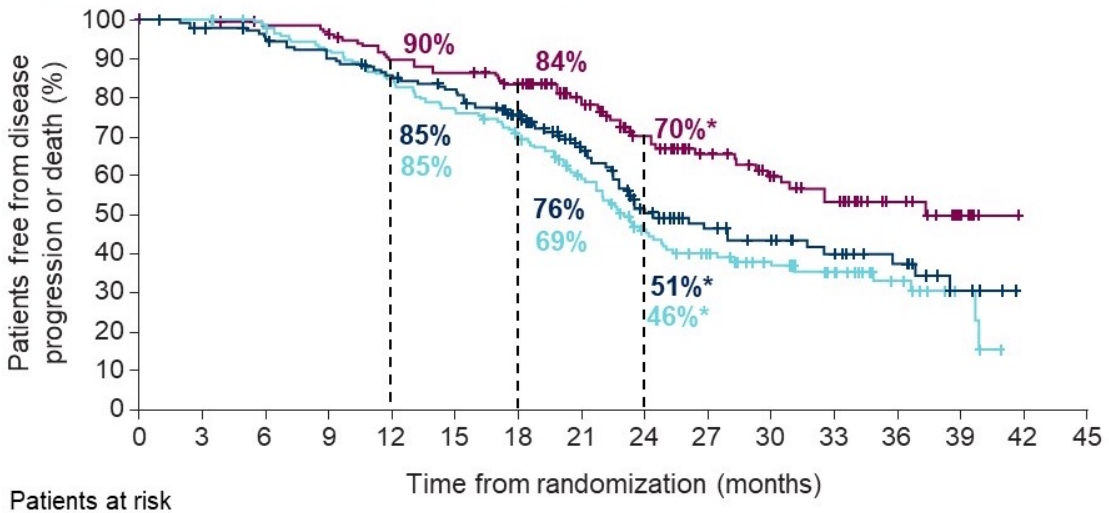
Philipp Harter,[1] Fabian Trillsch,[2] Aikou Okamoto,[3] Alexander Reuss,[4] Jae-Weon Kim,[5] Maria Jesús Rubio-Pérez,[6] Mehmet Ali Vardar,[7] Giovanni Scambia,[8] Olivier Trédan,[9] Gitte-Bettina Nyvang,[10] Nicoletta Colombo,[11] Anita Chudecka-Głaz,[12] Christoph Grimm,[13] Stephanie Lheureux,[14] Els Van Nieuwenhuysen,[15] Florian Heitz,[16] Robert M. Wenham,[17] Kimio Ushijima,[18] Emily Day,[19] Carol Aghajanian[20]

[1]Kliniken Essen-Mitte, Essen, and AGO, Germany; [2]University Hospital, LMU Munich, Munich, and AGO, Germany; [3]The Jikei University School of Medicine, Tokyo, and JGOG, Japan; [4]Coordinating Center for Clinical Trials of the Philipps-University of Marburg, Marburg, and ENGOT, Germany; [5] Seoul National University Hospital, Seoul, and KGOG, South Korea; [6]Reina Sofia University Hospital, Cordoba, and GEICO, Spain; [7]Medical Faculty, University of Cukurova, and Balcalı Hospital, Adana, and TRSGO, Turkey; [8]Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, and MITO, Italy; [9]Centre Léon Bérard, Centre de Recherche en Cancérologie de Lyon, Lyon, and GINECO, France; [10] Odense Universitetshospital, Odense, and NSGO, Denmark; [11]University of Milan-Bicocca and Istituto Europeo di Oncologia IRCCS, Milan, and MANGO, Italy; [12]SPSK Nr 2, Pomeranian Medical University, Szczecin, and PGOG, Poland; [13]Gynecologic Cancer Unit, Medical University Vienna, and AGO-Au, Austria; [14]Princess Margaret Hospital, Toronto, ON, and PMHC, Canada; [15]UZ Leuven, Leuven, and BGOG, Belgium, [16]Ev. Kliniken Essen-Mitte, Essen, and Charité Campus Virchow-Klinikum, Charité – Universitätsmedizin Berlin, corporate member of Freie Universität Berlin, Humboldt-Universität zu Berlin, Berlin Institute of Health, Berlin, and AGO, Germany; [17]Moffitt Cancer Center, Tampa, FL, and GOG-F, USA; [18]Kurume University School of Medicine, Kurume, and JGOG, Japan; [19]Oncology Biometrics, AstraZeneca, Cambridge, UK; [20]Memorial Sloan Kettering Cancer Center, New York, NY, and GOG-F, USA

ClinicalTrials.gov identifier: NCT03737643

DUO-O: Subgroup Analysis of PFS by HRD status

Non-tBRCAm HRD-positive

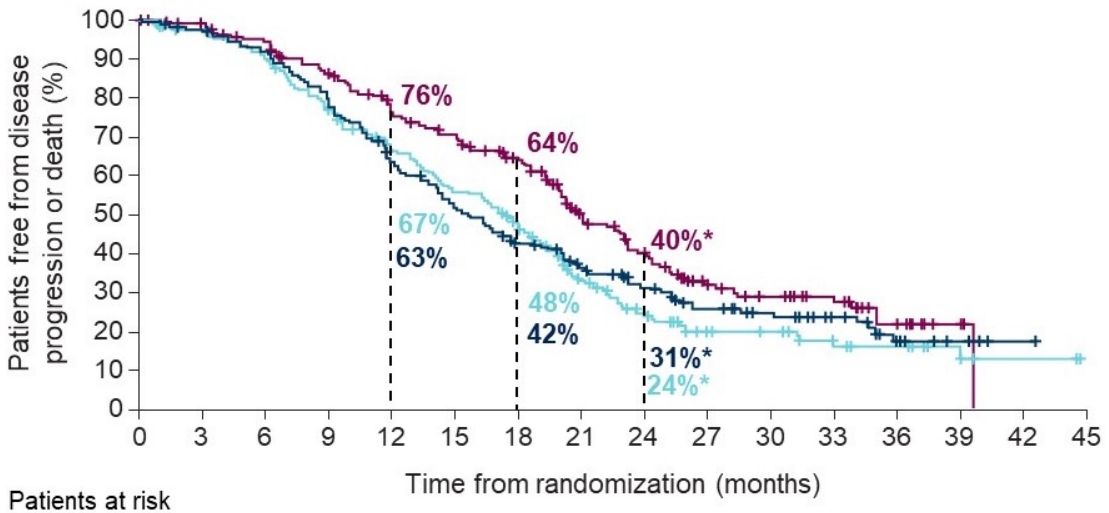


Patients at risk

Arm 1	143	141	136	126	116	105	93	73	52	41	31	22	13	6	0
Arm 2	148	142	137	128	118	112	94	66	45	34	28	21	15	7	0
Arm 3	140	138	135	131	120	116	107	84	63	49	39	32	17	6	0

	Arm 1 PC + bev N=143	Arm 2 PC + bev + durva N=148	Arm 3 PC + bev + durva + ola N=140
Events, n (%)	86 (60)	69 (47)	49 (35)
Median PFS, months†	23.0	24.4‡	37.3‡
HR (95% CI) vs Arm 1		**0.82** (0.60–1.12)§	**0.51** (0.36–0.72)§

HRD-negative



Patients at risk

Arm 1	216	203	188	159	135	112	92	55	34	21	19	12	9	5	2	0
Arm 2	199	189	177	153	120	97	76	59	45	33	25	17	8	4	1	0
Arm 3	211	202	190	169	145	132	111	75	57	33	26	20	10	3	0	

	Arm 1 PC + bev N=216	Arm 2 PC + bev + durva N=199	Arm 3 PC + bev + durva + ola N=211
Events, n (%)	157 (73)	142 (71)	127 (60)
Median PFS, months†	17.4	15.4	20.9
HR (95% CI) vs Arm 1		**0.94** (0.75–1.18)§	**0.68** (0.54–0.86)§

Harter P et al. ASCO 2023;Abstract LBA5506.

DUO-O: Safety Summary

AEs, n (%)	Overall (chemotherapy phase + maintenance phase)			Maintenance phase		
	Arm 1 PC + bev N=376	Arm 2 PC + bev + durva N=373	Arm 3 PC + bev + durva + ola N=378	Arm 1 PC + bev N=331	Arm 2 PC + bev + durva N=323	Arm 3 PC + bev + durva + ola N=336
Any-grade AE	373 (99)	371 (99)	375 (99)	308 (93)	303 (94)	328 (98)
Grade ≥3 AE	231 (61)	245 (66)	269 (71)	88 (27)	113 (35)	164 (49)
AE with outcome of death	4 (1)	9 (2)	6 (2)	2 (1)	3 (1)	4 (1)
Serious AE (including outcome of death)	128 (34)	161 (43)	148 (39)	50 (15)	91 (28)	83 (25)
AE of special interest to olaparib						
MDS/AML*	1 (<1)	0	2 (1)	1 (<1)	0	1 (<1)
New primary malignancies*	1 (<1)	1 (<1)	4 (1)	1 (<1)	1 (<1)	3 (1)
Pneumonitis	3 (1)	5 (1)	7 (2)	1 (<1)	3 (1)	6 (2)
Any immune-mediated AEs†	132 (35)	209 (56)	200 (53)	94 (28)	139 (43)	141 (42)
AEs leading to dose modification‡,§	272 (72)	299 (80)	323 (85)	163 (49)	182 (56)	254 (76)
AEs leading to discontinuation‡	77 (20)	98 (26)	131 (35)	44 (13)	54 (17)	88 (26)
AEs leading to discontinuation of PC/bevacizumab	57 (15)	59 (16)	70 (19)	27 (8)	24 (7)	35 (10)
AEs leading to discontinuation of durvalumab/placebo	24 (6)	62 (17)	65 (17)	14 (4)	39 (12)	40 (12)
AEs leading to discontinuation of olaparib/placebo	15 (4)	19 (5)	62 (16)	14 (4)	19 (6)	61 (18)

Includes AEs with onset or worsening on or after the date of first dose of durvalumab/placebo or olaparib/placebo (overall) or first dose of olaparib/placebo (maintenance phase) until initiation of the first subsequent anticancer therapy following last dose of study treatment or until the end of the safety follow-up period.
*Includes events from first dose of durvalumab/olaparib/placebo until end of study; †Investigator-assessed; ‡Based on action taken on AE CRF for at least one treatment. For durvalumab/placebo, dose modification includes skipped or delayed doses, or interruption of the infusion; §Either dose reduction or dose interruption. AE, adverse event; AML, acute myeloid leukemia; CRF, case report form; MDS, myelodysplastic syndrome.

Harter P et al. ASCO 2023;Abstract LBA5506.

PARP Inhibitors for Recurrent Ovarian Cancer

- Pujade-Lauraine E et al. **Maintenance olaparib rechallenge** in patients with platinum-sensitive relapsed ovarian cancer previously treated with a PARP inhibitor (**OReO**/ENGOT-ov38): A phase IIIb trial. *Ann Oncol* 2023;34(12):1152-64.
- Simpkins F et al. Combination ATR and PARP Inhibitor (**CAPRI**): A phase 2 study of **ceralasertib plus olaparib** in patients with recurrent, platinum-sensitive epithelial ovarian cancer (cohort A). ASCO 2024;Abstract 5510.

DISCUSSION QUESTION

- **Under what circumstances, if any, would you use a PARP inhibitor for a patient with recurrent ovarian cancer?**

RTP
RESEARCH
TO PRACTICE

ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

2023;34(12):1152-64

ANNALS OF ONCOLOGY
driving innovation in oncology

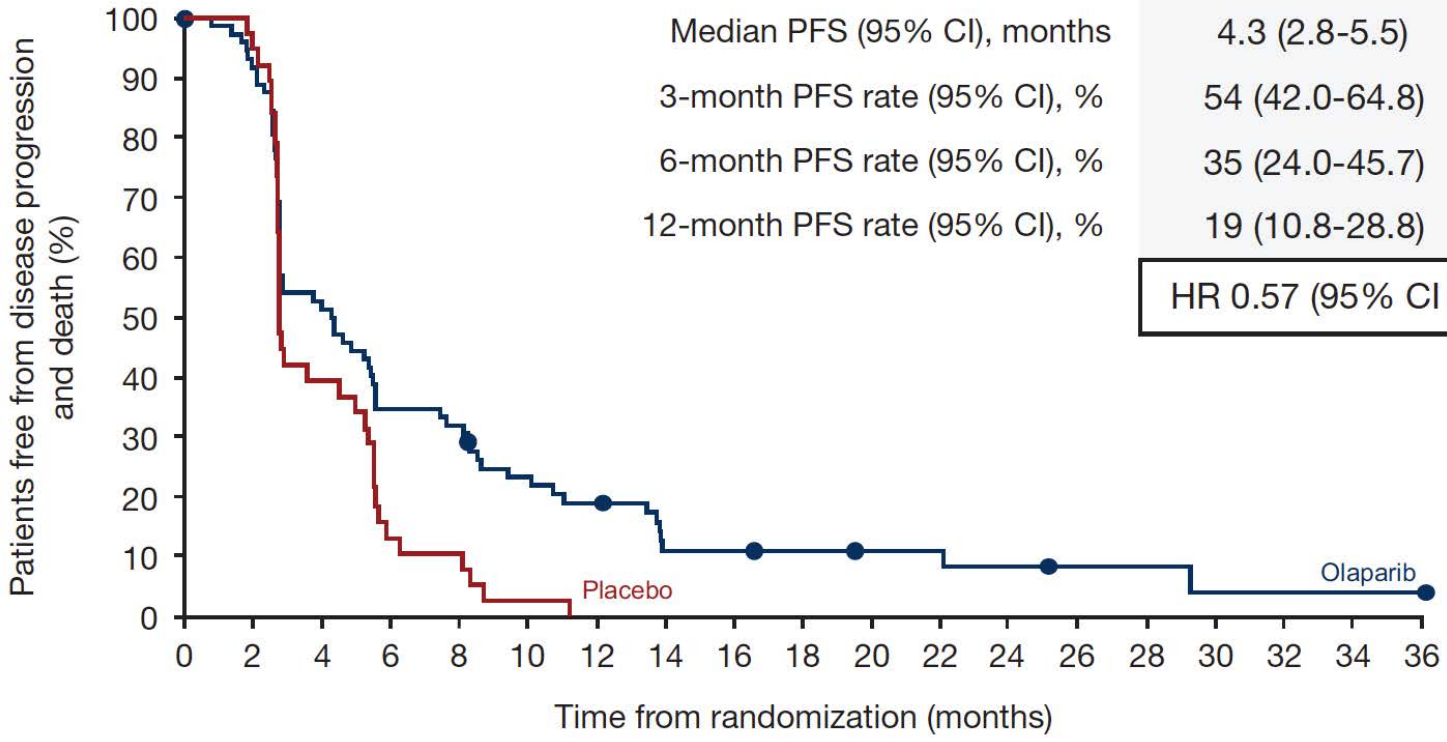
ORIGINAL ARTICLE

Maintenance olaparib rechallenge in patients with platinum-sensitive relapsed ovarian cancer previously treated with a PARP inhibitor (OReO/ENGOT-ov38): a phase IIIb trial

E. Pujade-Lauraine[1,2*], F. Selle[2,3], G. Scambia[4,5], B. Asselain[1,2], F. Marmé[6,7], K. Lindemann[8,9,10], N. Colombo[11,12], R. Mądry[13,14], R. Glasspool[15,16,17], I. Vergote[18,19], J. Korach[20,21], S. Lheureux[22,23], C. Dubot[2,24], A. Oaknin[25,26], C. Zamagni[5,27], F. Heitz[28,29,30,31], L. Gladieff[2,32], M. J. Rubio-Pérez[26,33], P. Scollo[5,34,35], C. Blakeley[36†], B. Shaw[36], I. Ray-Coquard[2,37] & A. Redondo[26,38], on behalf of the OReO/ENGOT-ov38 investigators

