A CASE OF METASTATIC CERVICAL CANCER

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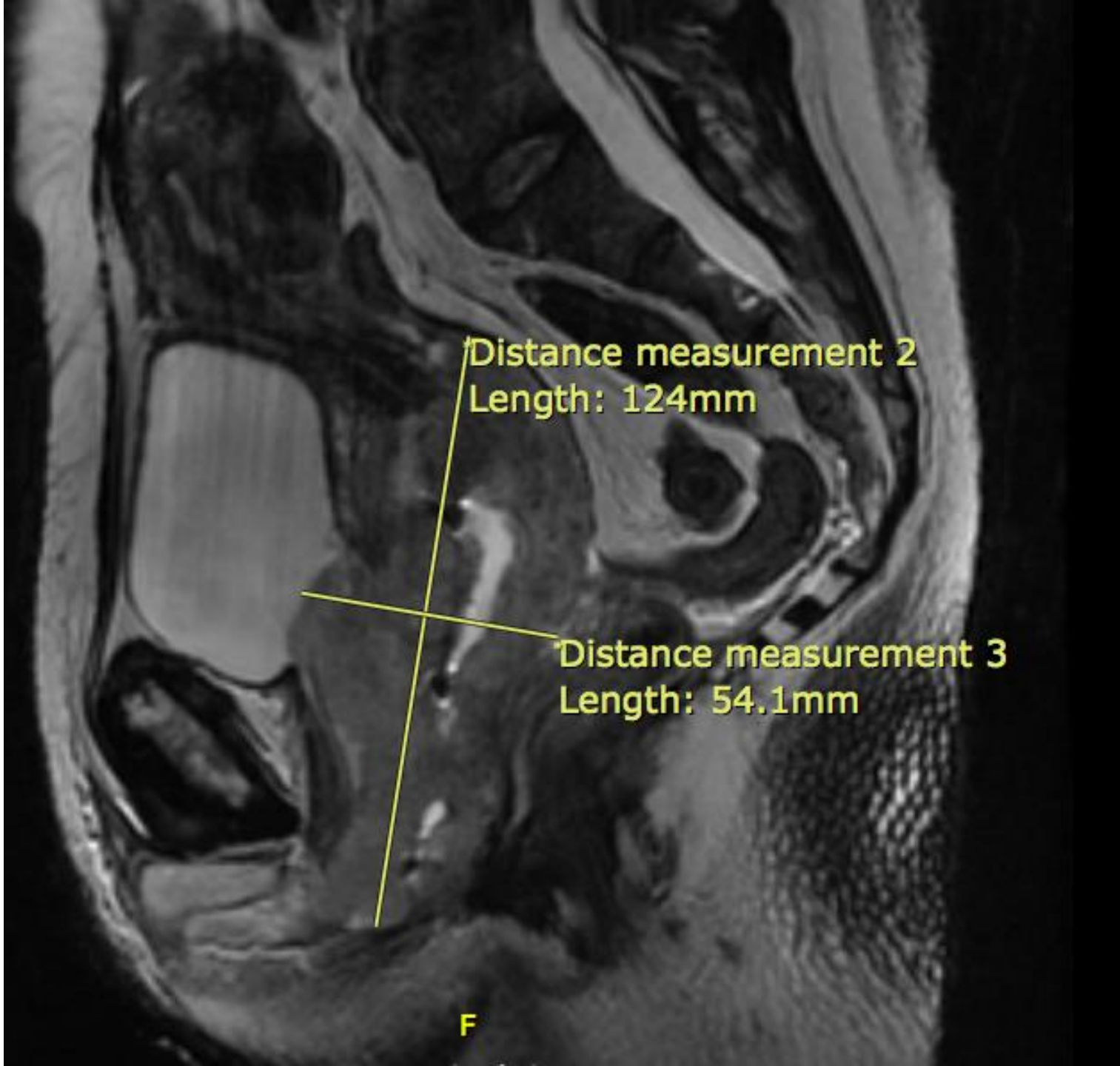
HPI

