Asian Society of
Gynecologic Oncology
Education Commitee

ASGO Webinar: Discussion

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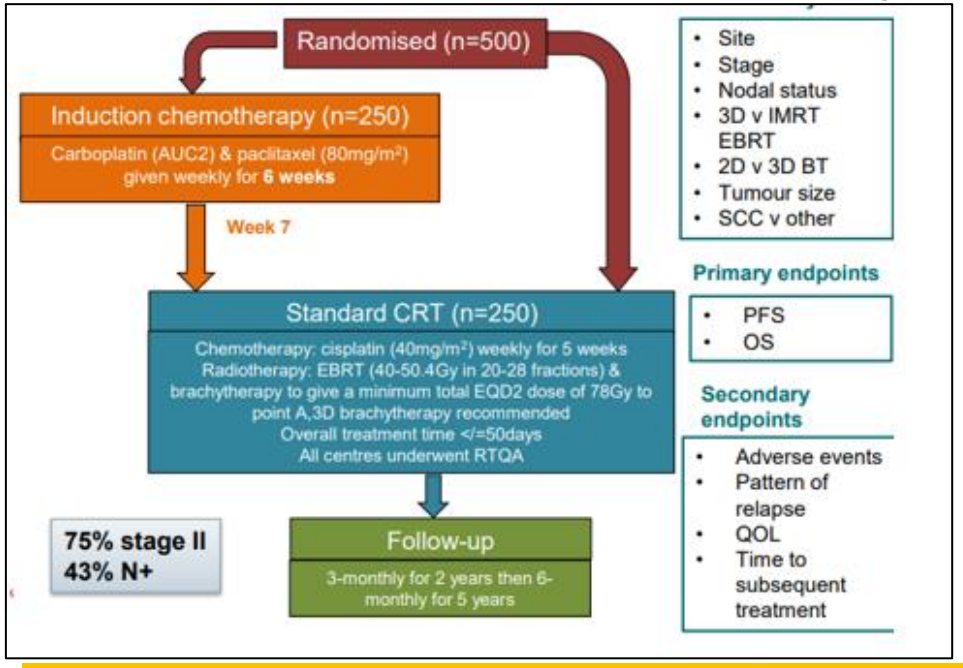
THE GCIG INTERLACE trial

- A randomized phase III trial of induction chemotherapy followed by chemoradiation compared alone in locally advanced cervical cancer
  - For ≥2 decades, chemoradiation has been standard of care in locally advanced disease.
  - Yet, 30% relapse and die for metastatic disease.
  - **Induction chemotherapy:** CXII trial (46 pts) (Br J Cancer, 2013): ORR 70%.



	CRT alone (n=250)	Induction Chemo+RT (n=250)
FIGO Stage (2008)	No of patients	
IB1	2 (<1)	2 (<1)
IB2	23 (9)	19 (8)
IIA	14 (6)	17 (7)
IIB	176 (70)	178 (71)
IIIB	30 (12)	26 (10)
IVA	5 (2)	8 (3)
Cell type		
Non-squamous	45 (18)	44 (18)
Squamous	205 (82)	206 (82)
Nodal status		
Negative	142 (57)	146 (58)
Positive	108 (43)	104 (42)
Longest tumor diameter, cm median (range)	4.9 (1.8-12.8)	4.8 (1.3-13.5)

Results:

* PFS: 9% improvement

(HR 0.65 [95% CI: 0.46-0.91],p=0.013)