OReO: Investigator-Assessed PFS in the BRCA-Mutation Cohort

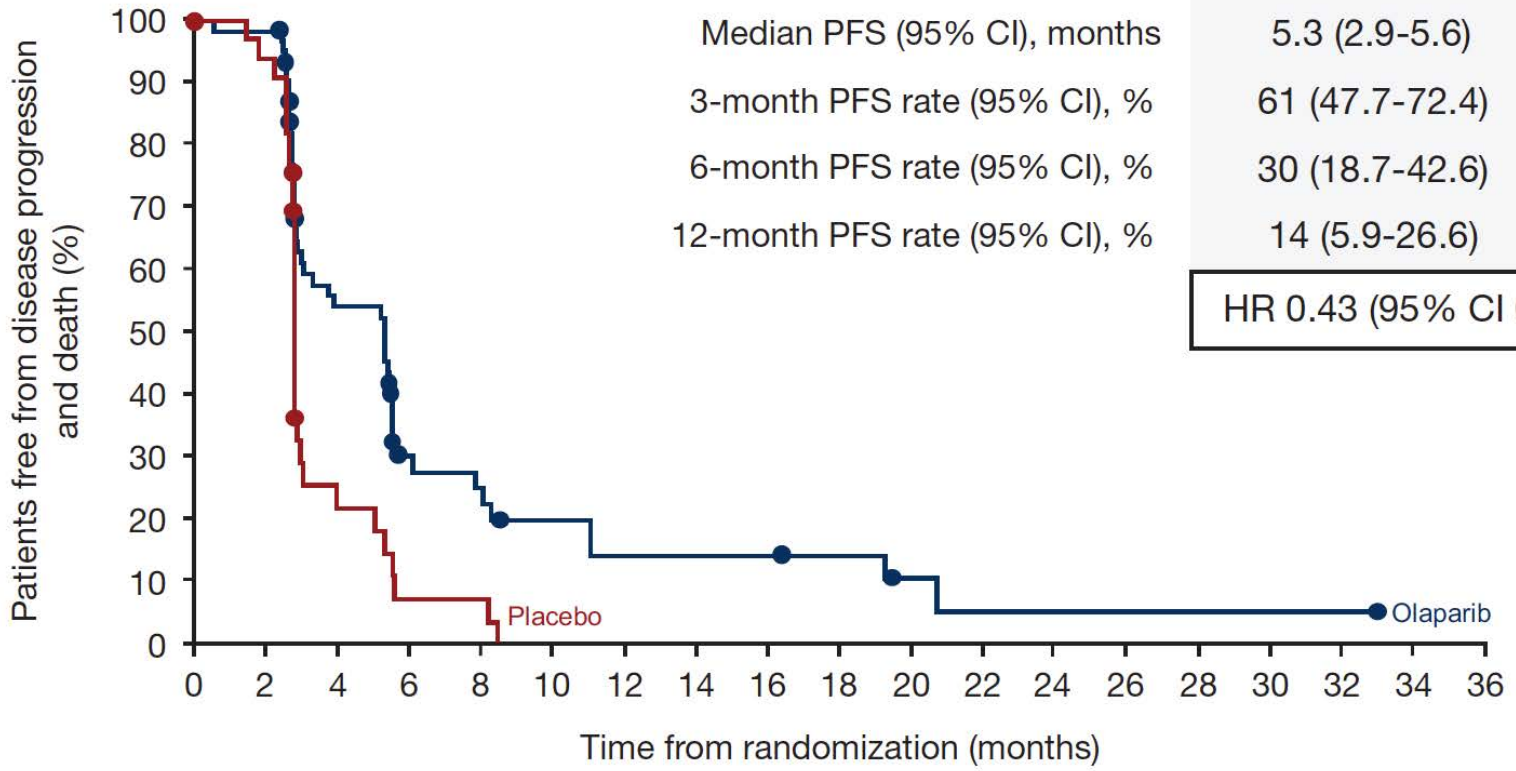
	Olaparib (*N* = 74)	Placebo (*N* = 38)
Median follow-up for PFS, months	4.1	2.8
Events, *n* (%)	65 (88)	38 (100)
Median PFS (95% CI), months	4.3 (2.8-5.5)	2.8 (2.7-5.0)
3-month PFS rate (95% CI), %	54 (42.0-64.8)	42 (26.4-57.0)
6-month PFS rate (95% CI), %	35 (24.0-45.7)	13 (4.8-25.8)
12-month PFS rate (95% CI), %	19 (10.8-28.8)	0 (NC-NC)
HR 0.57 (95% CI 0.37-0.87); *P* = 0.0220		



Pujade-Lauraine E et al. *Ann Oncol* 2023;34(12):1152-64.

OReO: Investigator-Assessed PFS in the Non-BRCA-Mutation Cohort

	Olaparib (*N* = 72)	Placebo (*N* = 36)
Median follow-up for PFS, months	2.9	2.8
Events, *n* (%)	48 (67)	30 (83)
Median PFS (95% CI), months	5.3 (2.9-5.6)	2.8 (2.8-2.9)
3-month PFS rate (95% CI), %	61 (47.7-72.4)	29 (14.3-45.7)
6-month PFS rate (95% CI), %	30 (18.7-42.6)	7 (1.3-20.6)
12-month PFS rate (95% CI), %	14 (5.9-26.6)	0 (NC-NC)
HR 0.43 (95% CI 0.26-0.71); *P* = 0.0023		



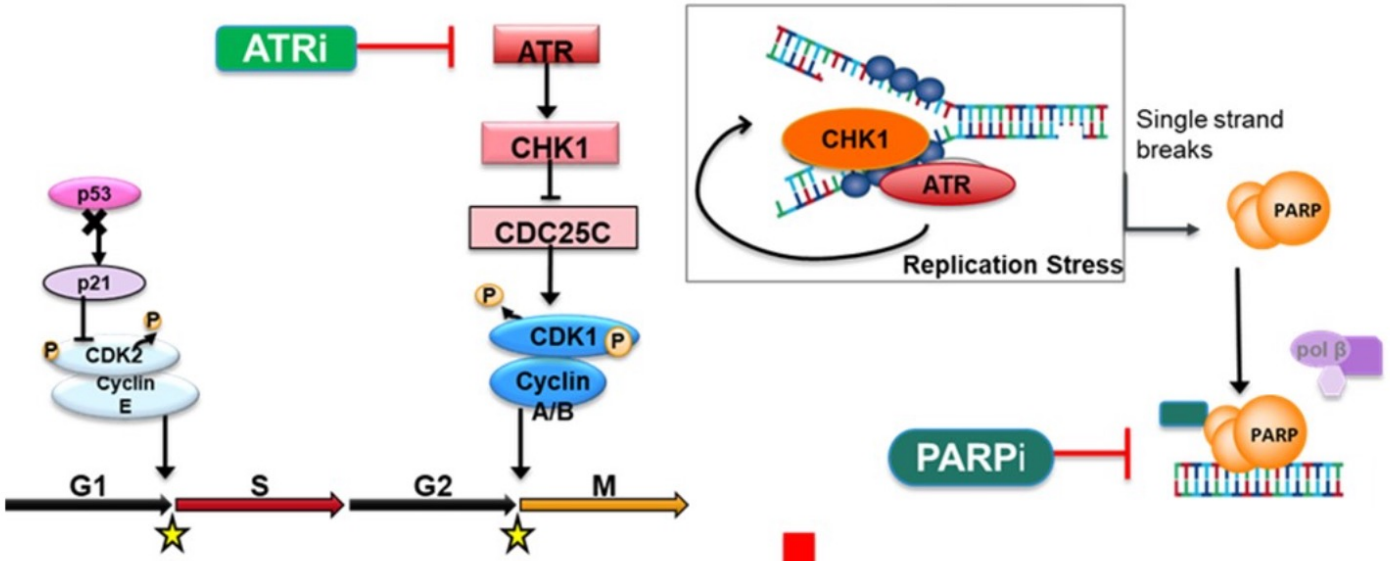
Pujade-Lauraine E et al. *Ann Oncol* 2023;34(12):1152-64.

Combination ATR and PARP Inhibitor (CAPRI): A phase 2 study of ceralasertib plus olaparib in patients with recurrent, platinum-sensitive epithelial ovarian cancer (Cohort A).

Fiona Simpkins, Dimitrios Nasioudis, Stephanie L. Wethington, Lainie P. Martin, Janos L. Tanyi, Nawar A. Latif, Drew A. Torigian, Dalia K. Omran, Diego Rodriguez, Simon Smith, Emma Dean, Susan M. Domchek, Ronny Drapkin, Ie-Ming Shih, Eric J. Brown, Wei-Ting Hwang, Deborah K. Armstrong, Geoffrey Shapiro, Stephanie Gaillard, Robert L. Giuntoli II, Joyce F. Liu

ASCO 2024;Abstract 5510.

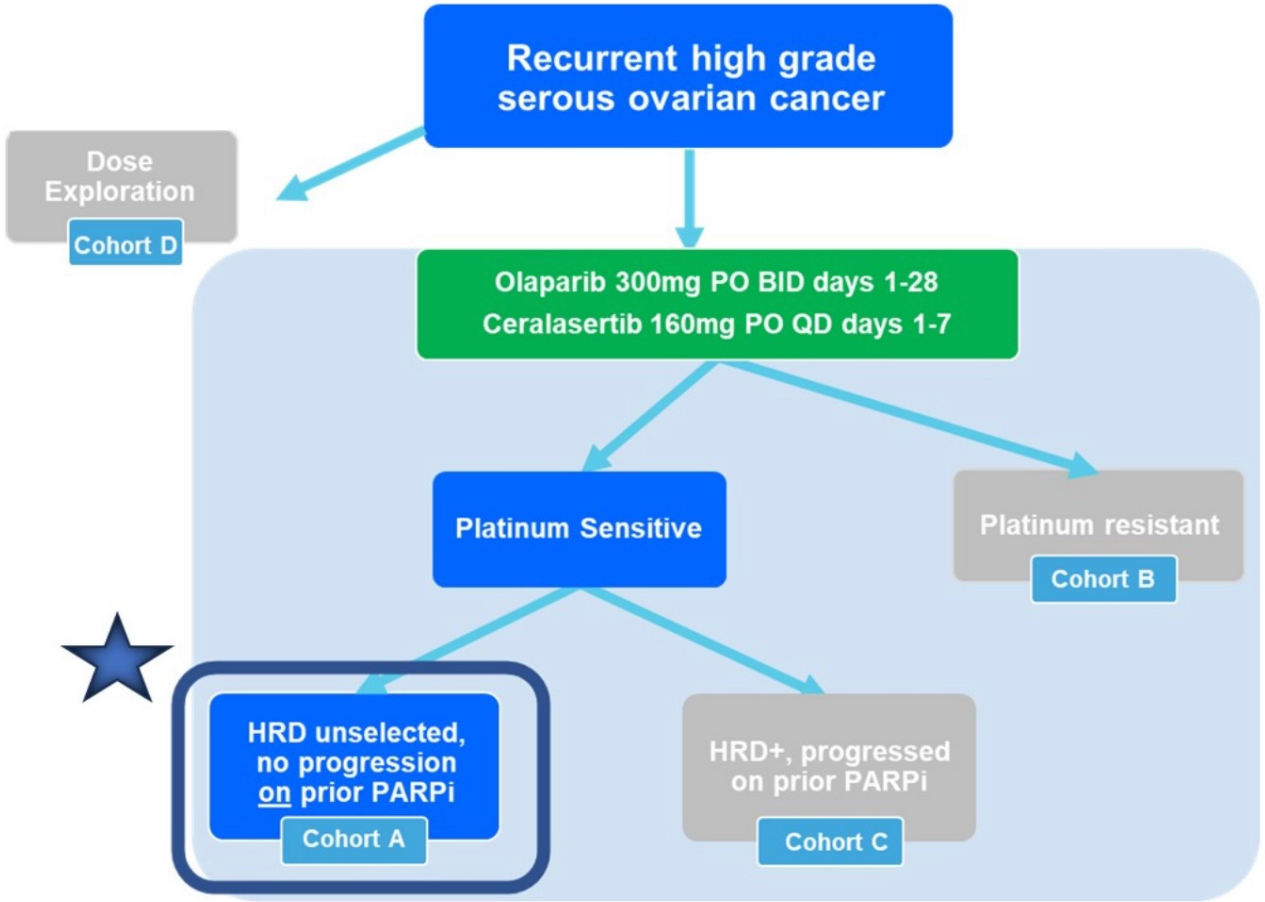
Scientific Rationale for Combining a PARP Inhibitor with an ATR Inhibitor



Hypothesis: targeting 2 unique DNA repair pathways by combination PARPi and ATRi, will lead to increased DSB and prevent or overcome PARPi resistance

Simpkins F et al. ASCO 2024;Abstract 5510.

CAPRI: A Phase II Study of Ceralasertib with Olaparib for Recurrent Platinum-Sensitive Ovarian Cancer (Cohort A)



Specific Aim (Cohort A)

Safety and objective response rates (ORR) of combination of olaparib (PARPi) and ceralasertib (ATRi) in platinum sensitive recurrent HGSOC, HRD unselected, who had not progressed on prior PARPi

Study Endpoints:

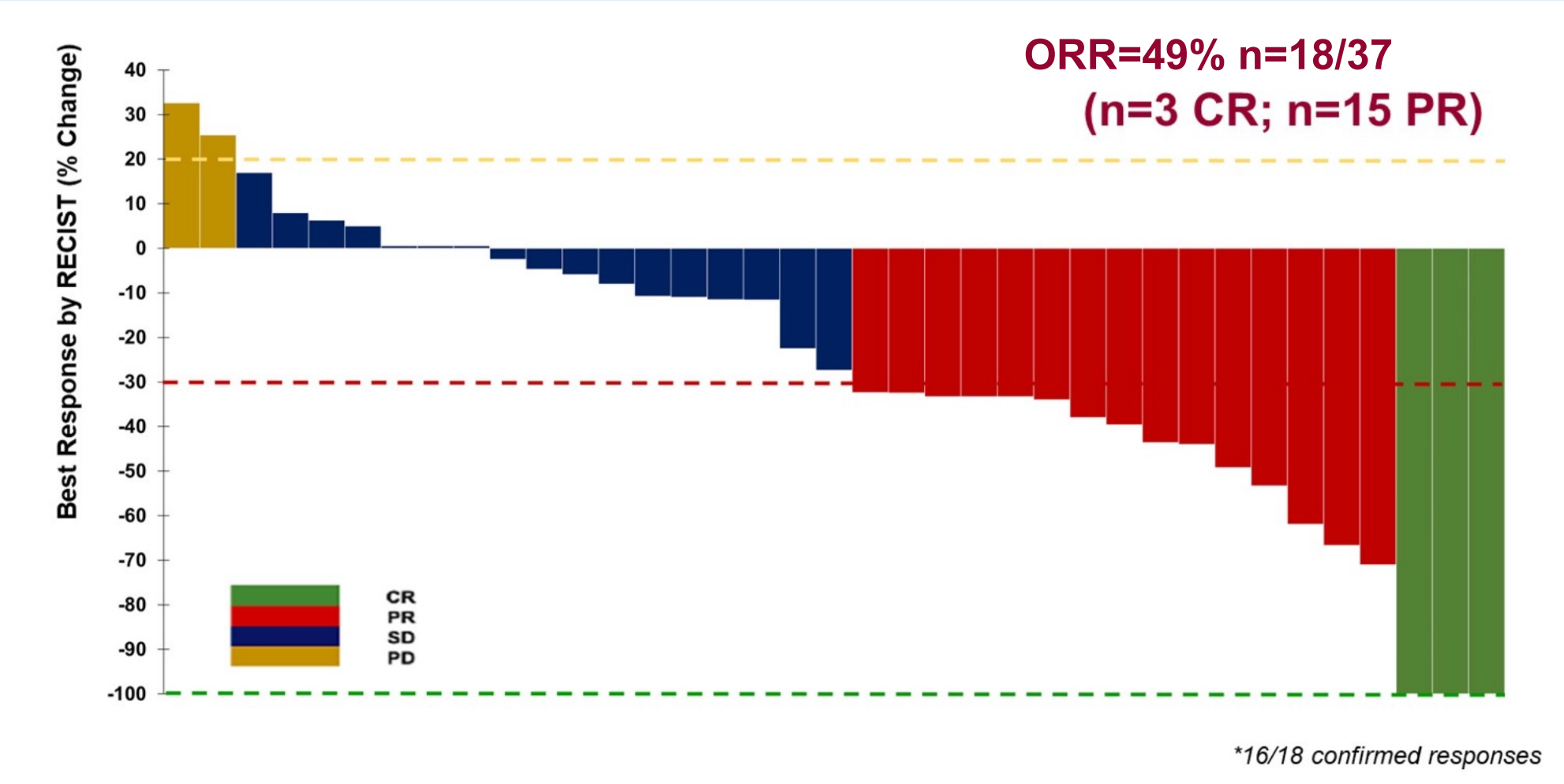
Primary endpoints: ORR, toxicity

Secondary endpoint: PFS

*Interim analysis after n=17, required an ORR of 40% to proceed to second stage with **total enrollment of 37 patients***

