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

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

1BJ Monk, 2V Kang, 3L Walker, 4D O’malley, 1Arizona Oncology (US Oncology Network), University of Arizona, Creighton University, Phoenix, AZ, USA; 5Seagen Inc., Bothell, WA, USA; 6Ohio 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 +) and HER2-mutated tumors, dual targeting with tucatinib and trastuzumab showed superior activity to either agent alone.

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 SGNTUC-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.
three patients who gross extraterine disease and in the aforementioned patient who had not surgery. Eleven (48%) patients had adjuvant treatments, consisting in anthracycline-based chemotherapy (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-survival of 14 (11) months. After a median (range) follow-up of 23 (2, 99) months, nine (39%) patients died of disease. Residual 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 investigations are warranted to assess the role of various prognostic factors and evaluate the most effective surgical and medical treatment modalities.

### Abstract

#### LOW PREOPERATIVE SKELETAL MUSCLE DENSITY PREDICTS POSTOPERATIVE COMPLICATIONS AND FUNCTIONAL DECLINE IN OLDER WOMEN WITH OVARIAN CANCER

1. V Van der Zanden, 2N Van Sooeling, 3A Viddeeleer, 3J Trum, 2F Amant, 4MJ Mourits*, 3J Portieje, 3F Van den Bos, 3C De Kroon, 3M Kajje, 5O Oei, 1A Baalbergen, 1AMLD Van Haften-de Jong, 1D Houtsma, 1B Van Munster, 1E Sousse, 1University Medical Centre Groningen, Internal Medicine, Groningen, Netherlands; 2The Netherlands Cancer Institute, Department of Gynecologic Oncology, Amsterdam, Netherlands; 3University Medical Centre Groningen, Medical Imaging Center, Department of Radiology, Groningen, Netherlands; 4KU Leuven, Oncology, Leuven, Belgium; 5University Medical Centre Groningen, Gynaecological Oncology, Groningen, Netherlands; 6Leiden University Medical Centre, Department of Medical Oncology, Leiden, Netherlands; 7Leiden University Medical Centre, Department of Obstetrics and Gynecology, Leiden, Netherlands; 8Haaglanden Medical Centre, Department of Obstetrics and Gynecology, The Hague, Netherlands; 9Haaglanden Medical Centre, Radiology, The Hague, Netherlands; 10Renier de Graaf Group, Department of Obstetrics and Gynecology, Delft, Netherlands; 11Haga Medical Centre, Department of Obstetrics and Gynecology, The Hague, Netherlands; 12Haga Medical Centre, Department of Medical Oncology, The Hague, Netherlands

10.1136/ijgc-2021-ESGO.251

#### Introduction/Background Insights in how to select older patients who can benefit from standard care and patients that need adjusted treatment are necessary. This study aims to determine the predictive value of lumbar skeletal muscle mass and density, measured on a computed tomography (CT) scan, for postoperative outcomes in older women with advanced stage ovarian cancer.

#### Methodology A multicentre, retrospective cohort study was performed in women ≥70 years old with advanced stage ovarian cancer who underwent surgery. Skeletal muscle mass and density were assessed in axial CT slices on level L3. Low skeletal muscle mass was defined as skeletal muscle index <38.50 cm²/m². Low skeletal muscle density was defined as one standard deviation below the mean (muscle attenuation <22.55 Hounsfield Units). The primary outcome was any postoperative complication ≤30 days after surgery. Secondary outcomes included severe complications, infections, delirium, prolonged hospital stay, discharge destination, discontinuation of adjuvant chemotherapy and mortality.

To investigate whether skeletal muscle density was of added value as a predictor for postoperative complications, we first built a model with pre-existing relevant preoperative predictors only. After this model was built, we added skeletal muscle density to assess if it improved the model. A statistically significant step Chi-square statistic demonstrated that the new model performed better than the model with existing predictors.

#### Result(s) 213 Patients were included. Preoperative low skeletal muscle density was associated with postoperative complications ≤30 days after surgery (Odds Ratio (OR) 2.83; 95% Confidence Interval (CI) 1.41-5.76), severe complications (OR 3.01; 95%CI 1.09-8.33), infectious complications (OR 2.79; 95%CI 1.30-5.99) and discharge to a care facility (OR 3.04; 95%CI 1.09-8.33), infectious complications (OR 2.79; 95%CI 1.09-8.33). In a multivariable model (table 1), low skeletal muscle density was associated with postoperative complications to the strongest existing predictor functional impairment (KATZ-ADL ≥2) (OR 2.57; 95%CI 1.21-5.45; step Chi-Square statistic p=0.01).

#### 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 findings can contribute to preoperative risk assessment and clinical decision making.

### Table 1

<table>
<thead>
<tr>
<th>Potential Predictors</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>2.83</td>
<td>1.40-5.76</td>
<td>0.001</td>
<td>2.57</td>
<td>1.21-5.45</td>
<td>0.05</td>
</tr>
<tr>
<td>KATZ-ADL ≥2</td>
<td>3.11</td>
<td>1.05-9.30</td>
<td>0.04</td>
<td>2.67</td>
<td>0.84-8.12</td>
<td>0.12</td>
</tr>
</tbody>
</table>

#### Abstract 142

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