

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 undertreated. 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 overtreatment 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

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

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**Introduction** STRO-002 is a novel FR $\alpha$ -targeting ADC that delivers SC209, a potent tubulin-targeting hemisterlin cytotoxin-warhead.

**Methods** All patients in the ongoing dose escalation study (NCT03748186) had platinum resistant/refractory OC without selection for FR $\alpha$  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 ( $\geq 2.9$  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 FR $\alpha$ -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  $\geq 2.9$  mg/kg. No ocular toxicity signals have been observed, suggesting potential differentiation from other FR $\alpha$ -targeting investigational therapies.

Expansion cohorts in less heavily pre-treated patients are planned for 4Q20.

## IGCS20\_1117

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

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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 hysterectomy 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 reproductive-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

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### INCREASED INCIDENCE OF CERVICAL ADENOSQUAMOUS CELL CARCINOMA IN MINORITY POPULATIONS

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**Objective** To observe trends in the incidence of Adenosquamous Cell Carcinoma of the cervix (ASC) in regards to race and age.