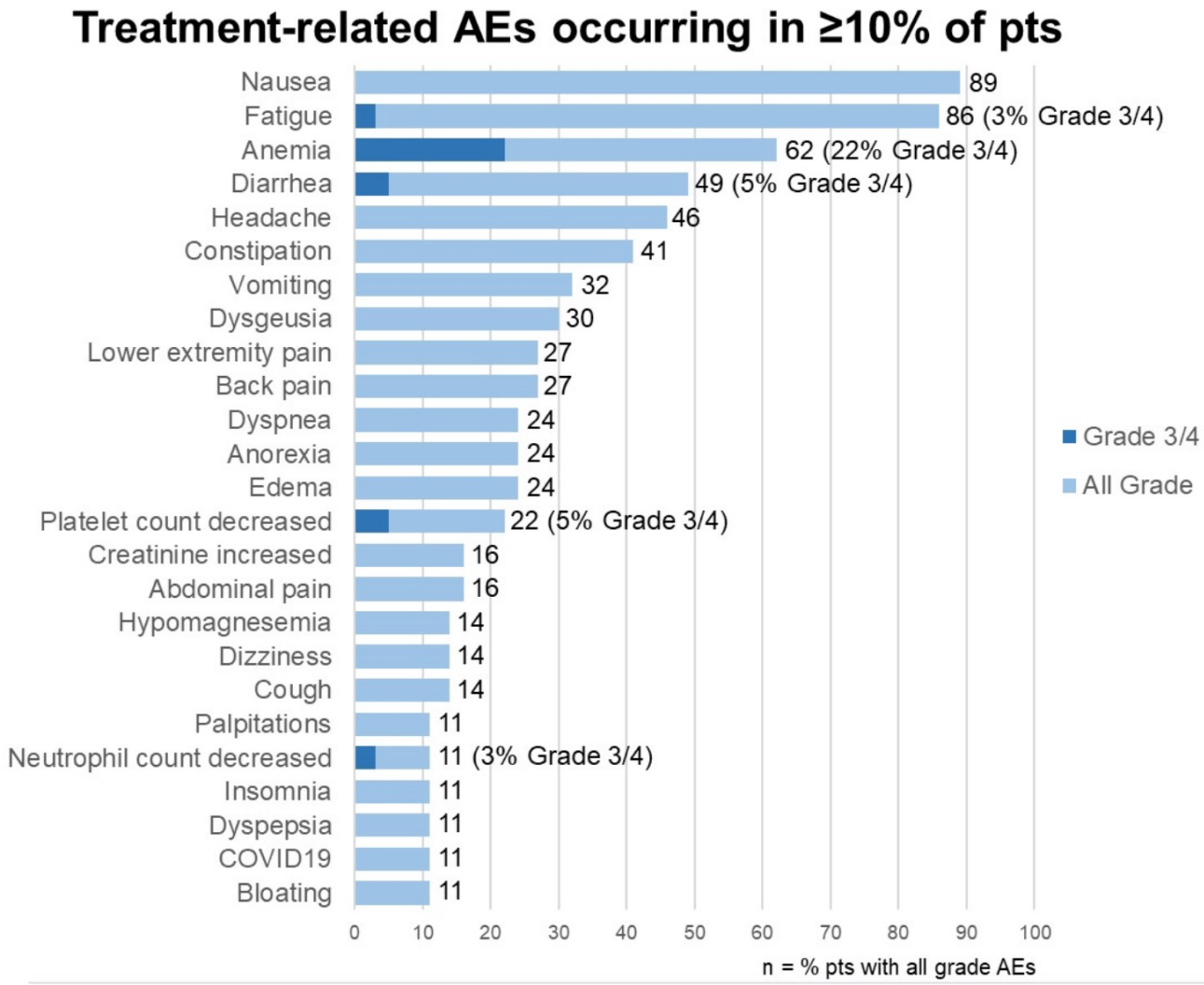
Simpkins F et al. ASCO 2024;Abstract 5510.

CAPRI: Ceralasertib and Olaparib – Response Data



Simpkins F et al. ASCO 2024;Abstract 5510.

CAPRI: Ceralasertib and Olaparib – Safety Profile



	Number of pts (%)
Dose reduction due to AE (Total)	**16 (43%)**
Olaparib dose reduction	16 (43%)
Ceralasertib dose reduction	0 (0%)
Dose discontinuation due to AE	**1 (3%)** (G2 nausea/fatigue)

AE = adverse event

Simpkins F et al. ASCO 2024;Abstract 5510.

Antibody-Drug Conjugates for Ovarian Cancer

- Moore KN et al. **Mirvetuximab soravtansine in FRα-positive, platinum-resistant ovarian cancer**. *N Engl J Med* 2023;389(23):2162-74.

DISCUSSION QUESTION

- **What has been your clinical experience with efficacy and tolerability with mirvetuximab soravtansine?**

FDA Approves Mirvetuximab Soravtansine-Gynx for FRα-Positive Platinum-Resistant Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer

Press Release: March 22, 2024

"On March 22, 2024, the Food and Drug Administration approved mirvetuximab soravtansine-gynx for adult patients with FRα positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer, who have received one to three prior systemic treatment regimens.

Efficacy was evaluated in Study 0416 (MIRASOL, NCT04209855), a multicenter, open-label, active-controlled, randomized, two-arm trial in 453 patients with platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer. Patients were permitted to receive up to three prior lines of systemic therapy. The trial enrolled patients whose tumors were positive for FRα expression as determined by the FOLR1 (FOLR1-2.1) RxDx Assay.

The major efficacy outcome measures were overall survival (OS), investigator-assessed progression-free survival (PFS) and confirmed overall response rate (ORR) per investigator assessment. PFS and ORR were evaluated according to RECIST, version 1.1."

https://www.fda.gov/drugs/resources-information-approved-drugs/fda-approves-mirvetuximab-soravtansine-gynx-fra-positive-platinum-resistant-epithelial-ovarian

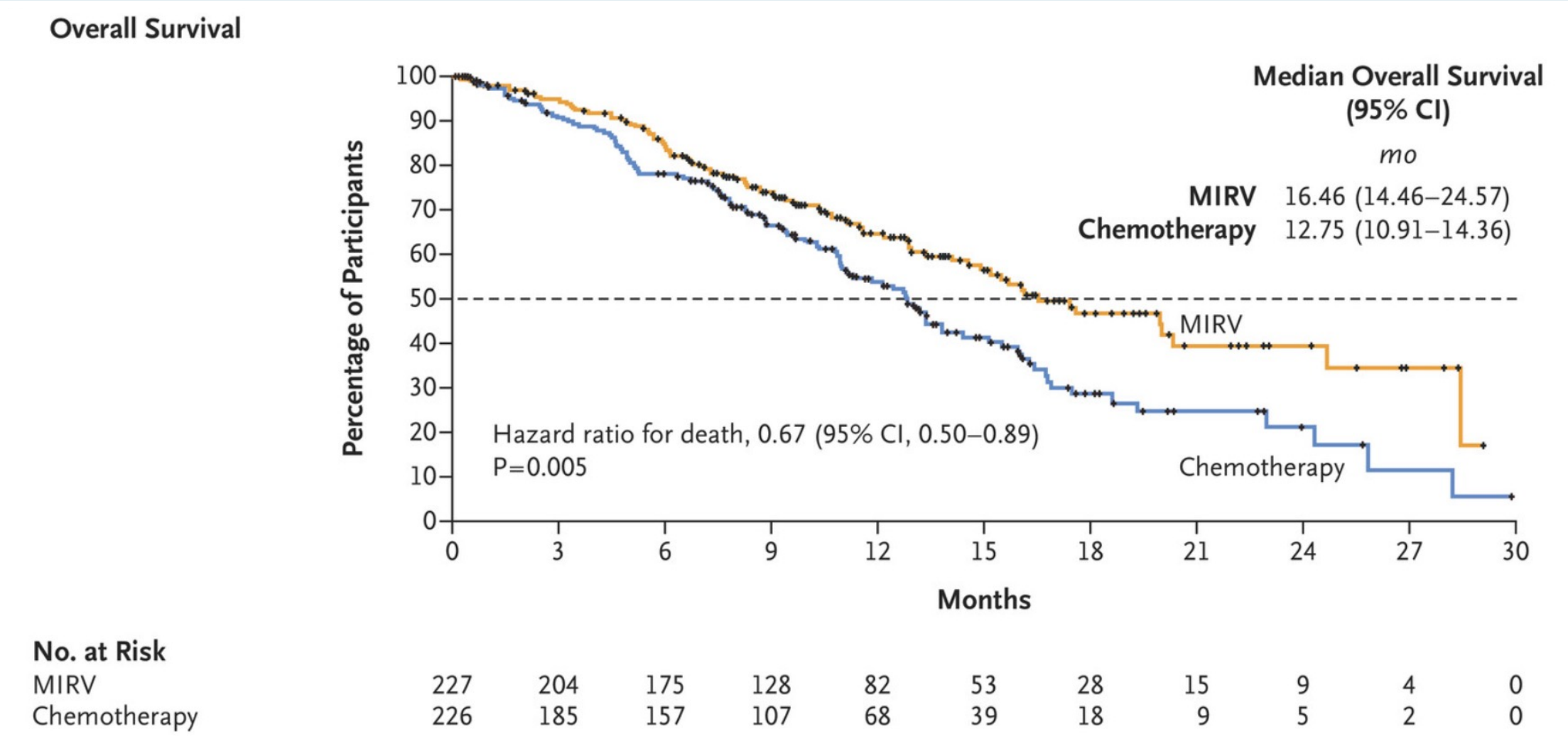
ORIGINAL ARTICLE

Mirvetuximab Soravtansine in FRα-Positive, Platinum-Resistant Ovarian Cancer

K.N. Moore, A. Angelergues, G.E. Konecny, Y. García, S. Banerjee, D. Lorusso, J.-Y. Lee, J.W. Moroney, N. Colombo, A. Roszak, J. Tromp, T. Myers, J.-W. Lee, M. Beiner, C.M. Cosgrove, D. Cibula, L.P. Martin, R. Sabatier, J. Buscema, P. Estévez-García, L. Coffman, S. Nicum, L.R. Duska, S. Pignata, F. Gálvez, Y. Wang, M. Method, A. Berkenblit, D. Bello Roufai, and T. Van Gorp, for Gynecologic Oncology Group Partners and the European Network of Gynaecological Oncological Trial Groups*

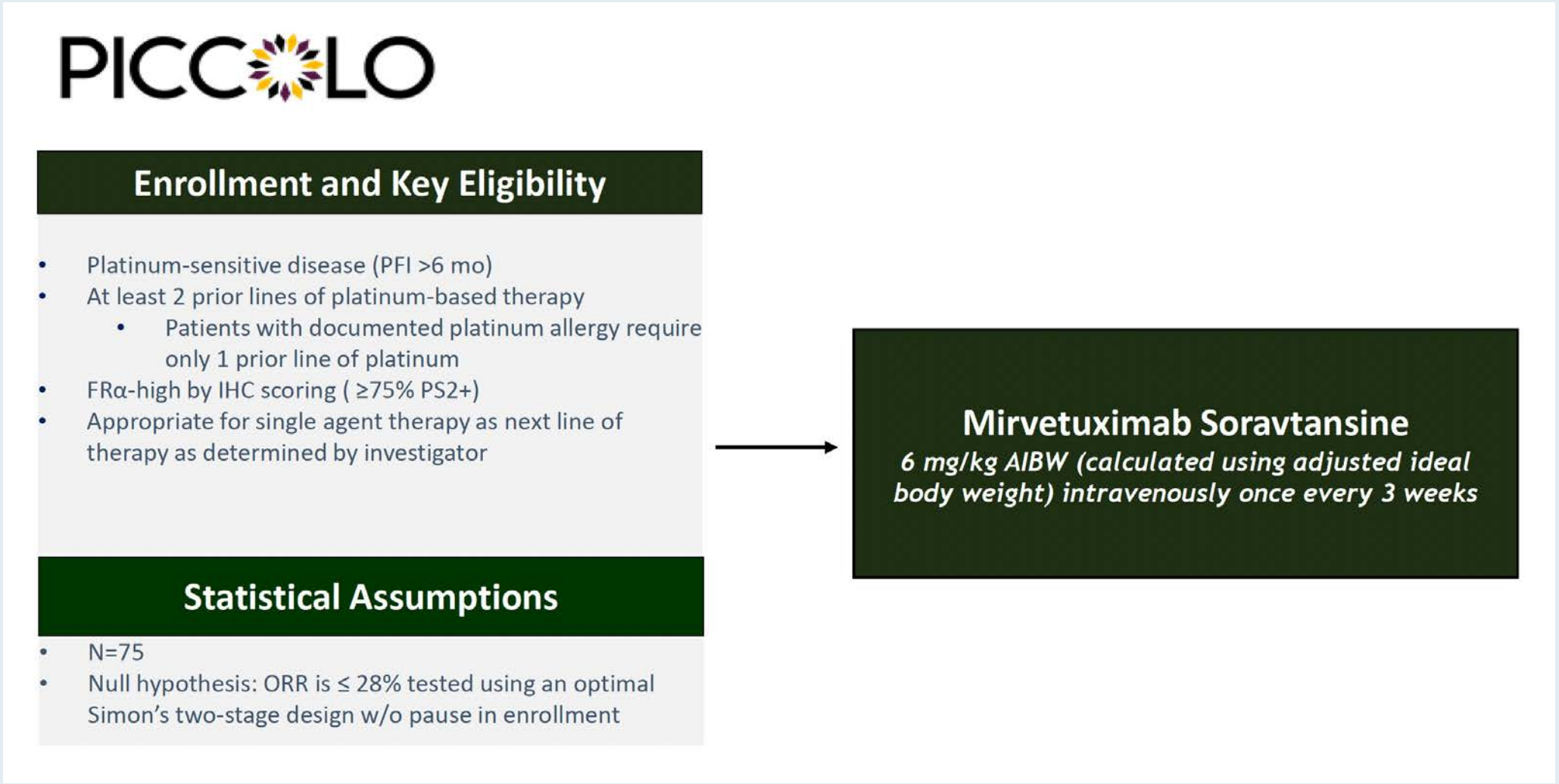
N Engl J Med **2023;389(23):2162-74.**

MIRASOL: OS Outcomes



Moore KN et al. *N Engl J Med* 2023;389(23):2162-74.

PICCOLO Phase II Trial Schema



Alvarez Secord A et al. SGO 2022;Abstract 300.

Positive Topline Results from the Phase II PICCOLO Trial Evaluating Mirvetuximab Soravtansine for High Folate Receptor-Alpha (FRα)-Expressing Platinum-Sensitive Ovarian Cancer

Press Release: June 6, 2024

"[The manufacturer] announced positive topline results from the Phase 2 PICCOLO trial evaluating investigational mirvetuximab soravtansine monotherapy in heavily pre-treated patients with folate receptor-alpha (FRα) positive, platinum-sensitive ovarian cancer (PSOC).

The study met its primary endpoint with an objective response rate (ORR) of 51.9% (95%CI 40.4 – 63.3%).