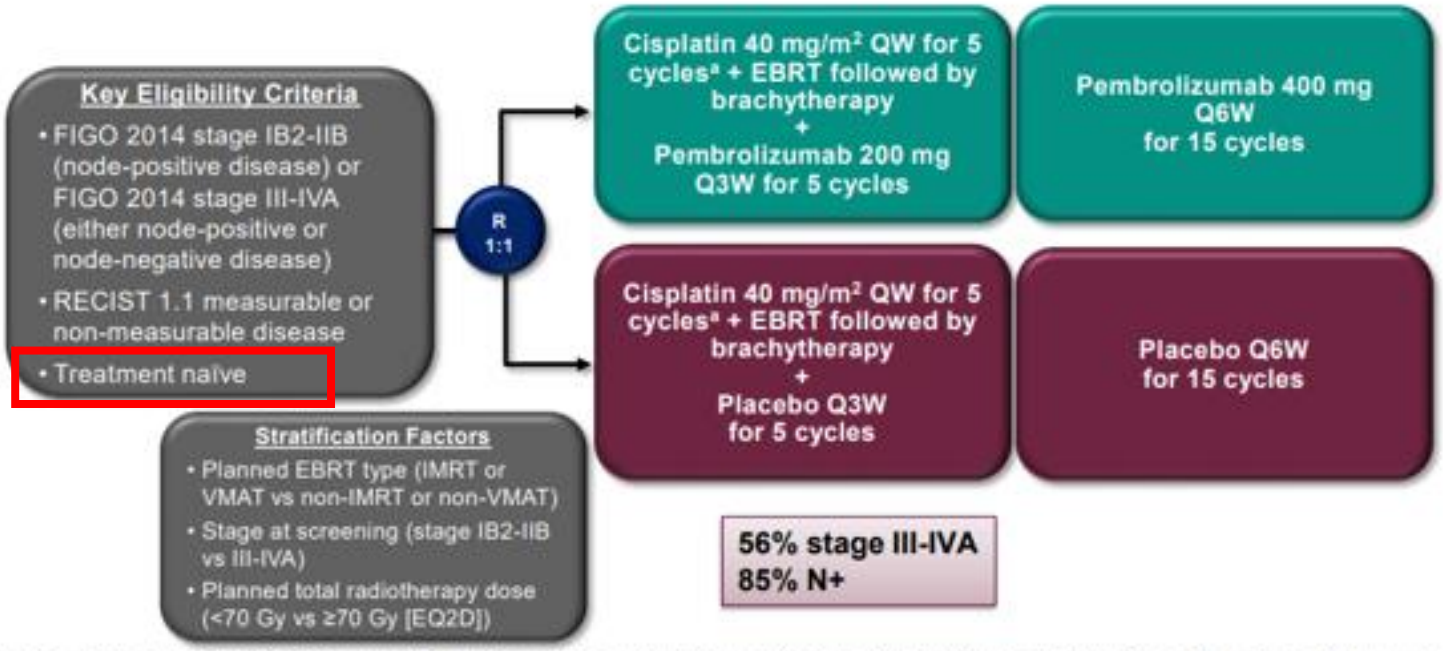
* OS (5yrs): 8% improvement

(HR 0.61 [95% CI: 0.40-0.91], p=0.04)

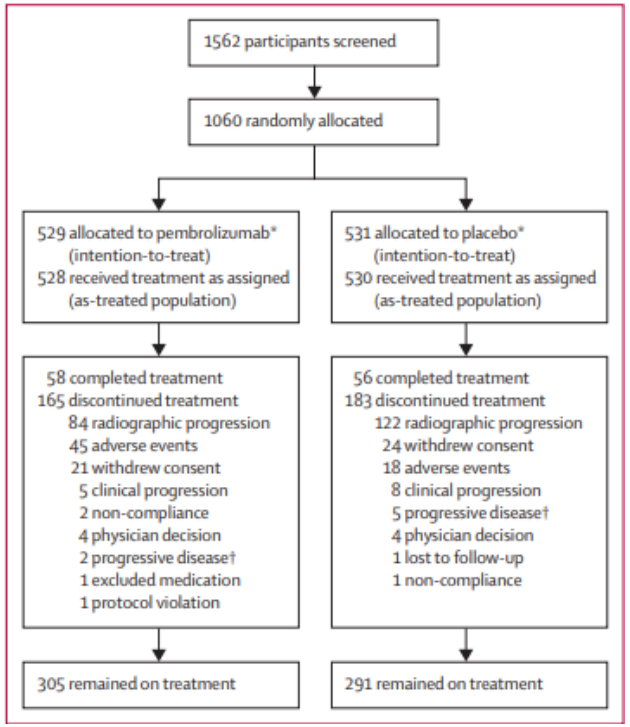
Conclusion: Induction chemotherapy with weekly paclitaxel & carboplatin before CRT should be considered the new standard in locally advanced cervical cancer