- 68-year-old African American female
- Presented with post menopausal bleeding, last pap >15 years
- Exam: 11 cm cervical mass extending down to the urethra meatus

PRE-TREATMENT MRI

- Moderate right hydronephrosis- stent placed

- Right pelvic lymphadenopathy

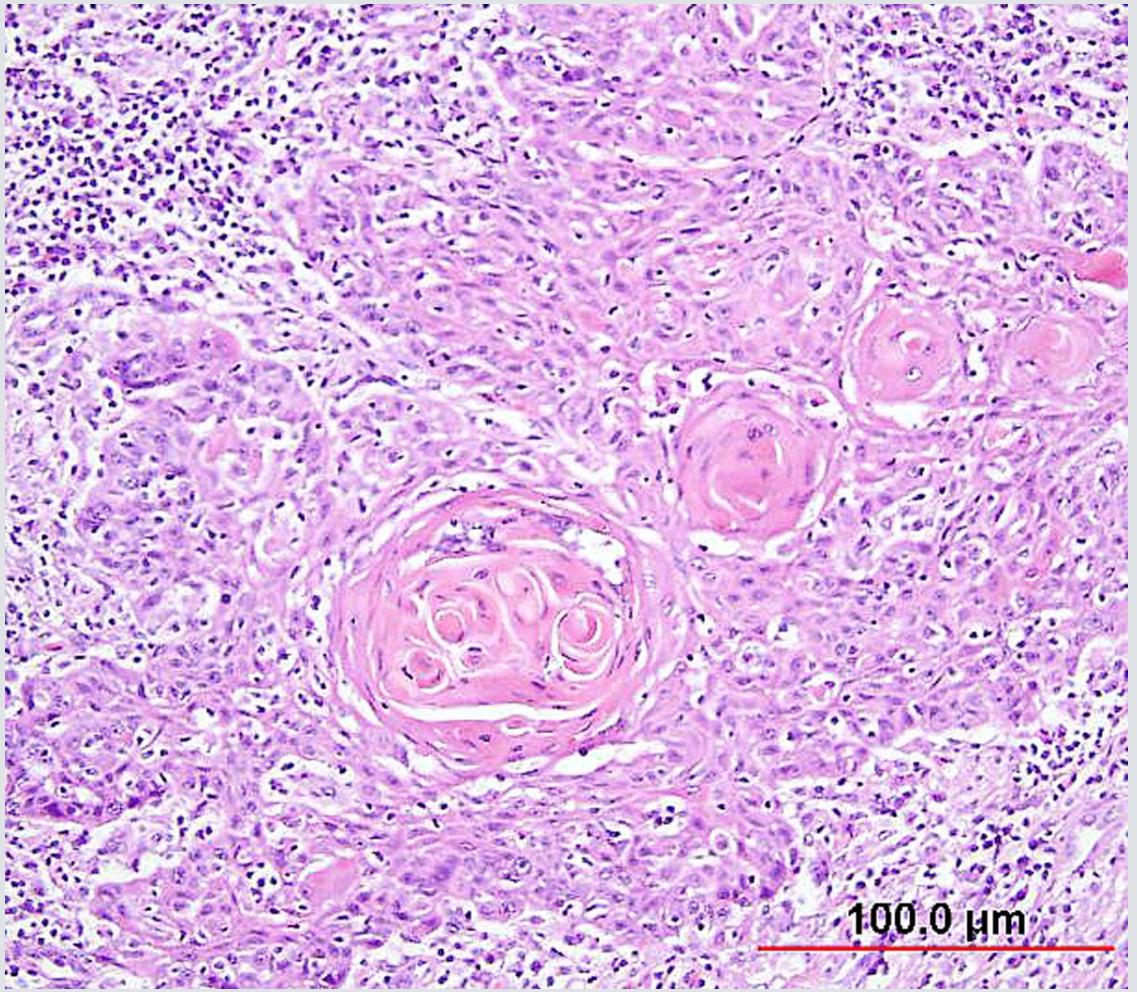


DIAGNOSIS

- Cystoscopy: Bladder invasion at the trigone
- Proctoscopy: mass compressing 14 cm from anal verge with superficial submucosal rectal tissue invasion
- Mass biopsy: invasive squamous cell carcinoma, PDL1 positive
- **Stage IVA cervical cancer**