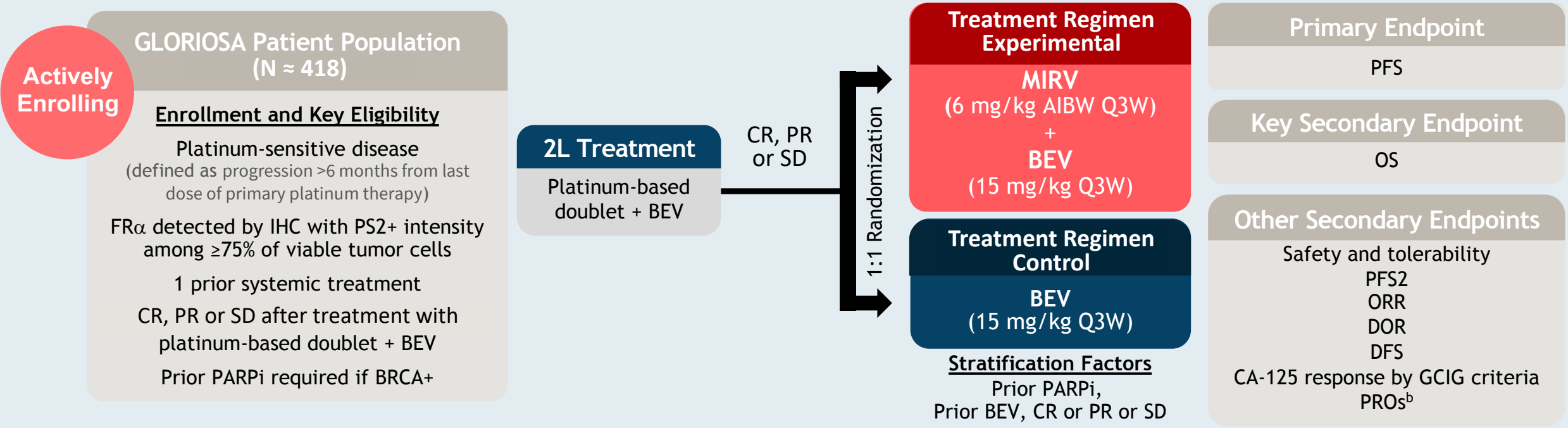
In addition, the median duration of response (DOR), a key secondary endpoint, was 8.25 months.

The safety profile of mirvetuximab soravtansine was consistent with findings from previous studies, and no new safety concerns were identified. Full data from the PICCOLO study will be presented at a future medical meeting."

https://news.abbvie.com/2024-06-06-AbbVie-Announces-Positive-Topline-Results-from-Phase-2-PICCOLO-Trial-Evaluating-Mirvetuximab-Soravtansine-ELAHERE-R-for-High-Folate-Receptor-Alpha-FR-Expressing-Platinum-Sensitive-Ovarian-Cancer

GLORIOSA Phase III Trial Schema

An open-label, Phase III trial of MIRV + BEV maintenance for FRα-high platinum-sensitive ovarian cancer



O'Malley DM et al. ASCO 2023;Abstract TPS5622. www.clinicaltrials.gov. NCT05445778. Accessed September 2023.

Agenda

INTRODUCTION: ASCO 2024 Review

MODULE 1: Ovarian Cancer

MODULE 2: HER2 as a Therapeutic Target

MODULE 3: Endometrial Cancer

MODULE 4: Cervical Cancer

HER2-Targeted Treatment Approaches

- Meric-Bernstam F et al. Efficacy and safety of **trastuzumab deruxtecan** in patients with HER2-expressing solid tumors: Primary results from the **DESTINY-PanTumor02** phase II trial. *J Clin Oncol* 2024;42(1):47-58.
- Nishikawa T et al. **Trastuzumab deruxtecan** for human epidermal growth factor receptor 2-expressing **advanced or recurrent uterine carcinosarcoma** (NCCH1615): **The STATICE trial**. *J Clin Oncol* 2023; 41(15):2789-99.

DISCUSSION QUESTIONS

- **Where in the treatment course are you typically offering trastuzumab deruxtecan (T-DXd) to your patients with ovarian, endometrial and cervical cancer?**
- **Are you only offering T-DXd to patients with IHC 3+ disease per the indication, or would you consider it for a patient with no other options and lower levels of expression?**

FDA Grants Accelerated Approval to Trastuzumab Deruxtecan for Unresectable or Metastatic HER2-Positive Solid Tumors

Press Release: April 5, 2024

“On April 5, 2024, the Food and Drug Administration granted accelerated approval to fam-trastuzumab deruxtecan-nxki for adult patients with unresectable or metastatic HER2-positive (IHC3+) solid tumors who have received prior systemic treatment and have no satisfactory alternative treatment options. Efficacy was evaluated in 192 adult patients with previously treated unresectable or metastatic HER2-positive (IHC 3+) solid tumors who were enrolled in one of three multicenter trials: DESTINY-PanTumor02 (NCT04482309), DESTINY-Lung01 (NCT03505710), and DESTINY-CRC02 (NCT04744831). All three trials excluded patients with a history of interstitial lung disease (ILD)/pneumonitis requiring treatment with steroids or ILD/pneumonitis at screening and clinically significant cardiac disease. Patients were also excluded for active brain metastases or ECOG performance status >1. Treatment was administered until disease progression, death, withdrawal of consent, or unacceptable toxicity.

The recommended fam-trastuzumab deruxtecan-nxki dosage for this indication is 5.4 mg/kg given as an intravenous infusion once every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity. This tumor agnostic indication is approved under accelerated approval based on objective response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).”

https://www.fda.gov/drugs/resources-information-approved-drugs/fda-grants-accelerated-approval-fam-trastuzumab-deruxtecan-nxki-unresectable-or-metastatic-her2

2023 ASCO ANNUAL MEETING

Abstract LBA3000

DESTINY-PanTumor02

Efficacy and safety of trastuzumab deruxtecan in patients with HER2-expressing solid tumors: DESTINY-PanTumor02 interim results

Funda Meric-Bernstam

The University of Texas MD Anderson Cancer Center, Houston, TX, USA

June 5, 2023

Additional authors: Vicky Makker, Ana Oaknin, Do-Yo
Kyung Hae Jung, Iwona Ługowska, Luis Manso, Arán
Daniil Stroyakovskiy, Chiedozie Anoka, Yan Ma, Soha

On behalf of the DESTINY-PanTumor02

2023 ASCO ANNUAL MEETING #ASCO23 PRESENTED BY: Funda Meric-Bernstam, MD

J Clin Oncol 2024;42(1):47-58

Original Reports | Gynecologic Cancer

Efficacy and Safety of Trastuzumab Deruxtecan in Patients With HER2-Expressing Solid Tumors: Primary Results From the DESTINY-PanTumor02 Phase II Trial

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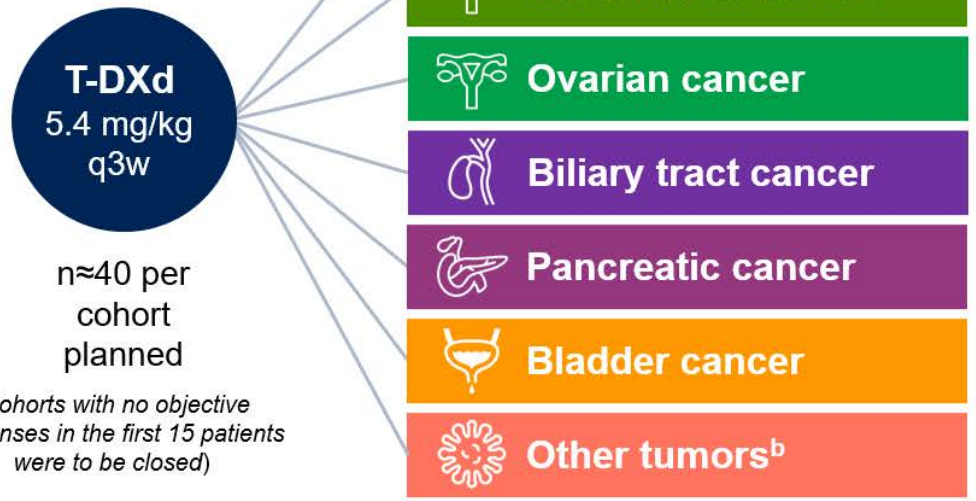
RTP Year in Review 2024

DESTINY-PanTumor02 Phase II Basket Trial Schema

An open-label, multicenter study (NCT04482309)

- Advanced solid tumors not eligible for curative therapy
- 2L+ patient population
- HER2 expression (IHC 3+ or 2+)
  - Local test or central test by HercepTest if local test not feasible (ASCO/CAP gastric cancer guidelines[1])[a]
- Prior HER2-targeting therapy allowed
- ECOG/WHO PS 0–1



Primary endpoint

- Confirmed ORR (investigator)[c]

Secondary endpoints

- DOR[c]
- DCR[c]
- PFS[c]
- OS
- Safety

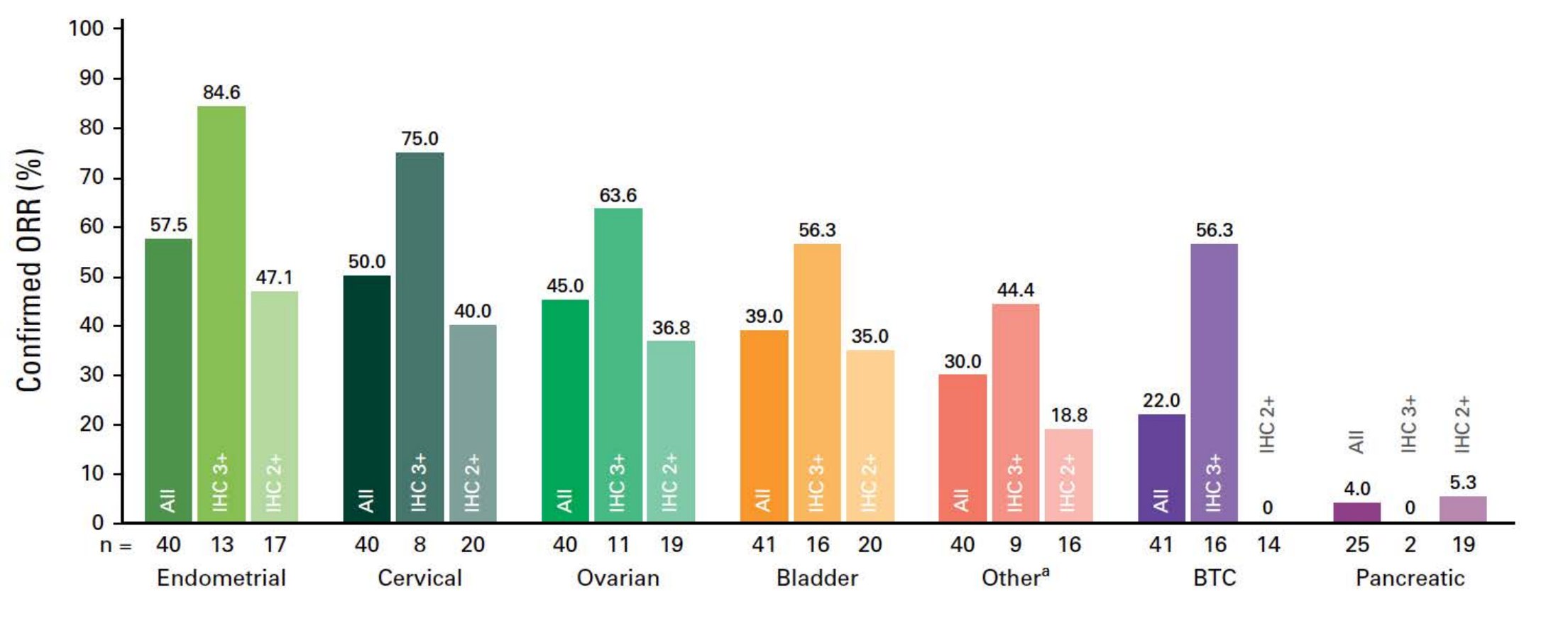
Data cut-off for analysis:

- Nov 16, 2022

2L+ = second or later line of treatment

Meric-Bernstam F et al. ASCO 2023;Abstract LBA3000; *J Clin Oncol* 2024;42(1):47-58.

DESTINY-PanTumor02: Objective Response Rate by HER2 Status



Meric-Bernstam F et al. ASCO 2023;Abstract LBA3000; *J Clin Oncol* 2024;42(1):47-58.

original reports

Trastuzumab Deruxtecan for Human Epidermal Growth Factor Receptor 2–Expressing Advanced or Recurrent Uterine Carcinosarcoma (NCCH1615): The STATICE Trial

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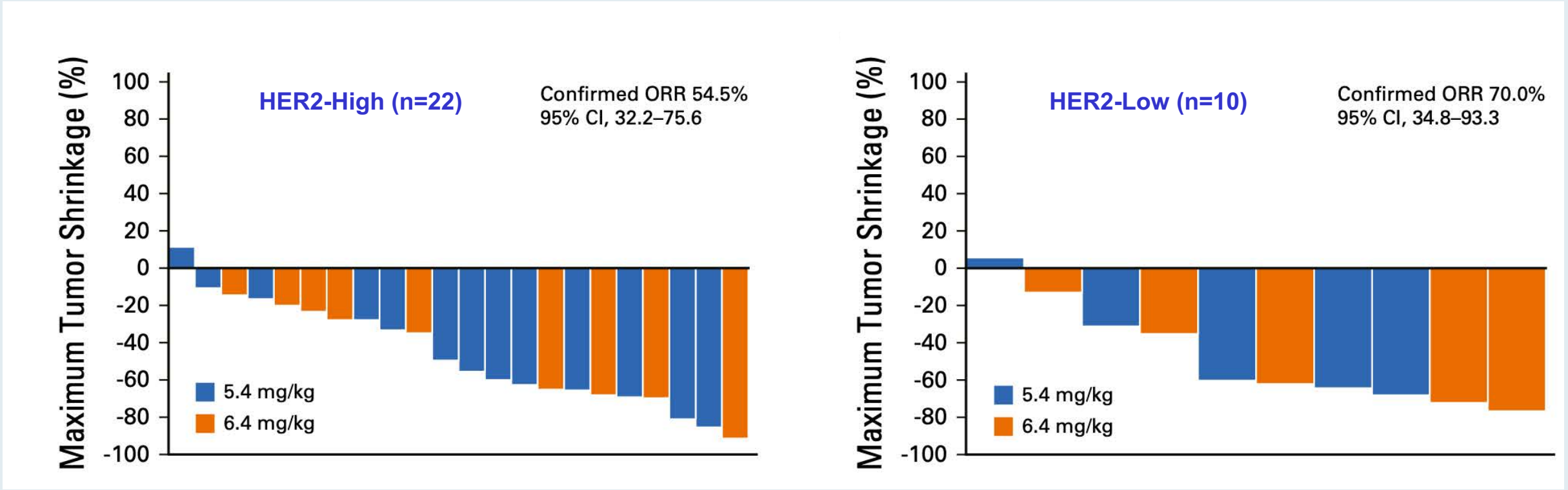
J Clin Oncol 2023;41(15):2789-99.

STATICE: Trastuzumab Deruxtecan for Uterine Carcinosarcoma — Response

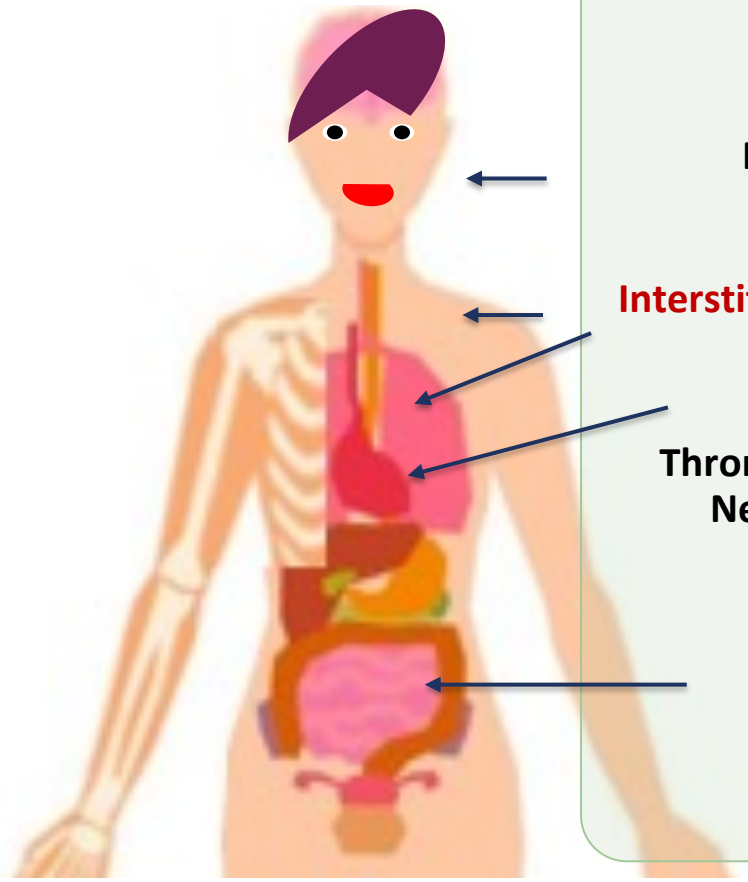


Nishikawa T et al. *J Clin Oncol* 2023;41(15):2789-99.