ENGOT-cx11/ GOG-3047/ KEYNOTE-A18 study

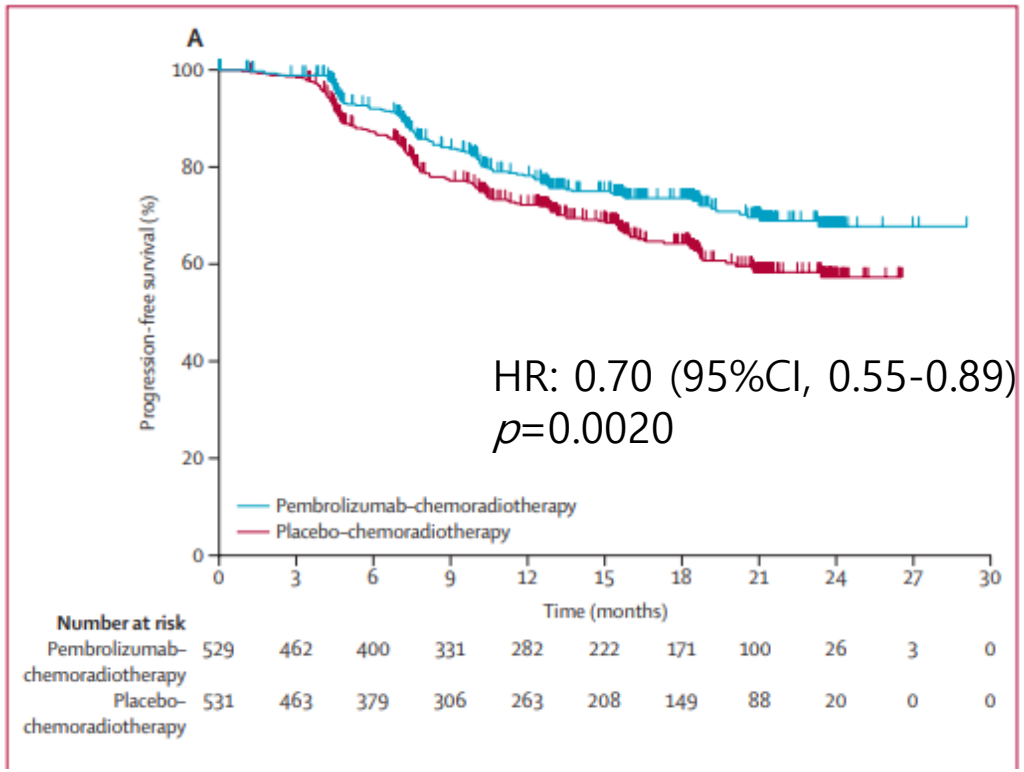
- Pembrolizumab plus chemoradiotherapy for high-risk locally advanced cervical cancer
  - **KEYNOTE-158 study**: 14.3% ORR in pts with ≥1 prior line of chemotherapy and PD-L1 positive recurrent or metastatic cervical cancer
  - **KEYNOTE-826 study:** statistically significant and clinically meangful PFS and OF improvements in pts with persistent, recurrent or metastatic cervical cancer with the addition of



[a]A 6th cycle was allowed per investigator discretion. CR, complete response; CRT, chemoradiotherapy; EBRT, external beam radiotherapy; FIGO, International Federation of Gynecology and Obstetrics; Gy, grays; OS, overall survival; PD-L1, programmed death-ligand 1; PFS, progression-free survival; Q3W, every 3 weeks; Q6W, every 6 weeks; RECIST, Response Evaluation Criteria in Solid Tumors. ENGOT-cx11/GOG-3047/KEYNOTE-A18 ClinicalTrials.gov identifier, NCT04221945.



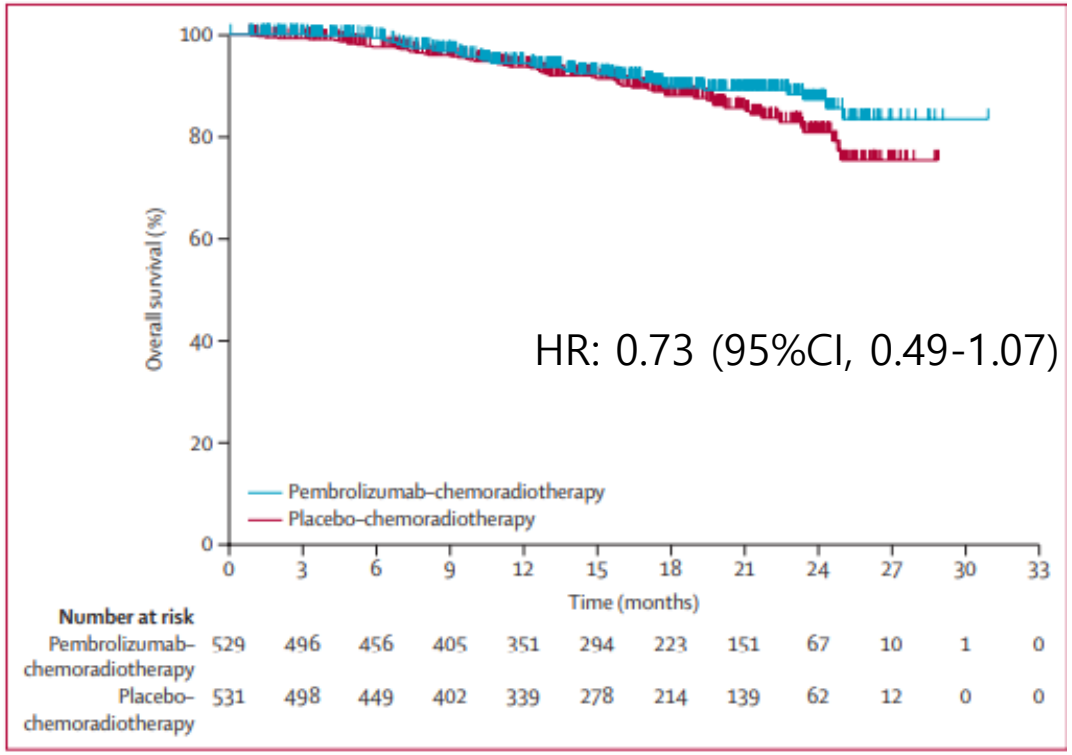
Progression-free survival (24months)