PATHOLOGY

- PD-L1 determined by Combined Positive Score (CPS)
  - Number of PD-L1 staining cells (tumor cells, lymphocytes, macrophages) divided by total number of viable tumor cells, multiplied by 100

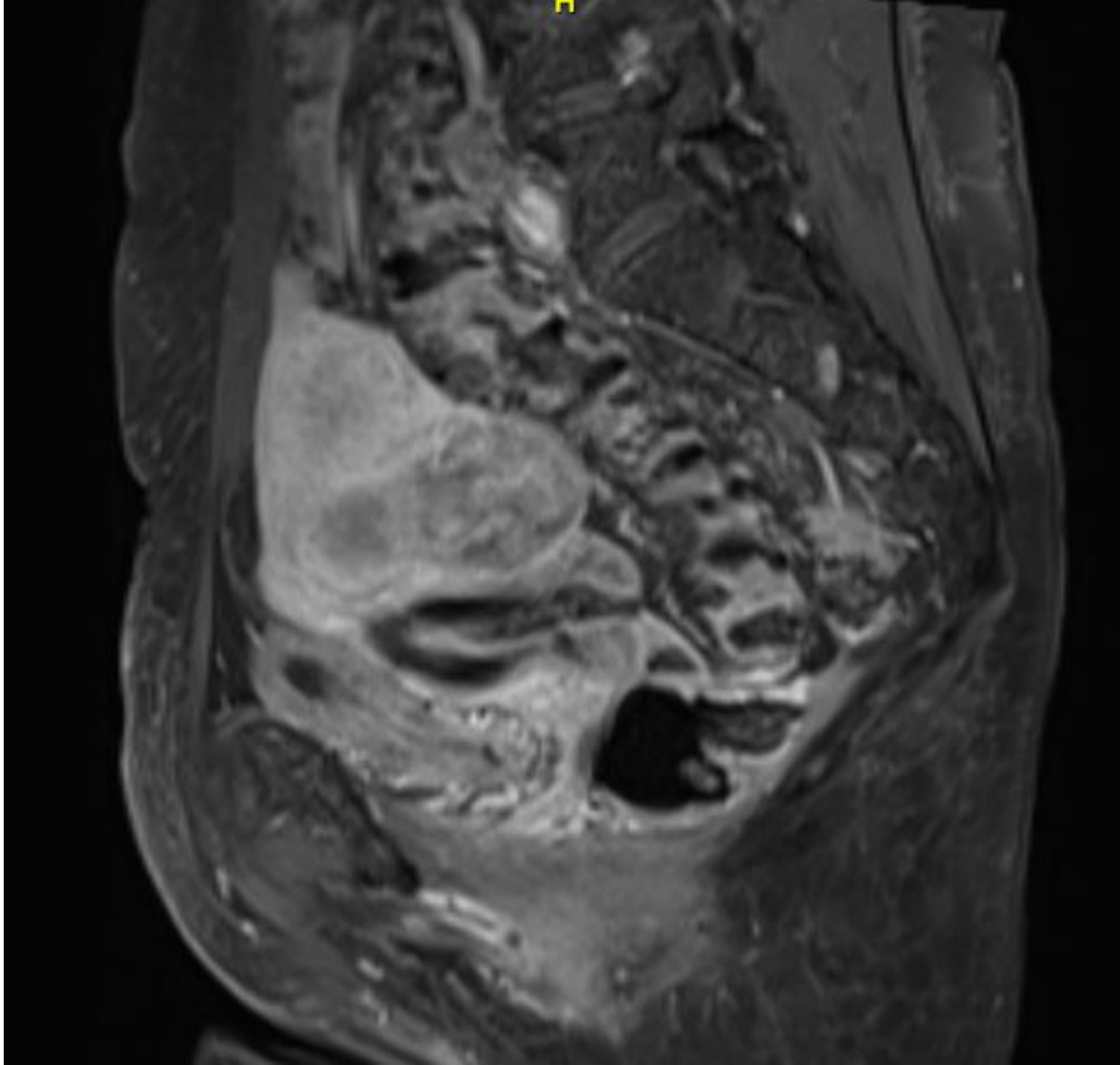


TREATMENT

- 4 cycles cisplatin 50mg/m^2, paclitaxel 175 mg/m^2, pembrolizumab 200 mg
    - Decision made to hold bevacizumab due to high risk of fistula