DISCUSSION QUESTIONS

- **How, specifically, are you monitoring for interstitial lung disease (ILD) in your patients receiving T-DXd?**
- **At what level of ILD are you permanently discontinuing treatment even after resolution of symptoms?**

Side Effects of Trastuzumab Deruxtecan (T-DXd)



T-DXd

Fatigue 48%

Interstitial lung disease 12%

LVEF 4%

Thrombocytopenia 24%
Neutropenia 33%

LFTs 24%

Diarrhoea 22%
Nausea 73%

Determinants of ADC Toxicity

- Target (tissue distribution)
- Payload
- Linker
- Antibody effects (on target or immune)
- Patient factors

Adapted from Professor Peter Schmid, FRCP, MD, PhD

Modi et al, NEJM 2022. Hackshaw, BCRT 2022; Powell, ESMO Open 2022; Abuhelwa, Drugs 2022;

T-DXd: Management of ILD

Routine Monitoring

1. Monitor for symptoms (cough, dyspnea, pyrexia)
2. Review every 4-6 weeks
3. Monitor SpO2 (examine if drop by 2-4% for 1-3d)
4. CT scans every 9-12 weeks

Diagnostic if ILD suspected

1. Lung function test
2. CT chest scan (ideally high-resolution CT)
3. Possibly Bronchoscopy
4. Bloods, blood and sputum cultures

	Grade 1	Grade 2	Grade 3/4
Description	Asymptomatic (diagnostic observations only)	Symptomatic; limiting instrument. ADL	Severe symptoms; limiting self-care ADL; oxygen (G3); Life-threatening (G4)
T-DXd	Hold (restart if resolved within 49 days, otherwise discontinue)	Discontinue	Discontinue
Dose reduction	Same dose if ≤28d, lower dose if > 28d	N/A	N/A
Steroids	0.5 mg/kg/day	≥1 mg/kg/day	Methylprednisolone i.v. 500-1000 mg/d for 3d, followed by ≥1 mg/kg/d prednisolone for 14d
Escalation	If worsens despite initiation of steroids, follow Grade 2 guidelines	if not better within 5d: Increase dose or switch to IV	if not better within 5d: Infliximab, IVIG or MMF
Duration	Until improvement, followed by gradual taper over ≥4 weeks	For at least 14d or until complete resolution of clinical and chest CT findings then gradually taper (for at least 4wks)	

Agenda

INTRODUCTION: ASCO 2024 Review

MODULE 1: Ovarian Cancer

MODULE 2: HER2 as a Therapeutic Target

MODULE 3: Endometrial Cancer

MODULE 4: Cervical Cancer

Immunotherapy for Endometrial Cancer

- Van Nieuwenhuysen E et al. **Durvalumab + carboplatin/paclitaxel** (CP) **followed by durvalumab ± olaparib** as **first-line** treatment for newly diagnosed **advanced or recurrent endometrial cancer** (EC) in **DUO-E: Results by BRCA1/BRCA2 mutation (BRCAm) status**. ASCO 2024;Abstract 5595.
- Pepin JT et al. **Safety and tolerability** of **durvalumab + carboplatin/paclitaxel followed by durvalumab + olaparib** in patients with newly diagnosed advanced or recurrent endometrial cancer (EC) in the **DUO-E**/GOG-3041/ENGOT-EN10 trial. ASCO 2024;Abstract 5599.
- Westin SN et al. **Durvalumab plus carboplatin/paclitaxel** followed by **maintenance durvalumab with or without olaparib** as **first-line** treatment for **advanced endometrial cancer**: The phase III **DUO-E** trial. *J Clin Oncol* 2023;42;283-99.
- Eskander RN et al. **Overall survival** and **progression-free survival** by **PD-L1 status** among endometrial cancer patients treated with **pembrolizumab plus carboplatin/paclitaxel** as compared to carboplatin/paclitaxel plus placebo in the **NRG GY018** trial. SGO 2024; Late-breaking abstract.

DISCUSSION QUESTIONS

- **What is your preferred first-line therapy for metastatic microsatellite instability-high (MSI-H)/mismatch repair-deficient (dMMR) EC? Is your approach any different for a younger patient with no comorbidities? Does PD-L1 status matter?**
- **Do you have a preferred anti-PD-1/PD-L1 antibody for patients with MSI-H/dMMR EC?**

DISCUSSION QUESTIONS

- Regulatory and reimbursement issues aside, what would be your recommended first-line therapy for a patient with microsatellite-stable/mismatch repair-proficient metastatic EC?
- How frequently are BRCA and other HRD pathway abnormalities seen in patients with EC? Do you believe these are driving the benefit observed with PARP inhibitors?
- Based on findings from DUO-E and RUBY Part 2, are there any situations in which you would like to include a PARP inhibitor for any of your patients with EC? If yes, for which specific patient populations?

FDA Approves Durvalumab with Chemotherapy for Mismatch Repair-Deficient Primary Advanced or Recurrent Endometrial Cancer

Press Release: June 14, 2024

"On June 14, 2024, the Food and Drug Administration approved durvalumab with carboplatin plus paclitaxel followed by single-agent durvalumab for adult patients with primary advanced or recurrent endometrial cancer that is mismatch repair deficient (dMMR).

Efficacy was evaluated in DUO-E (NCT04269200), a randomized, multicenter, double-blind, placebo-controlled trial in patients with primary advanced or recurrent endometrial cancer. Tumor MMR status was a stratification factor and was assessed using an immunohistochemistry tumor tissue test. The major efficacy outcome measure was progression-free survival (PFS), determined by investigator assessment using RECIST v1.1.

The most common adverse reactions (>25%) with durvalumab in combination with carboplatin and paclitaxel were peripheral neuropathy, musculoskeletal pain, nausea, alopecia, fatigue, abdominal pain, constipation, rash, diarrhea, vomiting, and cough.

The recommended durvalumab dose for patients with a body weight ≥ 30 kg is 1,120 mg with carboplatin plus paclitaxel every 3 weeks for 6 cycles, followed by single-agent durvalumab 1,500 mg every 4 weeks. The recommended durvalumab dose for patients with a body weight of < 30 kg is 15 mg/kg with carboplatin and paclitaxel every 3 weeks for 6 cycles, followed by durvalumab 20 mg/kg every 4 weeks."

https://www.fda.gov/drugs/resources-information-approved-drugs/fda-approves-durvalumab-chemotherapy-mismatch-repair-deficient-primary-advanced-or-recurrent

Abstract: 5595
Poster: 466

ASCO 2024

Durvalumab + carboplatin/paclitaxel followed by durvalumab ± olaparib as first-line treatment for newly diagnosed advanced or recurrent endometrial cancer in the DUO-E/GOG-3041/ENGOT-EN10 trial: results by *BRCA1* and/or *BRCA2* mutation status

Els Van Nieuwenhuysen,[1] Jean-Francois Baurain,[2] Hye Sook Chon,[3] Jessica Thomes Pepin,[4] Michael J. Sundborg,[5] Michael A. Gold,[6] Byoung Gie Kim,[7] Stephanie V. Blank,[8] Ji-Hong Liu,[9] Michael McCollum,[10] Masahiko Mori,[11] Goda Jonuškienė,[12] Kathleen Moore,[13] Zoltán Novák,[14] Pedro Luis Ramos Guette,[15] Charles Andreé Joseph de Pádua,[16] Marta Gil-Martin,[17] Matthew Kowgier,[18] Paula Michelle del Rosario,[19] Shannon N. Westin[20]

DUO-E: Progression-Free Survival by BRCA Mutation Status

Table 3. PFS by BRCAm status* (dMMR subpopulation)

		CP arm	CP+D arm	CP+D+O arm
All patients	Events, n/N (%)	25/49 (51.0)	15/46 (32.6)	18/48 (37.5)
	Median, months (95% CI)†	7.0 (6.7–14.8)	NR (NR–NR)	31.8 (12.4–NR)
	HR (95% CI) vs CP‡		0.42 (0.22–0.80)	0.41 (0.21–0.75)
BRCAm	Events, n/N (%)	6/9 (66.7)	6/14 (42.9)	6/16 (37.5)
	Median, months (95% CI)†	6.9 (1.7–NR)	26.0 (7.1–NR)	31.8 (9.9–NR)
	HR (95% CI) vs CP‡		NC	NC
Non-BRCAm	Events, n/N (%)	15/32 (46.9)	7/24 (29.2)	11/30 (36.7)
	Median, months (95% CI)†	12.0 (6.7–NR)	NR (NR–NR)	NR (NR–NR)
	HR (95% CI) vs CP‡		0.48 (0.18–1.15)	0.52 (0.23–1.13)
Unknown	Events, n/N (%)	4/8 (50.0)	2/8 (25.0)	1/2 (50.0)
	Median, months (95% CI)†	6.8 (4.2–NR)	NR (NR–NR)	7.2 (NR–NR)
	HR (95% CI) vs CP‡		NC	NC

*Aggregated ctDNA and tissue BRCAm status; †Calculated using the Kaplan–Meier method. CI for median is derived based on the Brookmeyer–Crowley method; ‡HR and CI are estimated from an unstratified Cox proportional hazards model. NC, not calculable.

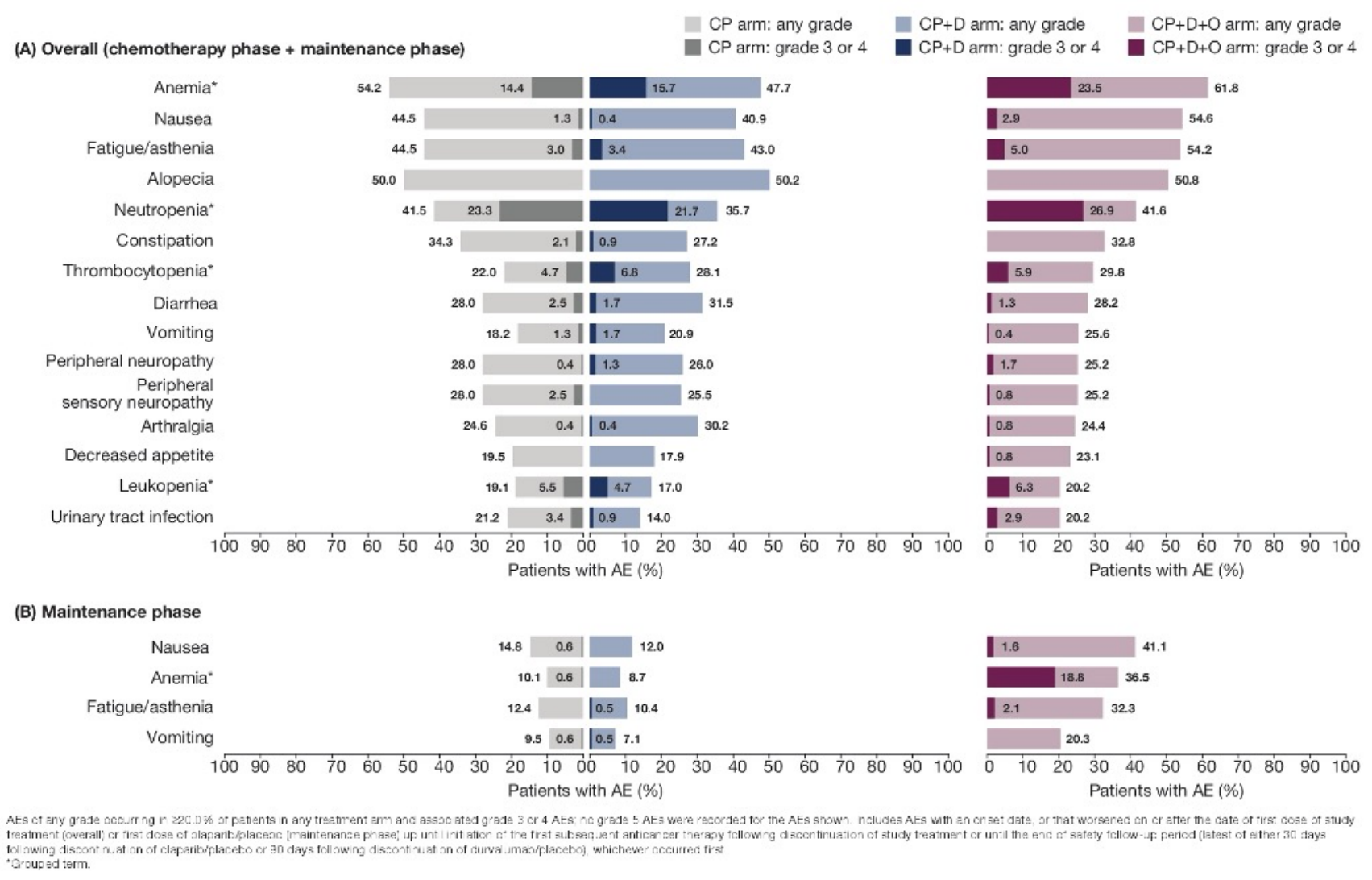
Table 4. PFS by BRCAm status* (pMMR subpopulation)

		CP arm	CP+D arm	CP+D+O arm
All patients	Events, n/N (%)	148/192 (77.1)	124/192 (64.6)	108/191 (56.6)
	Median, months (95% CI)†	9.7 (9.2–10.1)	9.9 (9.4–12.5)	15.0 (12.4–18.0)
	HR (95% CI) vs CP‡		0.77 (0.60–0.97)	0.57 (0.44–0.73)
BRCAm	Events, n/N (%)	11/13 (84.6)	4/10 (40.0)	7/14 (50.0)
	Median, months (95% CI)†	9.9 (4.2–12.5)	15.0 (8.7–NR)	15.2 (5.3–NR)
	HR (95% CI) vs CP‡		NC	NC
Non-BRCAm	Events, n/N (%)	116/149 (77.9)	101/156 (64.7)	87/152 (57.2)
	Median, months (95% CI)†	9.7 (8.8–12.0)	9.9 (9.5–12.6)	15.0 (12.4–19.4)
	HR (95% CI) vs CP‡		0.77 (0.59–1.00)	0.57 (0.43–0.75)
Unknown	Events, n/N (%)	21/30 (70.0)	19/26 (73.1)	14/25 (56.0)
	Median, months (95% CI)†	9.5 (7.2–11.6)	8.2 (6.6–9.8)	9.9 (4.8–NR)
	HR (95% CI) vs CP‡		1.05 (0.56–1.96)	0.74 (0.37–1.45)

*Aggregated ctDNA and tissue BRCAm status; †Calculated using the Kaplan–Meier method. CI for median is derived based on the Brookmeyer–Crowley method; ‡HR and CI are estimated from an unstratified Cox proportional hazards model.

Van Nieuwenhuysen E et al. ASCO 2024;Abstract 5595.

DUO-E: Most Common Adverse Events (≥20% of Patients in Either Study Arm)



AEs of any grade occurring in ≥20.0% of patients in any treatment arm and associated grade 3 or 4 AEs; no grade 5 AEs were recorded for the AEs shown. Includes AEs with an onset date, or that worsened on or after the date of first dose of study treatment (overall) or first dose of olaparib/placebo (maintenance phase) up until initiation of the first subsequent anticancer therapy following discontinuation of study treatment or until the end of safety follow-up period (latest of either 30 days following discontinuation of olaparib/placebo or 90 days following discontinuation of durvalumab/placebo), whichever occurred first
*Grouped term.

Pepin JT et al. et al. ASCO 2024;Abstract 5599.

