risk. Among these, they were treated in accordance with current guidelines respectively 97%, 79%, 46%, 31% of the patients with good results (98.6% censored). At the same time 3%, 21%, 14%, 33% were over-treated while 40% High-intermediate and 36% high risk under-treated. According to Cox regression survival analysis undertreatment gives a risk of death on overall survival of 9.3 (p=0.0001) compared to proper treatment but also over-treatment provide unfavourable effect OR=3.7 (p=0.05). At multivariate Cox analysis this upshot was maintained adjusting for age and ESMO risk (p=0.001).

Conclusions Patients treated in accordance with European guidelines have a good cure index, it is necessary to avoid over/under-treatment.

IGCS20_1113

138 PHASE 1 DOSE-ESCALATION STUDY OF STRO-002, AN ANTI-FOLATE RECEPTOR ALPHA (FRα) ANTIBODY DRUG CONJUGATE (ADC), IN PATIENTS WITH ADVANCED PLATINUM-RESISTANT/REFRACTORY EPITHELIAL OVARIAN CANCER (OC)

1R Naumann*, 2B Braiteh, 3J Diaz, 4E Hamilton, 5D Diab, 6R Schilder, 7M Moroney, 8T Martin, 9D Uyar, 10D O’Malley, 11T Person, 12C Diamond, 13M Palumbo, 14D Almeida, 15C Bernstein, 16S Matheny, 17A Molina. 1Levine Cancer Institute, Carolinas Medical Center, USA; 2Comprehensive Cancer Centers of Nevada, USA; 3Miami Cancer Institute at Baptist Health, USA; 4Sarah Cannon Research Institute, Tennessee Oncology PLLC, USA; 5Rocky Mountain Cancer Center, USA; 6Sydney Kimmel Cancer Center, Thomas Jefferson University, USA; 7University of Chicago, USA; 8University of Pennsylvania, Abramson Cancer Center, USA; 9Medical College of Wisconsin, USA; 10Ohio State University, Wexner Medical Center, USA; 11Massachusetts General Hospital, USA; 12Adlairo Pharmaceutical Development Group, USA; 13Sutro Biopharma, USA

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Introduction STRO-002 is a novel FRα-targeting ADC that delivers SC209, a potent tubulin-targeting hemi-sterlin cytotoxin-warhead.

Methods All patients in the ongoing dose escalation study (NCT03748186) had platinum resistant/refractory OC without selection for FRα expression. STRO-002 is given IV on Day 1 of each 21-day cycle.

Results 38 patients have been dosed at 9 dose levels (0.5 to 6.4 mg/kg). Median number of cycles given is 3 (1–18). Median age is 61 (48–79). Median prior therapies - 5 (2–10). Clinically active doses (≥ 2.9 mg/kg) have been administered to 33 patients. 21/33 (64%) remain on treatment. Partial response was seen in 5 of 29 evaluable patients (17%) with 2 confirmed on second scan. 9 pts have confirmed SD for a clinical benefit rate of 48% (14/29). CA125 reduction of >50% was seen in 14/22 (64%) evaluable patients per GCIG. Clinical activity appears to be durable with 36% and 24% on study >16 and >24 weeks, respectively. 88% of AEs are grade 1 or 2. Grade 3–4 neutropenia, an expected and reversible effect of STRO-002 occurred in 15/38 (39%). DLTs reported – grade 3 neuropathy (6.0 mg/kg) and grade 3 bone pain (6.4 mg/kg).

Conclusions STRO-002 is a novel FRα-targeting ADC with a promising emerging safety and efficacy profile and preliminary clinical benefit/disease control rate of 48% in patients with relapsed/refractory OC treated at ≥ 2.9 mg/kg. No ocular toxicity signals have been observed, suggesting potential differentiation from other FRα-targeting investigational therapies.

IGCS20_1117

140 RISING INCIDENCE OF CERVICAL ADENOCARCINOMA IN THE UNITED STATES – WHO IS MOST AT RISK?

1C Liao, 2K Furey*, 3M Richardson, 4K Tran, 5C Tian, 6A Chan, 7KM Darcy, 8DS Kapp, 9IG Cohen, 10JK Chan. 1Kaohsiung Veterans General Hospital, Taiwan; 2University of California, Los Angeles, USA; 3Walter Reed National Military Medical Center, USA; 4Palo Alto Medical Foundation, California Pacific Medical Center, Sutter Health, USA; 5Stanford University School of Medicine, USA

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Objective To observe trends in the incidence of adenocarcinoma (AC) in relation to race and stage at diagnosis.

Methods From 2001 to 2016, incidence rates of Adenocarcinoma of the cervix were calculated from United States Cancer Statistics with Surveillance, Epidemiology and End Results (SEER) Program. SEER*Stat and Joinpoint regression were used to calculate the incidence rate (per 100,000 women) and average annual percent change (AAPC), adjusted for hystectomy and pregnancy prevalence data from the Behavioral Risk Factor Surveillance System.

Results Over the 16-year study period, approximately 36,000 of 200,000 women with cervical cancer were identified with AC (18.1%). The incidence increased in reproducitve-aged women (35–39yo and 40–44yo) with an average annual percent change of 2.0% and 2.4%, respectively; however the incidence decreased for the older cohorts (70–74 and 80+) with -1.6% and -2.5% decrease per year. Intersectionality of race and age demonstrates the highest incidence for White women at 40–44yo (0.56/100,000). Blacks demonstrate a bimodal age distribution at diagnosis, with peaks at 40–44yo (0.52) and 65–69yo (0.57). Age-adjusted incidence demonstrated that Blacks were more likely to be diagnosed with distant disease as compared to Whites (20.6% vs. 10.4%) and less likely to be diagnosed with local disease (40.4% vs. 59.6%).

Conclusion Reproductive-aged White women have the highest incidence of cervical adenocarcinoma compared to other age and racial groups. However, Blacks are more likely to be diagnosed at more advanced stages of disease.

IGCS20_1118

141 INCREASED INCIDENCE OF CERVICAL ADENOSQUAMOUS CELL CARCINOMA IN MINORITY POPULATIONS

1C Liao, 2K Furey*. 3M Richardson, 4K Tran, 5C Tian, 6A Chan, 7KM Darcy, 8DS Kapp, 9IG Cohen, 10JK Chan. 1Kaohsiung Veterans General Hospital, Taiwan; 2University of California, Los Angeles, USA; 3Walter Reed National Military Medical Center, USA; 4Palo Alto Medical Foundation, California Pacific Medical Center, Sutter Health, USA

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Objective To observe trends in the incidence of Adenocarcinoma of the cervix (ASC) in regards to race and age.