PHASE II RANDOMIZED BGOG-CX3 TRIAL COMPARING ATEZOLIZUMAB IN COMBINATION WITH DOXORUBICIN VERSUS DOXORUBICIN ALONE IN SECOND-LINE OR LATER RECURRENT CERVICAL CANCER

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Abstract 2022-RA-1263-ESGO Figure 1

Results 40 patients were randomized between November 2017 and October 2020: 23 vs 17 patients for DA and D, respectively. Baseline characteristics were similar in both arms (total population: squamous cell carcinoma 84%, prior radio-chemotherapy 69%, prior anti-VEGF 61%, median prior lines of chemotherapy in advanced/recurrent setting was 1 with range 0–2). There was a tendency towards a longer median PFS of 4.8 and 3.9 months (figure 1) for DA and D, respectively with HR 0.501 (95%CI 0.246–1.017) (p=0.0558). Similarly, the primary endpoint, PFS rate at 9 months, was numerically higher but failed to reach significance (26% vs 13% for DA and D, respectively (p=0.054)). Median OS was 10.3 and 7.8 months (p=0.21) for DA and D, respectively. DCR at 24 weeks was 16% (DA) vs 0% (D) (p=0.279). Results according to PD-L1 staining will be presented. Discontinuation and dose reductions of D were similar in both groups. No new safety signals were noted for the combination of DA.

Conclusion Notwithstanding the limited samples size, this study showed a tendency towards a prolonged PFS and OS when doxorubicin was combined with atezolizumab compared with doxorubicin alone in rCC.

INTRODUCTION/BACKGROUND Single-agent chemotherapies, like doxorubicin, have very modest activity in recurrent cervical cancer (rCC). Recently, anti-programmed-death protein 1 (anti-PD-1) treatment has shown activity in randomized phase III studies in rCC. In the current study we investigated the combination of doxorubicin with an anti-PD-L1 inhibitor atezolizumab (DA), based on the possible synergistic effect, versus doxorubicin (D) alone.

Methodology Prospective open-label, randomized phase II BGOG-cx3 trial (EudraCT2016–14) randomizing 2:1 (total population: squamous cell carcinoma 84%, prior radiotherapy 20%, range 0–2) between November 2017 and October 2020: 23 vs 17 patients for DA and D, respectively. Baseline characteristics were similar in both groups. No new safety signals were noted for the combination of DA.

Conclusion Notwithstanding the limited samples size, this study showed a tendency towards a prolonged PFS and OS when doxorubicin was combined with atezolizumab compared with doxorubicin alone in rCC.
Introduction/Background Since the publication of the LACC trial results, the role of minimally invasive radical hysterectomy for cervical cancer has been questioned. However, it is likely that the lower survival rates shown in the minimally invasive surgery (MIS) arm, were not directly related to the MIS itself, but rather to technical procedures linked to laparoscopic and robotic-assisted approaches, such as the use of uterine manipulators or the opening of the vagina through the abdominal cavity.

Methodology Laparoscopically assisted radical vaginal hysterectomy (LARVH) or Coelio-Schauta combines lymph node staging and pelvic space creation by laparoscopy with radical hysterectomy including parametrium-paracolpium resection performed predominantly by vaginal approach, as reported by Schauta. This technique has shown oncological results and surgical complications comparable with those reported for the open surgery arm of the LACC trial. During LARVH, colpotomy and closure of the vagina are performed at the beginning of the radical hysterectomy, precluding manipulation of the tumor during the procedure.

Results We present a step-by-step video demonstration of the LARVH technique as it has been performed for more than 25 years at Hospital Clinic of Barcelona following surgical technique described by Dargent and Querleu.

Conclusion Coelio-Schauta is a minimally invasive technique that adheres to the oncologic principle of tumor containment. It should be included in prospective randomized trials to clarify the role of MIS in early-stage cervical cancer.