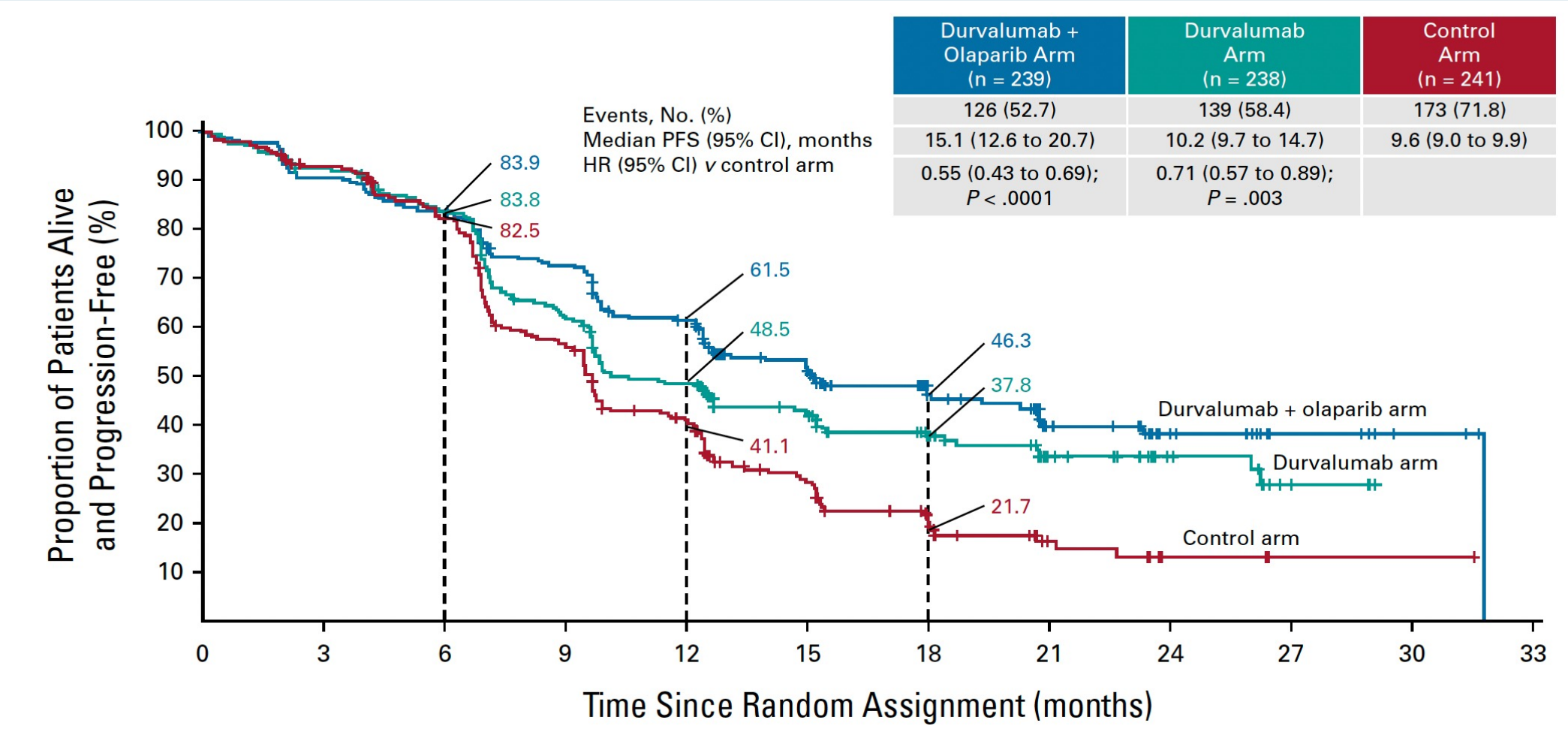
Original Reports | Gynecologic Cancer

Durvalumab Plus Carboplatin/Paclitaxel Followed by Maintenance Durvalumab With or Without Olaparib as First-Line Treatment for Advanced Endometrial Cancer: The Phase III DUO-E Trial

Shannon N. Westin, MD, MPH[1]; Kathleen Moore, MD[2]; Hye Sook Chon, MD[3]; Jung-Yun Lee, MD[4]; Jessica Thomes Pepin, MD[5]; Michael Sundborg, MD[6]; Ayelet Shai, MD, PhD[7]; Joseph de la Garza, MD[8]; Shin Nishio, MD[9]; Michael A. Gold, MD[10]; Ke Wang, MD[11]; Kristi McIntyre, MD[12]; Todd D. Tillmanns, MD[13]; Stephanie V. Blank, MD[14]; Ji-Hong Liu, MD[15]; Michael McCollum, MD[16]; Fernando Contreras Mejia, MD[17]; Tadaaki Nishikawa, MD[18]; Kathryn Pennington, MD[19]; Zoltan Novak, MD, PhD[20]; Andreia Cristina De Melo, MD[21]; Jalid Sehouli, MD[22]; Dagmara Klasa-Mazurkiewicz, MD[23]; Christos Papadimitriou, MD[24]; Marta Gil-Martin, MD[25]; Birute Brasiuniene, MD, PhD[26]; Conor Donnelly, PhD[27]; Paula Michelle del Rosario, MD[28]; Xiaochun Liu, MD, PhD[29]; and Els Van Nieuwenhuysen, MD[30]; on behalf of the DUO-E Investigators

J Clin Oncol 2023;42;283-99.

DUO-E Primary Endpoint: Progression-Free Survival



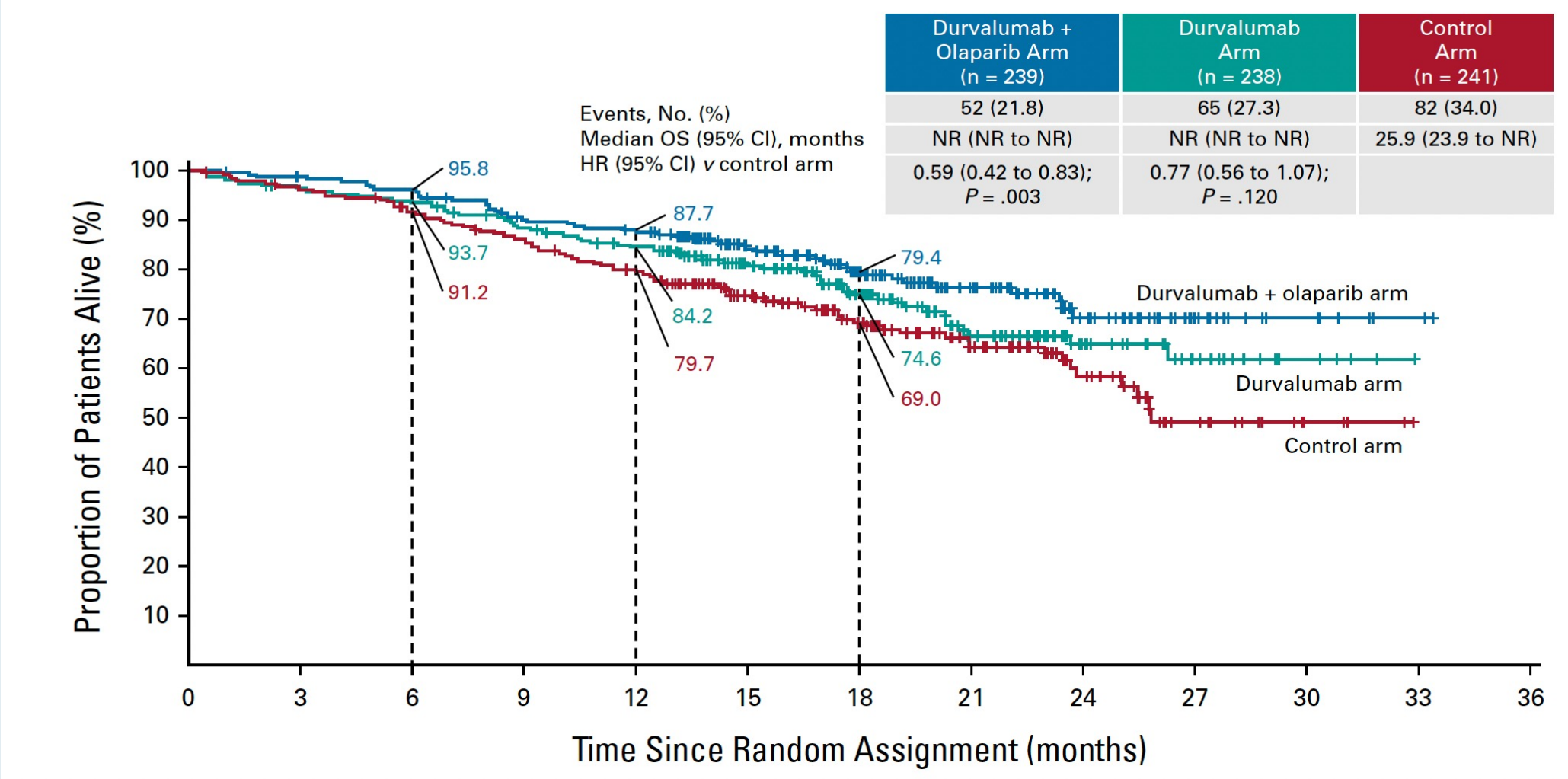
Westin SN et al. *J Clin Oncol* 2023;42:283-99.

DUO-E: Progression-Free Survival in Key Subgroups

Subgroup	Durvalumab + olaparib	Durvalumab	Control
MMR deficient (n = 48;46;49)	31.8 mo	Not reached	7.0 mo
PFS HR vs control	0.41	0.42	Reference
MMR proficient (n = 191;192;192)	15.0 mo	9.9 mo	9.7 mo
PFS HR vs control	0.57	0.77	Reference
PD-L1-positive (n = 150;170;163)	20.8 mo	11.3 mo	9.5 mo
PFS HR vs control	0.42	0.63	Reference
PD-L1-negative (n = 82;61;75)	10.1 mo	9.7 mo	9.9 mo
PFS HR vs control	0.80	0.89	Reference

Westin SN et al. *J Clin Oncol* 2023;42:283-99.

DUO-E: Overall Survival



Westin SN et al. *J Clin Oncol* 2023;42:283-99.

DISCUSSION QUESTIONS

- What is your preferred approach to the management of EC with a POLE mutation in the adjuvant and metastatic settings?
- Do you expect ongoing clinical trials evaluating anti-PD-1/PD-L1 antibody-based strategies in the adjuvant and neoadjuvant settings to be positive?
- In what situations, if any, are you currently employing adjuvant immunotherapy outside of a clinical trial setting?

FDA Approves Pembrolizumab with Chemotherapy for Primary Advanced or Recurrent Endometrial Carcinoma

Press Release: June 17, 2024

"On June 17, 2024, the Food and Drug Administration approved pembrolizumab with carboplatin and paclitaxel, followed by single-agent pembrolizumab, for adult patients with primary advanced or recurrent endometrial carcinoma.

Efficacy was evaluated in KEYNOTE-868/NRG-GY018 (NCT03914612), a multicenter, randomized, double-blind, placebo-controlled trial enrolling 810 patients with advanced or recurrent endometrial carcinoma. The trial included two separate cohorts based on mismatch repair (MMR) status: 222 patients in the mismatch repair deficient (dMMR) cohort, and 588 patients in the mismatch repair (pMMR) proficient cohort.

The major efficacy outcome measure was progression-free survival (PFS), assessed by the investigator according to RECIST 1.1. In the dMMR cohort, median PFS was not reached (NR) (95% CI: 30.7, NR) in the pembrolizumab and chemotherapy arm and 6.5 months (95% CI: 6.4, 8.7) in the placebo and chemotherapy arm (Hazard ratio [HR] 0.30 [95% CI: 0.19, 0.48]; p-value <0.0001). In the pMMR cohort, median PFS was 11.1 months (95% CI: 8.7, 13.5) in the pembrolizumab and chemotherapy arm and 8.5 months (95% CI: 7.2, 8.8) for those receiving placebo and chemotherapy (HR 0.60 [95% CI: 0.46, 0.78; p-value <0.0001)."

https://www.fda.gov/drugs/resources-information-approved-drugs/fda-approves-pembrolizumab-chemotherapy-primary-advanced-or-recurrent-endometrial-carcinoma

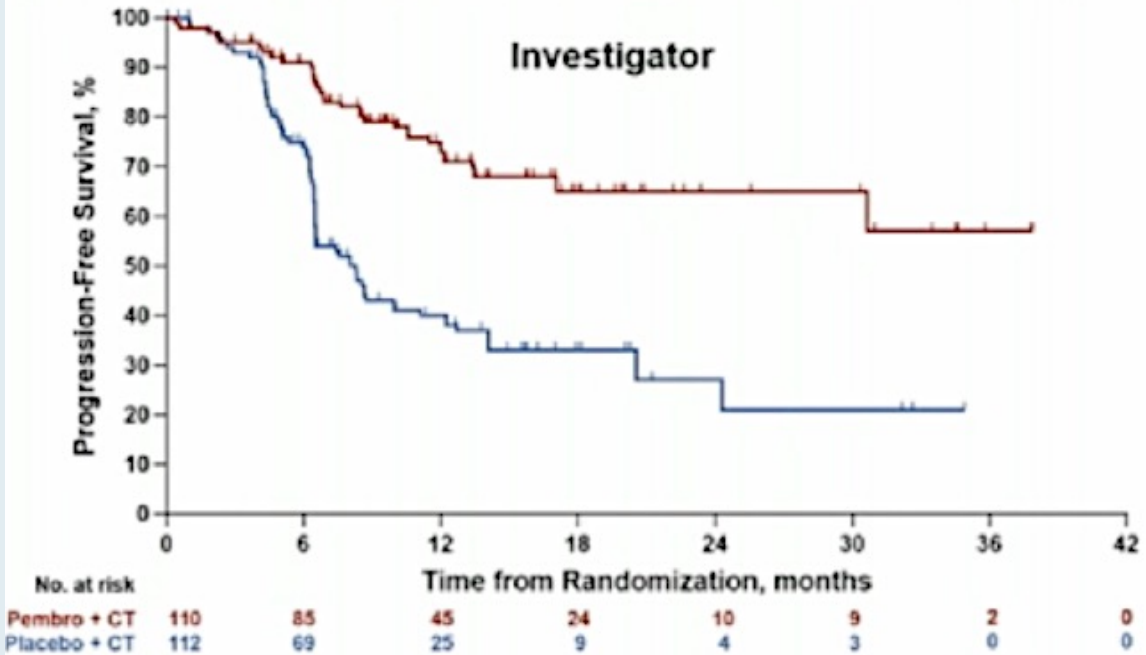
Overall Survival, Progression-Free Survival by PD-L1 Status, and Blinded Independent Central Review Results With Pembrolizumab Plus Carboplatin/Paclitaxel (CP) Versus Placebo Plus CP in Patients With Endometrial Cancer: Results From the NRG GY018 Trial

R.N. Eskander, M. Sill, A. Miller, L. Beffa, R. Moore, J. Hope, F. Musa, R. Mannel, M.S. Shahin, G. Canturia, E. Girda, C. Mathews, J. Kavecansky, C.A. Leath III, L. Gien, E. Hinchcliff, S. Lele, M.A. Powell, C. Aghajanian

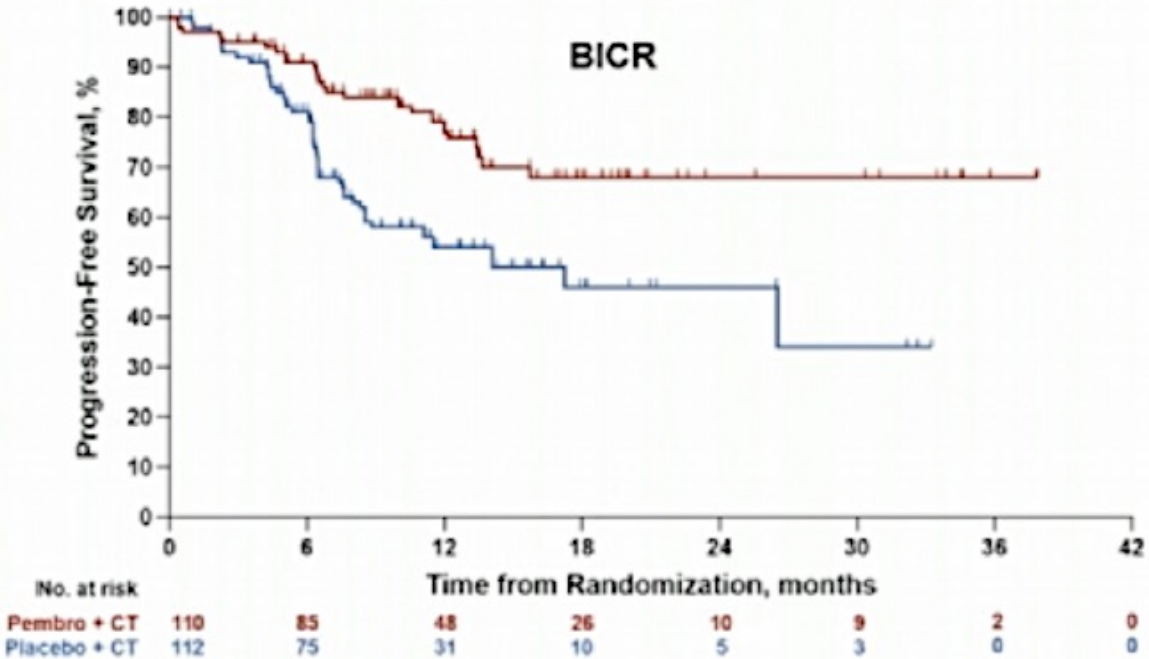
SGO 2024;Plenary.

