Conclusion* Dynamic dose fractionation HD – brachytherapy, as 1st step of preoperative chemo-irradiation, allows to reach the total tumor regression, which enable further ablative surgery and relapse-free follow-up.

Introduction/Background* Platinum in combination with paclitaxel and bevacizumab is the standard of care in first-line recurrent/advanced cervical cancer (Tewari, NEJM 2020). Nintedanib is an oral tyrosine kinase inhibitor targeting, among others, vascular endothelial growth factor receptor.

Methodology Double-blind phase II randomised study in patients with first-line recurrent or primary advanced (FIGO stage IVB) cervical cancer. Patients received carboplatin AUC 5–6 and paclitaxel 175mg/m² q 3 weeks with oral nintedanib 200 mg BID/placebo. Stratification factor was primary advanced versus recurrent disease. The primary endpoint was progression-free survival (PFS) at 1.5 years with at least 87 events and α = 0.15, β = 80%, one sided, in favor of the nintedanib (N) versus control (C) arm. The study to highlight genome-wide epigenetic signatures associated to CIN3 and Cervical Cancer, to better understand potential drivers and biomarkers of cervical carcinogenesis.

Methodology 247 women (119 normal, 74 CIN3/CGIN and 54 cervical cancer) attending gynaecological appointments, cervical screening and oncological treatment between 2014–2020 at English and Greek referral hospitals were recruited. Methylation signatures were obtained following bisulphite conversion of DNA extracted from exfoliated cervical cells and sequenced using the Illumina 850k array data. After normalisation and data QC, mixed linear models and a penalised regression were used to test for independent associations between methylation CpG sites and case-control status. P-values were Bonferroni corrected and adjusted for batch, chip, age and HPV status.

Conclusion* The study met its primary endpoint with a prolonged PFS in the N arm. No new safety signals were observed.