Statistically significant

68% in the pembrolizumab–chemoradiotherapy group *vs* **57%** in the placebo–chemoradiotherapy group

Overall survival



Statistically **not** significant

87% in the pembrolizumab–chemoradiotherapy group *vs* **81%** in the placebo– chemoradiotherapy group

Locally advanced Disease Trials: Major differences/ similarities

	Interlace trial	ENGOT-Cx11/ A-18
Population		
Early advanced	IIa, IIb: 76%	Ib2, IIb: 44%
Late advanced	IIIb, IV: 14%	III, IVa: 56%
Positive Nodes	42%	84%
RT completed within 56 days (experimental arm/ placebo)	96%/96%	75%/75%

최윤진

Discussion 1

- The patients enrolled in the Interlace trial are at an earlier advanced stage compared to those in the A-18 trial. **Do you think the population in the Interlace study suggests that the induction chemotherapy used in this trial would be more effective for patients with early advanced stage cervical cancer?**

Clinical trial

ATOMICC trial: a randomized, open-label, phase II trial of anti-PD1, dostarlimab, as maintenance therapy for patients with high-risk locally advanced cervical cancer after chemoradiation

Carmen Garcia-Duran,[1] Francisco Grau,[1] Guillermo Villacampa,[2] Ana Oaknin[1]

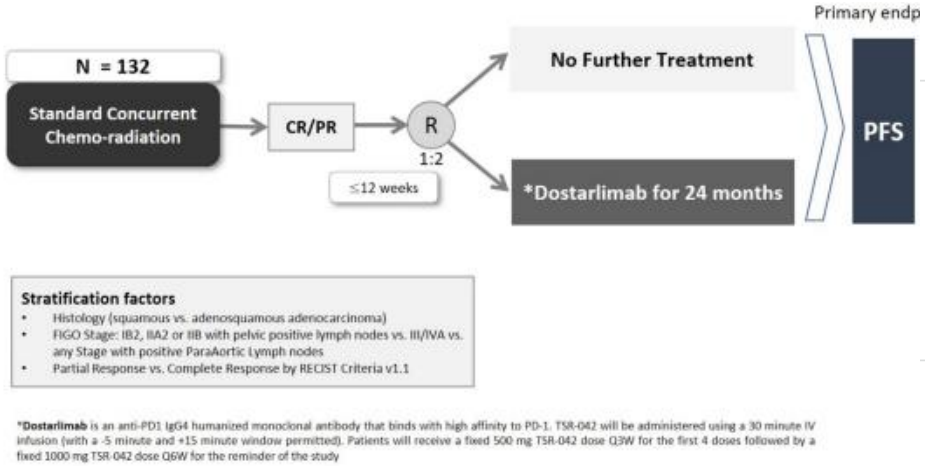


Figure 1 Study design. CR, complete response; PFS, progression-free survival; PR, partial response;

Official Title

A Phase III, Randomized, Double-blind, Placebo-controlled, Multi-centre, Global Study of Volrustomig in Women with High Risk Locally Advanced Cervical Cancer Who Have Not Progressed Following Platinum-based, Concurrent Chemoradiation Therapy (eVOLVE-Cervical)

monovalent bispecific human IgG1 monoclonal antibody, volrustomig

Medical condition Locally Advanced Cervical Cancer	Phase Phase 3	Healthy volunteers No
Study drug -	Sex Female	Estimated Enrollment 1000
Study type Interventional	Age 15 Years - n/a	Date **Study Start Date:** 22 Sept 2023 **Estimated Primary Completion Date:** 19 Feb 2027 **Estimated Study Completion Date:** 24 Oct 2029
Study design Allocation: Randomized Endpoint Classification: - Intervention Model: Parallel Assignment Masking: - Primary Purpose: Treatment	Verification: Verified 01 May 2024 by AstraZeneca	Sponsors AstraZeneca Collaborators Gynecologic Oncology Group Foundation, European Network for Gynaecological Oncological Trial groups

Discussion 2

- Ongoing and planned trials may provide information on improving outcomes beyond CRT alone in high-risk, locally advanced cervical cancer. These include two maintenance therapy trials: the phase II ATOMICC trial (NCT03833479), investigating anti-PD1 therapy with dostarlimab, and the phase III e-VOLVE Cervical Study (GOG-3092/ENGOT-cx19), examining the use of the monovalent bispecific human IgG1 monoclonal antibody, volrustomig. **How do you think the INTERLACE trial compares in superiority to these two trials?**