NRG-GY018: PFS in the dMMR Population

	Events, n/N	Median PFS (95% CI), mo	HR (95% CI)[a], *P*-value[b]
Pembro + CT	29/110	NR (30.7–NR)	0.34 (0.22–0.53)
Placebo + CT	60/112	8.3 (6.5–12.3)	*P* < 0.0001



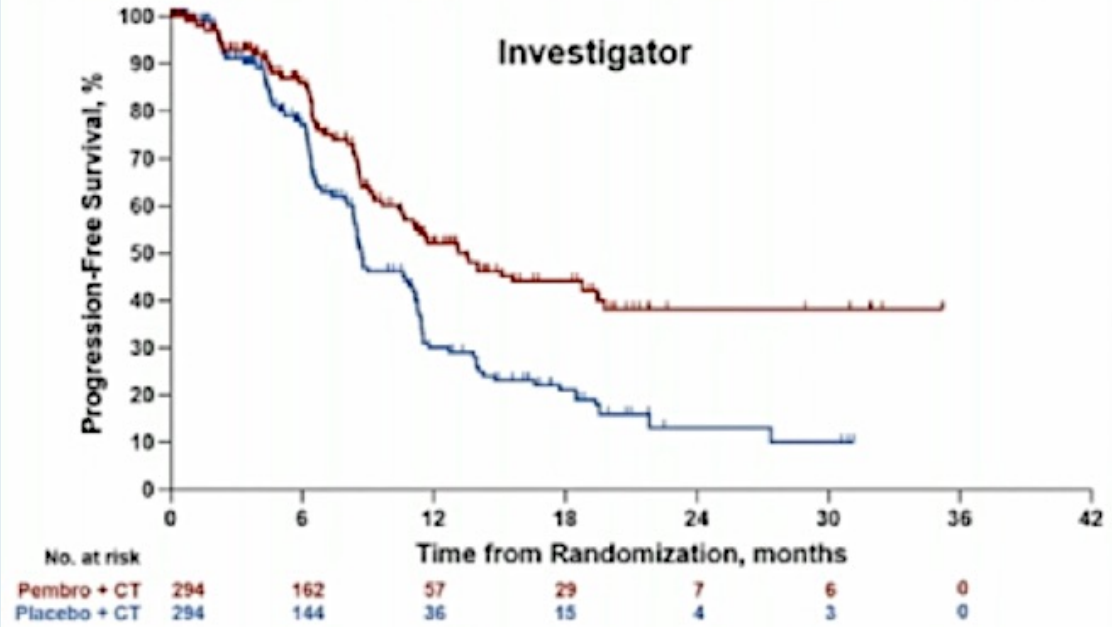
	Events, n/N	Median PFS (95% CI), mo	HR (95% CI)[a], *P*-value[b]
Pembro + CT	25/110	NR (NR–NR)	0.45 (0.27–0.73)
Placebo + CT	45/112	14.1 (8.5–NR)	*P* = 0.0005



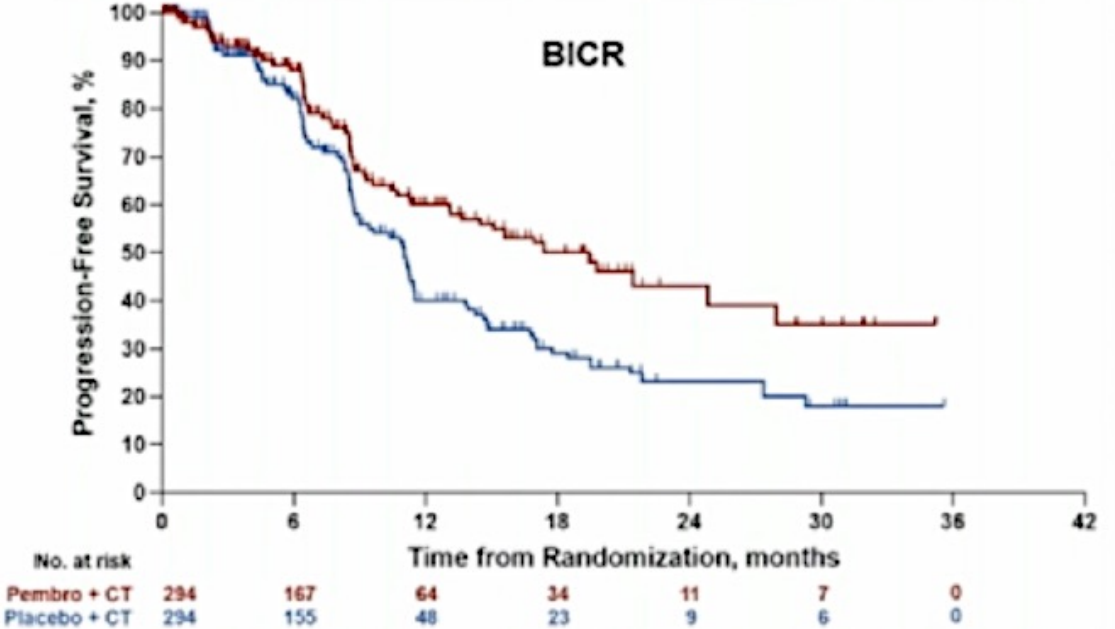
Eskander RN et al. SGO 2024;Plenary.

NRG-GY018: PFS in pMMR Population

	Events, n/N	Median PFS (95% CI), mo	HR (95% CI)[a], *P*-value[b]
Pembro + CT	95/294	13.1 (10.6–19.5)	0.57 (0.44–0.74)
Placebo + CT	138/294	8.7 (8.4–11.0)	*P* < 0.0001



	Events, n/N	Median PFS (95% CI), mo	HR (95% CI)[a], *P*-value[b]
Pembro + CT	85/294	19.5 (13.1–28.0)	0.64 (0.49–0.85)
Placebo + CT	122/294	11.0 (9.0–11.5)	*P* = 0.0008



pMMR = mismatch repair proficient

Eskander RN et al. SGO 2024;Plenary.

Selinexor for Endometrial Cancer

- Makker V et al. **Long-term follow-up** of **selinexor maintenance** for patients with **TP53wt advanced or recurrent endometrial cancer**: A prespecified subgroup analysis from the phase 3 ENGOT-EN5/GOG-3055/**SIENDO study**. ASCO 2024;Rapid Update.
- Makker V et al. Phase 3 **dose selection** for **selinexor** in **TP53wt endometrial cancer** based on exposure-response analysis. ASCO 2024;Abstract 5594.

DISCUSSION QUESTIONS

- **Do you believe the signal reported with the use of selinexor for patients with p53 wild-type disease is real?**
- **Would you currently consider using selinexor for EC outside of a trial under any circumstances?**
- **Are there any investigational agents — like antibody-drug conjugates — for patients with progressive EC that may be more attractive than currently available therapeutic options?**

Long-term Follow-up of Selinexor Maintenance for Patients With *TP53*wt Advanced or Recurrent Endometrial Cancer: A Prespecified Subgroup Analysis From the Phase 3 ENGOT-EN5/GOG-3055/SIENDO Study

Vicky Makker,[1] Brian Slomovitz[2], Alejandro Pérez Fidalgo,[3] Erika Hamilton,[4] Giorgio Valabrega,[5] Toon Van Gorp,[2] Jalid Sehouli,[6] Jaroslav Klat,[7] Tally Levy,[8] Stephen Welch,[9] Debra L. Richardson,[10] Eva Maria Guerra Alia,[11] Giovanni Scambia,[12] Stéphanie Henry,[13] Pauline Wimberger,[14] Jerónimo Martinez,[15] Bradley J. Monk,[16] Pratheek Kalyanapu,[17] Mansoor Raza Mirza,[18] Ignace Vergote[19]

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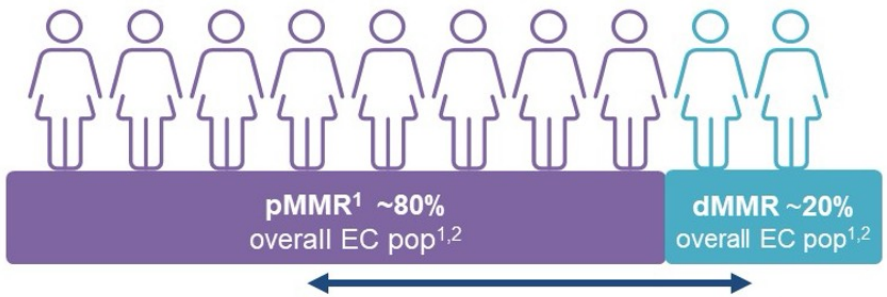
ASCO 2024; Rapid Update

ENGOT GOG FOUNDATION

RTP Year in Review 2024

SIENDO: Long-Term Follow-Up Summary



***TP53*wt > 50% of patients[3]**

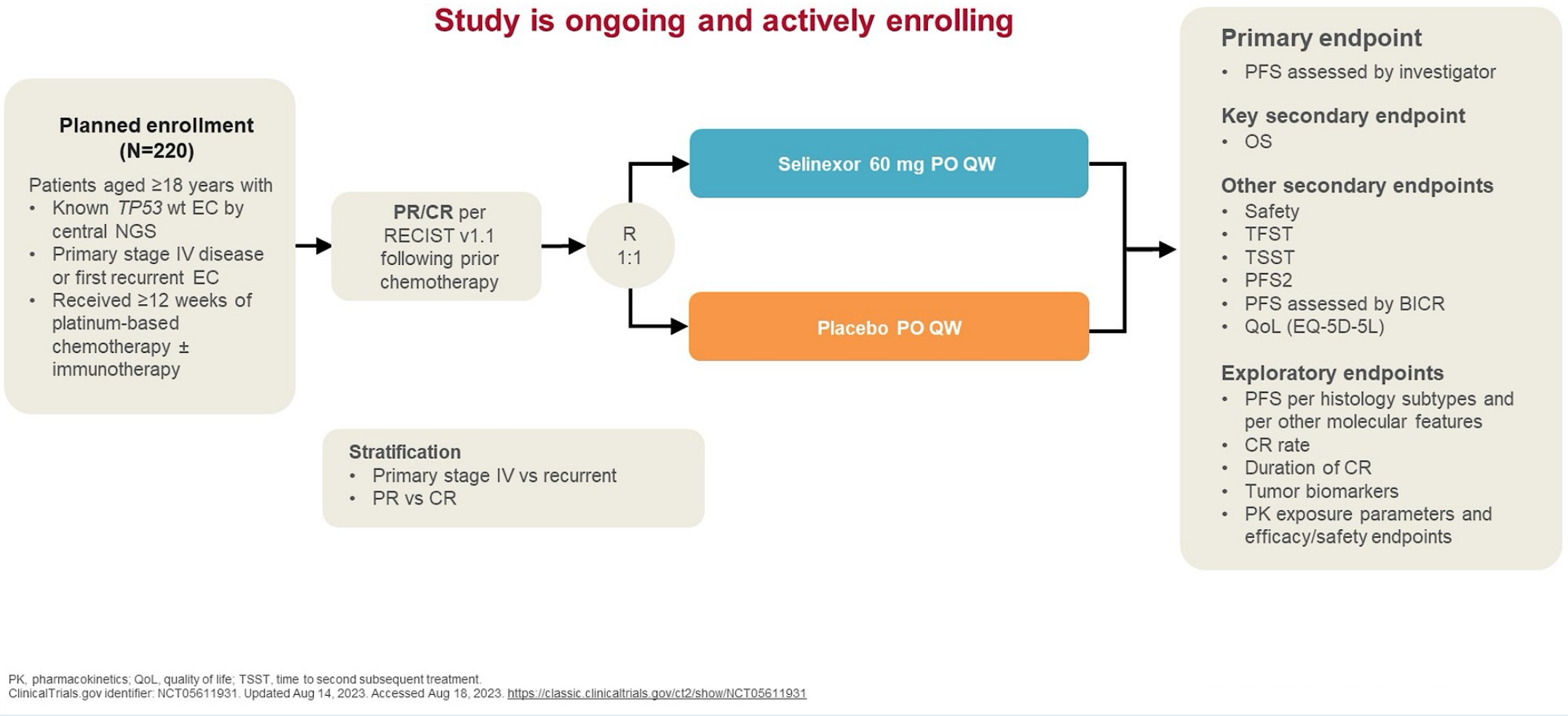
Selinexor maintenance therapy

- A marked PFS benefit was observed with selinexor maintenance therapy in the novel *TP53*wt/pMMR subgroup (mPFS 39.5 mo), a patient population with limited effective therapeutic options
- Encouraging signals in overall survival analyses were also observed across all subgroups
- No new safety signals were identified
- The substantial signal of PFS improvement with selinexor in *TP53*wt EC is reinforced by the Q-TWiST analysis, which integrates both quality and quantity of life
- The data support the potential role of selinexor as a maintenance treatment option in advanced or recurrent *TP53*wt EC

1. Mirza M, et al. Presentation **at**: ESMO Congress Oct 20-24 2023, Abstract 740MO. **2.** Vergote I, et *al J Clin Oncol*. 2023;41(35):5400-5410. **3.** Leslie KK, et al. *Gynecol Oncol*. 2021;161(1):113-121.

Makker V et al. ASCO 2024;Rapid Abstract Update.

ENGOT-EN20/GOG-3083/XPORT-EC-042 Phase III Trial Design



PK, pharmacokinetics; QoL, quality of life; TSST, time to second subsequent treatment.
ClinicalTrials.gov identifier: NCT05611931. Updated Aug 14, 2023. Accessed Aug 18, 2023. https://classic.clinicaltrials.gov/ct2/show/NCT05611931

Makker V et al. ASCO 2024;Rapid Abstract Update.

Agenda

INTRODUCTION: ASCO 2024 Review

MODULE 1: Ovarian Cancer

MODULE 2: HER2 as a Therapeutic Target

MODULE 3: Endometrial Cancer

MODULE 4: Cervical Cancer

Immune Checkpoint Inhibitors for Cervical Cancer

- Lorusso D et al. **Pembrolizumab** or placebo **with chemoradiotherapy followed by pembrolizumab** or placebo for **newly diagnosed, high-risk, locally advanced cervical cancer** (ENGOT-cx11/GOG-3047/**KEYNOTE-A18**): A randomised, double-blind, phase 3 clinical trial. *Lancet* 2024;403:1341-50.
- Oaknin A et al. **Atezolizumab plus bevacizumab and chemotherapy** for **metastatic, persistent, or recurrent cervical cancer (BEATcc)**: A randomised, open-label, phase 3 trial. *Lancet* 2024;403:31-43.

DISCUSSION QUESTION

- **What is your current clinical approach for a patient with Stage III to IVA cervical cancer?**

FDA Approves Pembrolizumab with Chemoradiation Therapy for FIGO 2014 Stage III to Stage IVA Cervical Cancer

Press Release: January 12, 2024

"On January 12, 2024, the Food and Drug Administration approved pembrolizumab with chemoradiotherapy (CRT) for patients with FIGO 2014 Stage III-IVA cervical cancer.

Efficacy was evaluated in KEYNOTE-A18 (NCT04221945), a multicenter, randomized, double-blind, placebo-controlled trial enrolling 1060 patients with cervical cancer who had not previously received definitive surgery, radiation, or systemic therapy. The trial included 596 patients with FIGO 2014 Stage III-IVA disease and 462 patients with FIGO 2014 Stage IB2-IIB, node-positive disease.

