INTRODUCTION/BACKGROUND

Nemvaleukin alfa (nemvaleukin, ALKS 4230) is an engineered cytokine that selectively binds to the intermediate-affinity interleukin-2 (IL-2) receptor to preferentially activate anti-tumour CD8+ T and natural killer cells with minimal expansion of immunosuppressive regulatory T cells. Nemvaleukin was designed to leverage anti-tumour effects of the IL-2 pathway while mitigating toxicities associated with activation of the high-affinity IL-2 receptor.

Methodology ARTISTRY-1 (NCT02799095) is a 3-part, first-in-human, phase 1/2 study of intravenous nemvaleukin +/- pembrolizumab in patients with advanced solid tumours. Parts A (monotherapy dose escalation to 10 µg/kg/day ×5/cycle), B (monotherapy in patients with melanoma or renal cell carcinoma [RCC]), and C (combination with nemvaleukin 3 or 6 µg/kg/day ×5/cycle and pembrolizumab every 21 days) were included. Investigator-assessed anti-tumour activity (RECIST v1.1) and safety are reported as of 29 October 2021.

RESULTS

In Part A (N=46), nemvaleukin recommended phase 2 dose was 6 µg/kg/day intravenously ×5/cycle. The maximum tolerated dose was not reached. Nemvaleukin monotherapy demonstrated durable anti-tumour activity in RCC (objective response rate [ORR], 18.2% [4/22]) and melanoma (ORR, 8.7% [4/46]), with 2 partial responses (PRs; 1 unconfirmed) in 30 patients with cutaneous melanoma (ORR, 6.7%) and 2 PRs (1 unconfirmed) in 6 patients with mucosal melanoma (ORR, 33.3%). Durable anti-tumour activity was also observed for combination therapy (ORR, 16.1% [22/137]; disease control rate [DCR], 59.9%), including in platinum-resistant ovarian cancer, with 2 complete responses and 2 PRs (1 unconfirmed) in 14 patients (ORR, 28.6% [4/14]; DCR, 71.4%). 43 patients remain on therapy.

Most common grade 3/4 treatment-related adverse events in Parts B and C, respectively, were anaemia (9%, 10%), neutropenia (34%, 9%), and decreased neutrophil count (12%, 9%).

Conclusion Nemvaleukin was generally well tolerated.

Durable responses were observed with monotherapy and combination therapy in heavily pretreated patients across a range of tumours, warranting further investigation.

INTRODUCTION/BACKGROUND

To assess the impact on survival of major postoperative complications and to identify the factors associated with these complications in patients with advanced ovarian cancer after cytoreductive surgery.

Methodology We designed a retrospective multicenter study collecting data from patients with IIIC-IV FIGO Stage ovarian cancer who had undergone either primary debulking surgery (PDS), early interval debulking surgery (IDS) after 3–4 cycles of neoadjuvant chemotherapy, or delayed debulking surgery (DDS) after 6 cycles, with minimal or no residual disease, from January 2008 to December 2015. Univariable and multivariable analyses were conducted to identify factors associated with major surgical complications (≥ Grade 3). We assessed disease-free survival (DFS) and overall survival (OS) rates according to the occurrence of major postoperative complications.

RESULTS

549 women were included. The overall rate of major surgical complications was 22.4%. Patients who underwent PDS had a higher rate of major complications (28.6%) than patients who underwent either early IDS (23.2%) or DDS (14.0%). Multivariable analysis revealed that extensive peritoneectomy and surgical timing were associated with the occurrence of major complications. Median DFS and OS were 18.4 months (95%CI=[13.7–21.4]) and 48.0 months (95%CI=[37.2–73.1]) for the group of patients with major complications, and 20.1 months (95%CI=[18.6–22.4]) and 56.7 months (95%CI=[51.2–70.4]) for the group without major complications. Multivariable analysis revealed that major surgical complications were significantly associated with DFS, but not with OS.
Conclusion Patients who experienced major surgical complications had reduced DFS, compared with patients without major morbidity. Extensive peritoneectomy and surgical timing were predictive factors of postoperative morbidity.

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PRIMARY OVARIAN NON-HODGKIN LYMPHOMA: REPORT OF THREE CASES AND THE ROLE OF INTERNATIONAL ONLINE MEETINGS IN CLINICAL DECISION MAKING

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Introduction/Background Primary ovarian lymphoma is a rare entity representing 1.5% of ovarian neoplasms. Although ovarian involvement by lymphomatous deposits as a part of disseminated disease is well-recognized, the initial manifestation of lymphoma as an ovarian mass is unusual and unnecessary surgery may be performed. Diagnosis is challenging and lack of sufficient evidence adds to the clinical dilemma.

Methodology We report three cases of primary ovarian diffuse large B cell lymphoma with different scenarios in which clinical decision-making was reinforced through the online International Gynecologic Cancer Society (IGCS) tumor board.

Results The first case was a young patient who presented with weight loss and rapidly progressive abdominal distension. CT scan revealed a large right adnexal mass with smaller left ovarian deposits and ascites along with elevated CA-125 and LDH. Right salpingo-oopherectomy and excision of a small left ovarian deposit showed bilateral ovarian diffuse large B cell lymphoma. Based on tumor board discussions, fertility counseling, oocyte cryopreservation and GnRH analogue were given prior to starting systemic therapy. The second patient had a large right ovarian swelling and unilateral salpingo-oopherectomy confirmed the diagnosis of lymphoma. PET scan after surgery revealed pelvic nodes and peritoneal involvement. Following complete response with chemotherapy, the IGCS online meeting recommended radiotherapy as a consolidation therapy. The third patient had bilateral large ovarian masses and enlarged para-aortic nodes raising the suspicion of metastatic krukenberg tumor versus primary cancer. Complete surgical staging was done and lymphoma of the ovaries, as well as all dissected nodes was found.

Conclusion Primary ovarian lymphoma is rare and is usually misdiagnosed at time of presentation. There is no consensus on optimal management or treatment protocols and most of the data are based on case reports and literature reviews. International multi-disciplinary online tumor boards offer an excellent opportunity to exchange experience and enhance decision-making process.