was observed in tumours ≥ 2 cm in comparison to smaller tumours (19.4% vs. 5.7%; p<0.001). The most frequent locations of recurrence were cervix (53%) and pelvic nodes (22%). Median DFI for invasive recurrence reached 18 months.

**Conclusion** Data from the real life practice showed that FST in cervical cancer patients is safe in patients with HPV related tumours smaller than 2 cm. In such tumours conization represents sufficient procedure with satisfactory pregnancy outcomes. Surprisingly less than half of patients attempt to conceive after treatment.

## Miscellaneous

### 55 SGTNTUC-019: PHASE 2 BASKET STUDY OF TUCATINIB AND TRASTUZUMAB IN SOLID TUMORS WITH HER2 ALTERATIONS: UTERINE AND CERVICAL CANCER COHORTS

BJ Monk, V Kang, Walker, O’malley, Arizona Oncology (US Oncology Network), University of Arizona, Creighton University, Phoenix, AZ, USA; Seagen Inc., Bothell, WA, USA; Ohio State University, Columbus, OH, USA

10.1136/ijgc-2021-ESGO.249

**Introduction/Background** Tucatinib, a highly selective HER2-directed tyrosine kinase inhibitor with minimal EGFR inhibition, is approved for use in combination with trastuzumab and capecitabine in patients with breast cancer who have received anti-HER2-based regimens in the metastatic setting. In xenograft models of HER2-overexpressed/amplified (HER2+)

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The prognosis of locally-advanced unresectable or metastatic (LAUM) cervical and uterine cancer remains poor. HER2 amplification/overexpression and mutations occur in up to 21% and 80% of cervical and uterine cancers, respectively. **Methodology** SGTNTUC-019 (NCT04579380) is an open-label, international Phase 2 basket study evaluating tucatinib and trastuzumab in adult patients with LAUM HER2+ or HER2-mutated solid tumors. Multiple disease- and HER2 alteration-specific cohorts are being enrolled, including HER2+ cervical and uterine cancer cohorts. Patients will receive tucatinib 300 mg orally twice daily and trastuzumab 8 mg/kg IV on Cycle 1 Day 1 and 6 mg/kg q21 days from Cycle 2 Day 1.

HER2+ cervical and uterine cancer cohorts will enroll 12 patients each. If ≥2 responses are observed in a cohort, it will be expanded to 30 patients. Patients with HER2-mutated cervical and uterine cancers will enroll in a cohort of 30 patients for all solid tumor types.

Eligible patients must have progressed on or after the last systemic therapy, with platinum-based therapy ± bevacizumab required in patients with metastatic cervical cancer. Patients must have ECOG PS ≤1, adequate organ function, and have not received HER2-directed therapy; patients with uterine serous carcinoma may have received trastuzumab. HER2 alterations can be demonstrated by HER2 overexpression/amplification in tumor tissue by prior IHC/ISH, or by HER2 amplification/mutation in a prior or on-study NGS assay of ctDNA or prior tissue NGS assay.

The primary endpoint is confirmed ORR per investigator. Disease control rate, duration of response, PFS, and OS are the secondary endpoints. Disease assessments per RECIST 1.1 will occur q6 weeks for 24 weeks, then q12 weeks. QoL will be evaluated q2 cycles using EQ-5D-5L.

**Result(s)** Not applicable.

**Conclusion** Enrollment in US began in Dec 2020; EU and Asia sites will be opened.

### 69 SURGICAL AND MEDICAL TREATMENTS FOR UTERINE PECOMAS

G Bogani*, A Gronchi, A Ditto, F Raspagliesi*. Fondazione IRCCS Istituto Nazionale dei Tumori, Milano, Italy

10.1136/ijgc-2021-ESGO.250

**Introduction/Background** Perivascular epithelioid cell tumors (PEComas) are rare mesenchymal neoplasms. Uterine PEComa is extremely rare and only limited evidence is still available. **Methodology** This is a single-center retrospective study. Charts of consecutive patients who had treatment (from 01/01/2010 to 12/31/2020) for newly diagnosed uterine PEComas were retrieved. Five-year survival outcomes were assessed using Kaplan-Meier and Cox proportional hazard models.

**Result(s)** Data of 23 patients with newly diagnosed PEComas were analyzed. Mean (SD) patients’ age was 52 (14) years. Twenty-two patients had a surgical cytoreductive attempt. In one case surgery was not performed due to the presence of an extra-abdominal spread. Overall, seven (30%) patients had disease outside the uterus at the time of surgery. Complete cytoreduction (no macroscopic residual tumor) was achieved in 19 patients. Complete cytoreduction was not completed in...
three patients who gross extraterine disease and in the afore-
mentioned patient who had not surgery. Eleven (48%) patients 
had adjuvant treatments, consisting in anthracycline-based che-
motherapy (n=4), gemcitabine-based chemotherapy (n=2), 
MTOR inhibitors (n=4) and hormonal treatment (n=1).
Median (range) follow-up as 23 (2, 99) months. Eleven (48%)
recurrences occurred with a mean (SD) progression free-sur-
vival of 14 (11) months. After a median (range) follow-up of 
23 (2, 99) months, nine (39%) patients died of disease. Resi-
idual tumor at surgery was the only factor correlating with the 
risk of developing recurrent disease (p=0.023) and worse 
overall survival (p=0.014). In our small series, stage of disease 
and adjuvant therapy administration had no impact on survival 
outcomes.

Conclusion Uterine PEComa represents a rare and aggressive 
entity. Molecular/genomic profiling of the disease is necessary 
to predict response to treatment. Further collaborative inves-
tigations are warranted to assess the role of various prognostic 
factors and evaluate the most effective surgical and medical 
treatment modalities.

Abstract 142 Table 1 Results from univariable and multivariable 
analysis of predictors used to build the multivariable predictable 
model for postoperative complications within 30 Days after surgery

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Odds ratio</th>
<th>95% confidence interval</th>
<th>p-value</th>
<th>Odds ratio</th>
<th>95% confidence interval</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low skeletal muscle density*</td>
<td>2.85</td>
<td>1.40-5.87</td>
<td>0.001</td>
<td>2.57</td>
<td>1.21-5.45</td>
<td>0.04</td>
</tr>
<tr>
<td>KATZ-ADL &gt; 12 (n=128)</td>
<td>3.11</td>
<td>1.05-9.30</td>
<td>0.04</td>
<td>2.87</td>
<td>0.88-8.12</td>
<td>0.08</td>
</tr>
</tbody>
</table>

Candidate predictors associated with postoperative complications (p<0.25), but not improving the model

- Bowel surgery (n=215)
- FGDO stage IV
- Chemotherapy susceptibility index ≥2
- Polychemotherapy

Candidate predictors associated with postoperative complications (p<0.20)

- Using at home with help (n=119)
- Unrelated diagnosis (n=109)
- Low of waiting old (n=138)
- Risk for multifactori
tal (n=117)
- ASA score ≥3 (n=211)
- Body Mass Index
- History of confusi
don during RRT (n=181)
- Fall risk (n=173)
- Age

Pre-existing medical problems (p=0.18)

- 0.79 0.20-1.18 0.74

Conclusion Low skeletal muscle density, as a proxy of muscle 
quality, is associated with worse postoperative outcomes in 
older patients with advanced stage ovarian cancer. These find-
ings can contribute to preoperative risk assessment and clinical 
decision making.