The major efficacy outcome measures were progression- free survival (PFS) assessed by the investigator according to RECIST v1.1, or histopathologic confirmation, and overall survival (OS) ... The most common adverse reactions (≥10%) occurring in patients who received pembrolizumab with chemoradiotherapy were nausea, diarrhea, vomiting, urinary tract infection, fatigue, hypothyroidism, constipation, decreased appetite, weight loss, abdominal pain, pyrexia, hyperthyroidism, dysuria, rash, and pelvic pain.

The recommended dosing regimen for pembrolizumab is 200 mg IV every 3 weeks or 400 mg IV every 6 weeks until disease progression, unacceptable toxicity, or for up to 24 months. Pembrolizumab should be administered before chemoradiotherapy when given on the same day."

https://www.fda.gov/drugs/resources-information-approved-drugs/fda-approves-pembrolizumab-chemoradiotherapy-figo-2014-stage-iii-iva-cervical-cancer

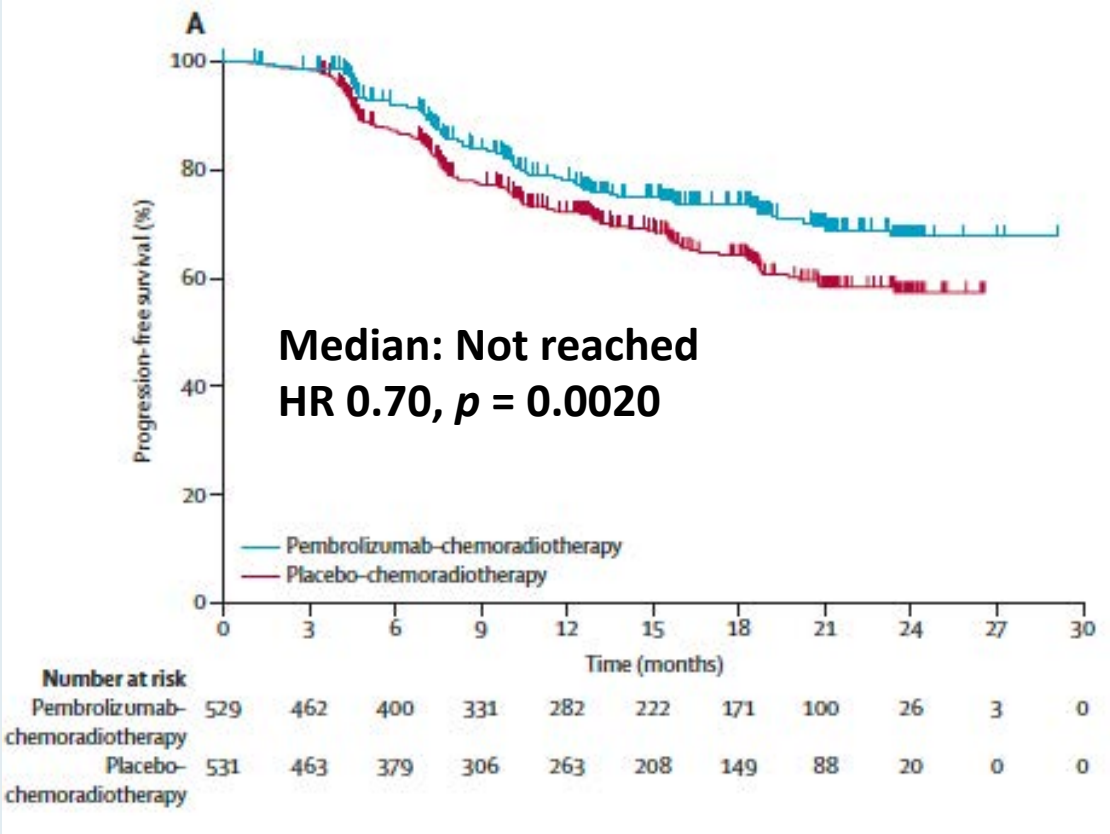
Lancet 2024;403:1341-50.

Pembrolizumab or placebo with chemoradiotherapy followed by pembrolizumab or placebo for newly diagnosed, high-risk, locally advanced cervical cancer (ENGOT-cx11/GOG-3047/KEYNOTE-A18): a randomised, double-blind, phase 3 clinical trial

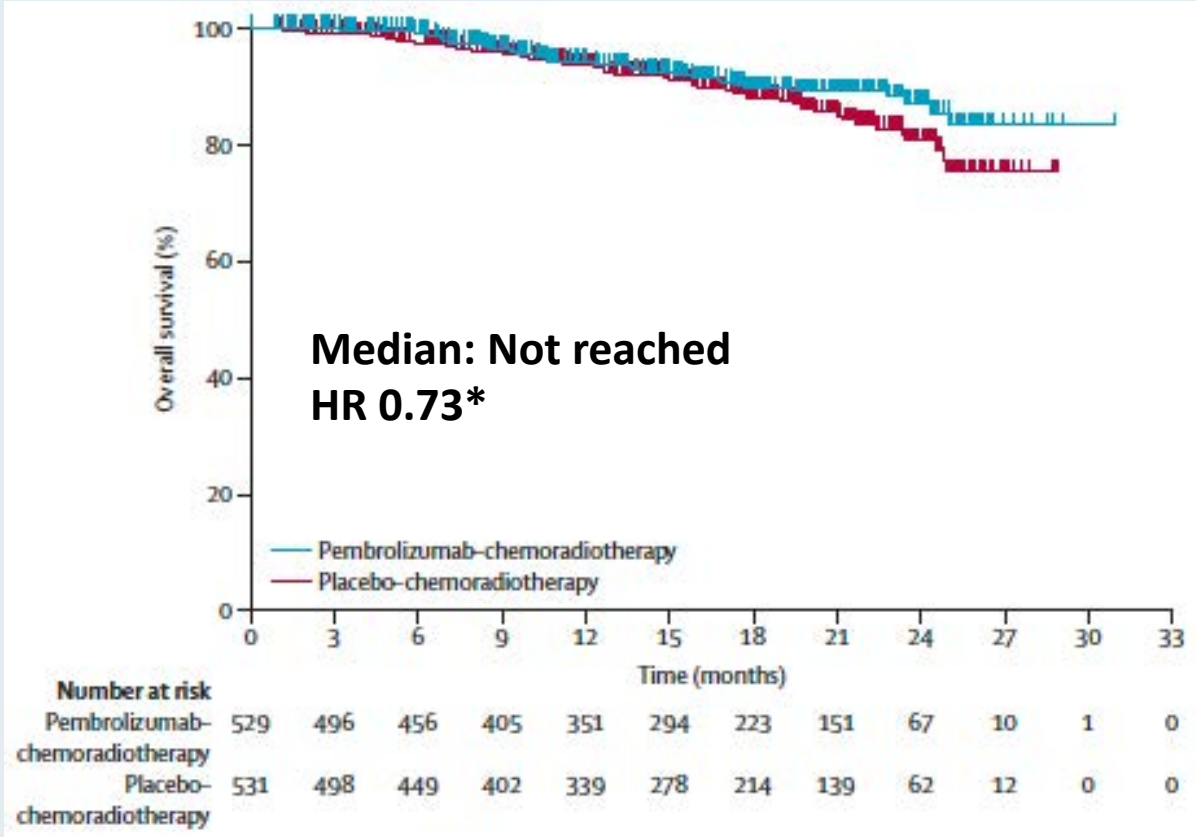
Domenica Lorusso, Yang Xiang, Kosei Hasegawa, Giovanni Scambia, Manuel Leiva, Pier Ramos-Elias, Alejandro Acevedo, Vladyslav Sukhin, Noelle Cloven, Andrea J Pereira de Santana Gomes, Fernando Contreras Mejía, Ari Reiss, Ali Ayhan, Jung-Yun Lee, Valeriya Saevets, Flora Zagouri, Lucy Gilbert, Jalid Sehouli, Ekkasit Tharavichitkul, Kristina Lindemann, Roberta Lazzari, Chih-Long Chang, Rudolf Lampé, Hong Zhu, Ana Oaknin, Melissa Christiaens, Stephan Polterauer, Tomoka Usami, Kan Li, Karin Yamada, Sarper Toker, Stephen M Keefe, Sandro Pignata, Linda R Duska*, on behalf of the ENGOT-cx11/GOG-3047/KEYNOTE-A18 investigators†*

KEYNOTE-A18: Progression-Free and Overall Survival

Progression-free survival – Interim analysis



Overall survival – Interim analysis



**p*-value did not cross the pre-specified efficacy boundary

Lorusso D et al. *Lancet* 2024;403:1341-50.

Tisotumab Vedotin for Recurrent or Metastatic Cervical Cancer

- Sánchez LM et al. **Tisotumab vedotin** in 2L/3L recurrent or metastatic cervical cancer: **Subsequent therapy data** from **ENGOT-cx12/GOG-3057/innovaTV 301**. ASCO 2024;Abstract 5531.
- Vergote I et al. **innovaTV 301/ENGOT-cx12/GOG-3057:** A global, randomized, open-label, **phase III** study of **tisotumab vedotin** vs investigator's choice of chemotherapy in **2L or 3L recurrent or metastatic cervical cancer.** ESMO 2023;Abstract LBA9.
- **Vergote I et al. Tisotumab vedotin in combination with carboplatin,** pembrolizumab, or bevacizumab in recurrent or metastatic cervical cancer: Results from the innovaTV 205/GOG-3024/ENGOT-cx8 study. *J Clin Oncol* 2023;41:5536-49.

DISCUSSION QUESTION

- **What has been your clinical experience with efficacy and tolerability with tisotumab vedotin?**

FDA Approves Tisotumab Vedotin-tftv for Recurrent or Metastatic Cervical Cancer

Press Release: April 29, 2024

"On April 29, 2024, the Food and Drug Administration granted traditional approval to tisotumab vedotin-tftv for recurrent or metastatic cervical cancer with disease progression on or after chemotherapy. Tisotumab vedotin-tftv previously received accelerated approval for this indication.

Efficacy was evaluated in innovaTV 301 (NCT04697628), an open-label, active-controlled, multicenter, randomized trial that enrolled 502 patients with recurrent or metastatic cervical cancer who had received one or two prior systemic regimens, including chemotherapy with or without bevacizumab and/or an anti-PD-(L)-1 agent.

The major efficacy outcome measure was overall survival (OS) ... The most common adverse reactions (≥25%), including laboratory abnormalities, were decreased hemoglobin, peripheral neuropathy, conjunctival adverse reactions, increased aspartate aminotransferase, nausea, increased alanine aminotransferase, fatigue, decreased sodium, epistaxis, and constipation.

The recommended tisotumab vedotin dose is 2 mg/kg (maximum of 200 mg for patients ≥100 kg) administered as an intravenous infusion over 30 minutes every 3 weeks until disease progression or unacceptable toxicity."

https://www.fda.gov/drugs/resources-information-approved-drugs/fda-approves-tisotumab-vedotin-tftv-recurrent-or-metastatic-cervical-cancer

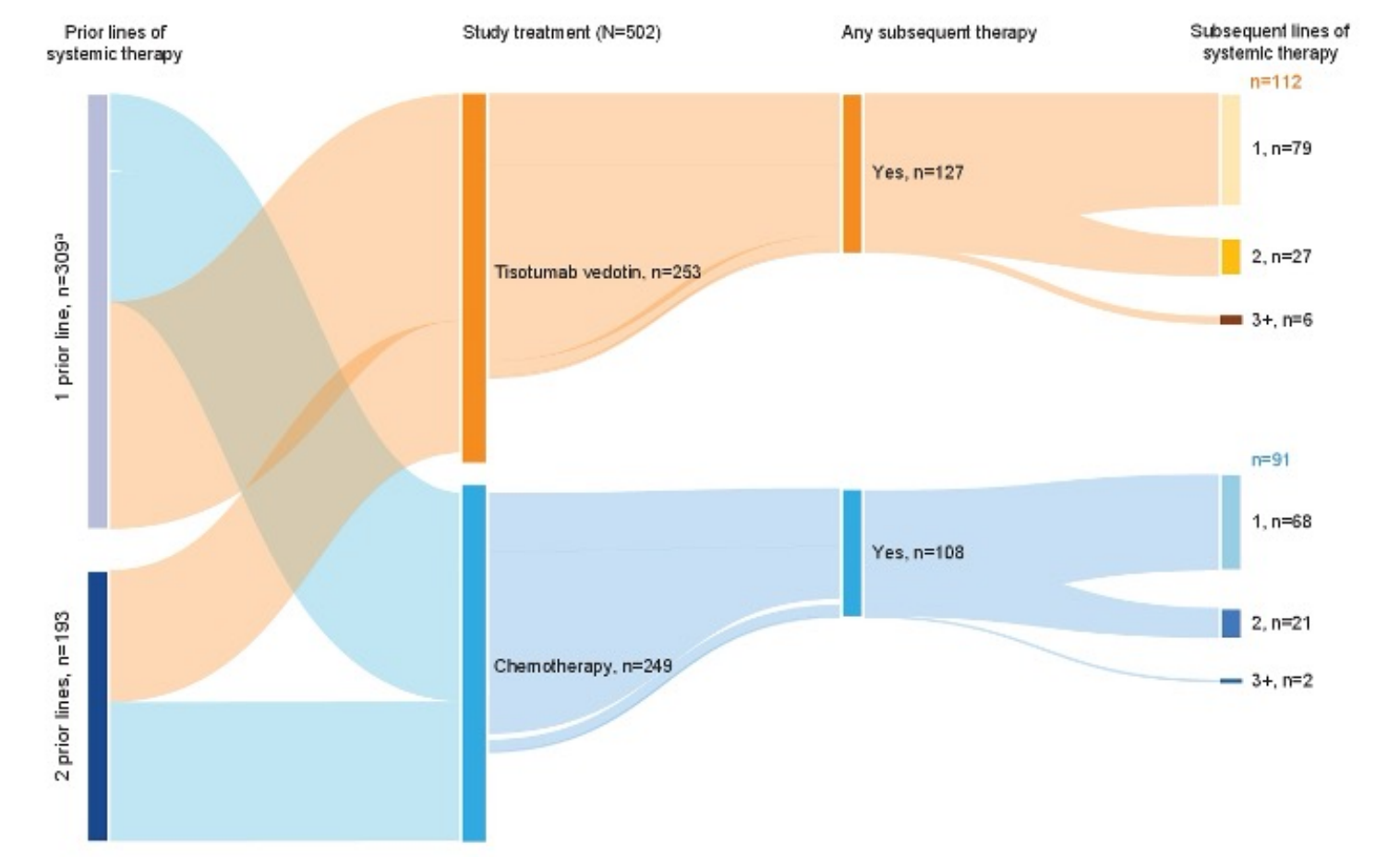
Abstract 5531

Tisotumab Vedotin in 2L/3L Recurrent or Metastatic Cervical Cancer: Subsequent Therapy Data From ENGOT-cx12/GOG-3057/innovaTV 301

Luis Manso Sánchez,[1] Ignace Vergote,[2] Keiichi Fujiwara,[3] Antoine Angelergues,[4] Michal Zikán,[5] Scott Jordan,[6] Jung-Yun Lee,[7] Lisa Barraclough,[8] Fernando Cotiait Maluf,[9] Domenica Lorusso,[10] Kan Yonemori,[11] Christine Gennigens,[12] Antonio González Martín,[13] Florian Heitz,[14] Anneke M Westermann,[15] Allan Covens,[16] Elizabeth Whalley,[17] Yiyi Chen,[17] Ibrahima Soumaoro,[18] Leslie M. Randall[19]

ASCO 2024

innovaTV 301: Prior and Subsequent Therapies



- Cytotoxic chemotherapy and immunotherapy were the most common subsequent systemic anticancer therapies received in both treatment arms.
- Tisotumab vedotin did not prevent the initiation of subsequent therapies, including immunotherapy.

Sánchez LM et al. ASCO 2024;Abstract 5531.

Year in Review: Multiple Myeloma

A CME/MOC-Accredited Live Webinar

Tuesday, July 9, 2024
5:00 PM – 6:00 PM ET

Faculty

Jesús G Berdeja, MD
Thomas Martin, MD

Moderator

Neil Love, MD

RTP Year in Review 2024

Thank you for joining us!

CME and MOC credit information will be emailed to each participant within 5 business days.

RTP Year in Review 2024