A 2-part, multicohort, phase 1b/2 trial, ENGOT-cx8/GOG-3024/innovaTV 205 (NCT03786081), established the recommended phase 2 dose (RP2D) and feasibility of tisotumab vedotin (TV) in combination with bevacizumab, pembrolizumab, or carboplatin (Monk et al, IGCS 2021). The current report details a new, ongoing, innovaTV 205 dose-expansion cohort evaluating combinations of TV, pembrolizumab, or carboplatin ± bevacizumab.

Methods The new cohort will include adult patients with recurrent or stage IVB squamous, adenosquamous, or adenocarcinoma of the cervix who received no prior systemic therapy and had an ECOG PS of 0 or 1. Patients will be treated with the RP2D of TV (2.0 mg/kg) + carboplatin (AUC 5 mg/mL), pembrolizumab (200 mg), and bevacizumab (15 mg/kg), or with TV + carboplatin (AUC 5 mg/mL) and pembrolizumab (200 mg), every 3 weeks. To assess the regimen’s initial tolerability, a dose-limiting toxicity evaluation period will consist of completion of 1 treatment cycle of 21 days for 6 patients to receive the quadruplet combination. The primary end point is confirmed objective response per RECIST v1.1; secondary end points are duration of response, time to response, progression-free survival, overall survival, and safety. Enrollment is ongoing in the US and Europe, with additional sites planned globally.

Results Trial in progress: there are no available results at the time of submission.

Conclusions Trial in progress: there are no available conclusions at the time of submission.

Objectives The primary objective of the CONTESSA/NEOCON-F trial (NCT04016389) is to assess the feasibility of preserving fertility in women with FIGO 2018 stage IB2 cervical cancer by administering neo-adjuvant chemotherapy (NACT) followed by fertility-sparing surgery (FSS).

Methods This ongoing multi-center, phase II clinical trial will accrue 90 premenopausal women, aged between 18 and 40 years, who are diagnosed with lymph-node negative, FIGO 2018 stage IB2 cervical cancer and who have a desire to preserve fertility. Patients will receive three cycles paclitaxel and platinum-based chemotherapy. Following NACT the response will be evaluated by clinical examination and MRI. Patients with complete or partial response (residual lesion <2 cm) will be eligible for FSS: a conization or simple trachelectomy. Patients with suboptimal response (residual lesion ≥2 cm) will go off-study and receive definitive treatment as per local protocol. The follow-up is 3 years. The primary outcome is the rate of functional uterus defined as successful FSS and no adjuvant therapy. Secondary outcomes include the safety of NACT and FSS, the response rate to NACT, and the recurrence-free and overall
survival after two and three years. Furthermore, this trial will evaluate patients’ quality of life and ovarian function, and will explore the possibilities for disease monitoring in blood plasma (HPV ctDNA) and cervical scrapes (DNA hypermethylation).

**Results** Trial in progress: there are no available results at the time of submission.

**Conclusions** The CONTESSA/NEOCON-F trial is opened for accrual in the Netherlands, Canada, and the United States. Currently, 10% of the target accrual has been reached.

### ADDCHEMO CC TRIAL – ADJUVANT TREATMENT IN PLASMA HPV-DNA POSITIVE PATIENTS: A BIOMARKER FOR CHEMOTHERAPY IN LOCALLY ADVANCED CERVICAL CANCER

**Methods** Multicentric, experimental, prospective study. The participants will receive the conventional treatment based on concomitant radiochemotherapy (ChRT), characterizing the descriptive phase of the research. In the second phase, the randomization of the study will be carried out, outlining an experimental study. Inclusion Criteria: Patients with CC FIGO 2018 IB3 to IVA, 18 years or older, immunocompetent, HPV types 16 or 18 positive in cervical tumor and plasma at diagnosis and adequate liver and kidney function. Patients should receive standard ChRT (EBRT 40–50Gy, brachotherapy 30–40Gy and weekly cisplatin). Four weeks after the end of treatment, plasma cfDNA-HPV will be performed. Those with a negative result will start an observation protocol, with imaging and clinical examination every four months in the first two years and every six months in the third year. Patients with positive cfDNA-HPV will be randomized to receive two additional cycles of adjuvant chemotherapy with cisplatin 50 mg/m2 D1 and gemcitabine 1000 mg/m2 D1 and D8 every 21 days or observation.

**Results** Trial in progress: there are no available results at the time of submission.

**Conclusions** Trial in progress: there are no available conclusions at the time of submission.