Oral Sessions

01. Cervical cancer

### #67 PEMBROLIZUMAB + CHEMOTHERAPY FOR FIRST-LINE TREATMENT OF PATIENTS WITH PERSISTENT, RECURRENT, OR METASTATIC CERVICAL CARCINOMA: BEVACIZUMAB SUBGROUP ANALYSIS BASED ON PROTOCOL-SPECIFIED FINAL OVERALL SURVIVAL RESULTS OF KEYNOTE-826

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#### Methodology

We examined treatment outcomes in patient subgroups defined by bev use. The most common reason for bev exclusion was shortness of treatment-related grade 1–3 AEs. The incidence of treatment-related grade ≥3 AEs was 74.0% vs 60.4% in the without bev subgroup, and 66.8% vs 62.1% in the without bev subgroup.

#### Abstract #67 Table 1

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Median OS (mo)</th>
<th>N</th>
<th>Median OS (mo)</th>
<th>N</th>
<th>O/E (90% CI)</th>
<th>Median OS (mo)</th>
<th>N</th>
<th>O/E (90% CI)</th>
<th>Median OS (mo)</th>
<th>N</th>
<th>O/E (90% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pembro vs placebo</td>
<td>33.6 (22.3–46.4)</td>
<td>360</td>
<td>30.3 (22.3–41.7)</td>
<td>360</td>
<td>0.6 (0.5–0.7)</td>
<td>31.3 (22.3–46.4)</td>
<td>360</td>
<td>0.6 (0.5–0.7)</td>
<td>29.3 (22.3–43.5)</td>
<td>360</td>
<td>0.6 (0.5–0.7)</td>
</tr>
<tr>
<td>All month, without bev (202)</td>
<td>17.5</td>
<td>11.9</td>
<td>0.8 (0.6–1.0)</td>
<td>7.0</td>
<td>0.8 (0.6–1.0)</td>
<td>0.8 (0.6–1.0)</td>
<td>7.0</td>
<td>0.8 (0.6–1.0)</td>
<td>0.8 (0.6–1.0)</td>
<td>7.0</td>
<td>0.8 (0.6–1.0)</td>
</tr>
<tr>
<td>All month, without bev (202)</td>
<td>37.6</td>
<td>22.5</td>
<td>0.6 (0.5–0.7)</td>
<td>16.7</td>
<td>0.6 (0.5–0.7)</td>
<td>16.7</td>
<td>0.6 (0.5–0.7)</td>
<td>0.6 (0.5–0.7)</td>
<td>16.7</td>
<td>0.6 (0.5–0.7)</td>
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</tr>
</tbody>
</table>

Conclusion Pembro + chemo prolonged OS and PFS vs placebo + chemo regardless of bev use and had a manageable safety profile.

### #320 HPV STATUS AS A TRIAGE MECHANISM IN THE FOLLOW-UP OF PATIENTS WITH ADENOCARCINOMA IN SITU AND MICROINVASIVE ADENOCARCINOMA OF THE UTERINE CERVIX – A RETROSPECTIVE STUDY

1. Lukas Dostalek*, 2 Pavel Freitag, 1 David Cbula, 3 Kristyna Nemejova, 1 Jiri Slama.

#### Introduction/Background

We retrospectively reviewed all patients with histopathologically verified AIS or FIGO 2018 IA cervical AC treated in a single center between years 2002 and 2023. Analyzed were specimens from consecutive surgeries in order to acquire the occurrence of skip lesions. Factors associated with recurrence were assessed in 86 patients after fertility sparing treatment for adenocarcinoma in situ (AIS) and pT1a adenocarcinoma (AC).

#### Methodology

We retrospectively reviewed all patients with histopathologically verified AIS or FIGO 2018 IA cervical AC treated in a single center between years 2002 and 2023. Analyzed were specimens from consecutive surgeries in order to acquire the occurrence of skip lesions. Factors associated with recurrence were assessed in 86 patients after fertility sparing treatment for adenocarcinoma in situ (AIS) and pT1a adenocarcinoma (AC).

#### Results

143 patients (112 with AIS and 31 with AC) were included in the analysis. Skip lesion was identified in 11 of 33 (33%) patients who underwent secondary cervical surgery (repeated cone biopsy or hysterectomy) in an interval shorter than 6 months. Recurrence rate after fertility sparing treatment was 9% (12% for AIS and 4% for AC).

#### Conclusion

No HPV negative patient experienced recurrence. In HPV positive patients, recurrence rate was 38%. HPV 16/18 positivity was strongly associated with the risk of recurrence other than high-risk genotypes (83% vs 10%; p=0.015, log-rank).