**Background** Tumor Treating Fields (TTFields) are a non-invasive, antimitotic cancer therapy. The Phase 2 INNOVATE study demonstrated safety of TTFields/weekly paclitaxel in 31 PROC (platinum-resistant ovarian cancer) patients (Vergote Gyn Onc 2018); efficacy: median PFS 8.9 months, 25% partial response, 71% clinical benefit and 61% 1-year survival rate. This phase 3 ENGOT-ov50/GOG-329/INNOVATE-3 study [NCT03940196] investigates TTFields plus weekly paclitaxel in PROC patients.

**Study Design** Patients (N=540) will have PROC (RECIST V1.1) within 6 months of last platinum therapy with maximum of 2-5 prior lines of systemic therapy, ECOG 0–1 and no peripheral neuropathy ≥grade1. Patients with primary refractory disease will be excluded. Patients will be randomized 1:1 to weekly paclitaxel alone or weekly paclitaxel (starting of dose 80 mg/m² weekly for 8 weeks, and then on Days 1, 8, and 15 for subsequent 28-day cycle) plus TTFields (200 kHz for 18 hours/day and continued if no progression in the abdominal or pelvic regions ('in-field region') per RECIST V1.1. Clinical follow-up will be performed q8w, with radiological follow-up (CT or MRI scans of the abdomen and chest) q8w. The primary endpoint is overall survival. Secondary endpoints: PFS, objective response rate, AEs, and quality of life (EORTC QLQ-C30 with QLQ-OV28). Sample size (n=540) will detect an increase in median OS from 12 to 16 months (HR 0.75). Data Monitoring Committee (DMC) meeting (n=540) will detect an increase in median OS from 12 to 16 months (HR 0.75). Data Monitoring Committee (DMC) meeting (March 2020) concluded that data to-date showed no safety issues and recommended trial continuation.

**Introduction** Gynecologic cancers account for an important number of deaths in women in the United States, particularly for Non-Hispanic Blacks. Substantial efforts have been made over the last 20 years to improve access to health care to reduce cancer mortality.

**Objective** To evaluate gynecologic cancer mortality trends during the last 21 years in Chile.

**Methods** Cause-of-death figures were obtained from 1996 until 2017. Age-adjusted mortality rate was calculated for each gynecologic cancer, using the 2017 census data as the standard population. Logistic regression model was utilized to determine trends, confidence interval and reveal changes in tendencies if occurred.

**Results** Three of the four studied cancers showed a significantly reduction in mortality rates. There was a sustained reduction, although modest, in breast and ovarian cancer mortality of 0.77% (CI -1.0 to -0.6) and 0.63% (CI -1.1 to -0.2) per year, respectively. The most significant change was observed in cervical cancer with an annual reduction of 4% (CI -4.3 to -3.7). All corpus uteri cancers considered together, had a non-significant tendency towards reduction. In a subanalysis of mortality for cervical cancer in women under 40 years, we observed a break in the negative tendency after 2011, revealing a rise of 5.1% (CI -0.6 to 11.2) per year.

**Conclusion** There was a reduction in mortality rate in most of the studied cancers. Although cervical cancer showed the most important reduction trend, is still far from the lowest figures published in the literature. The change in tendency for the younger population with cervical cancer is of concern.