POST-TREATMENT MRI

- Previous large cervical mass and lymphadenopathy showed complete response
- Resolved hydroureter



KEYNOTE 826

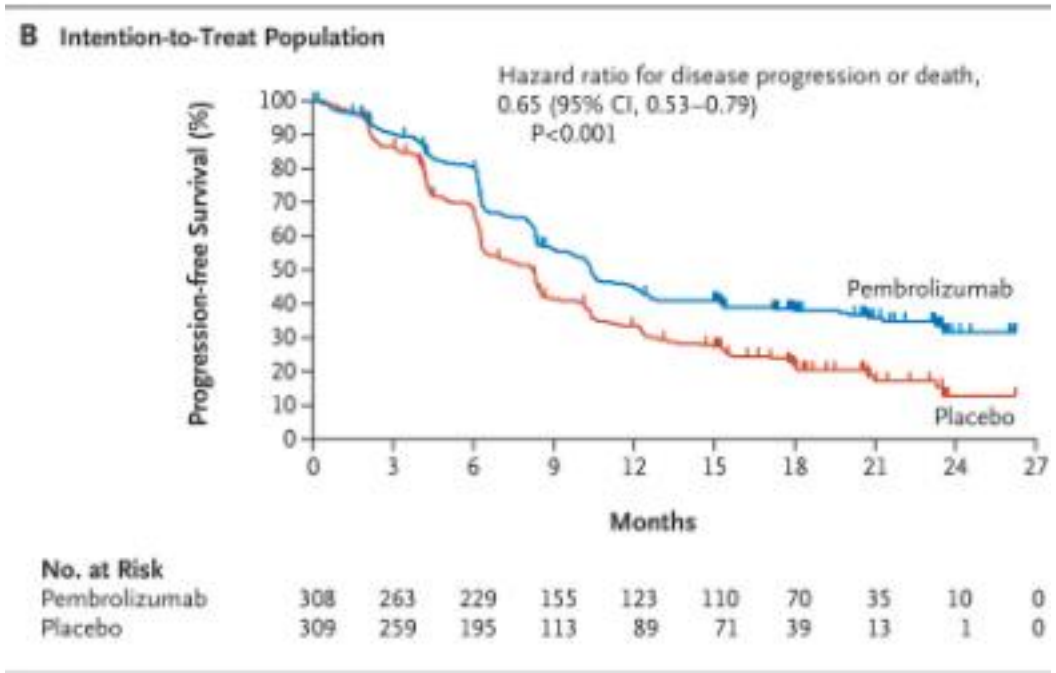
- Inclusion criteria:
  - Metastatic, persistent or recurrent squamous cell carcinoma, adenosquamous carcinoma or adenocarcinoma of the cervix
  - No previous chemotherapy
  - Measurable disease
  - ECOG 0-1

- Randomization:
  - Paclitaxel 175 mg/m^2 + cisplatin 50 mg/m^2 +/- bevacizumab +placebo
  - Paclitaxel 175 mg/m^2 + carboplatin AUC 5 +/- bevacizumab +placebo
  - Paclitaxel 175 mg/m^2 + cisplatin 50 mg/m^2 +/- bevacizumab +pembrolizumab 200 mg
  - Paclitaxel 175 mg/m^2 + cisplatin 50 mg/m^2 +/- bevacizumab +pembrolizumab 200 mg

Colombo N, et al. N Engl J Med. 2021; 385(20):1856-67

KEYNOTE 826

- Results:
  - Median PFS pembrolizumab group: 10.4 months (95% CI 9.1-12.1)
  - Median PFS placebo: 8.2 months (95% CI, 6.4-8.4)



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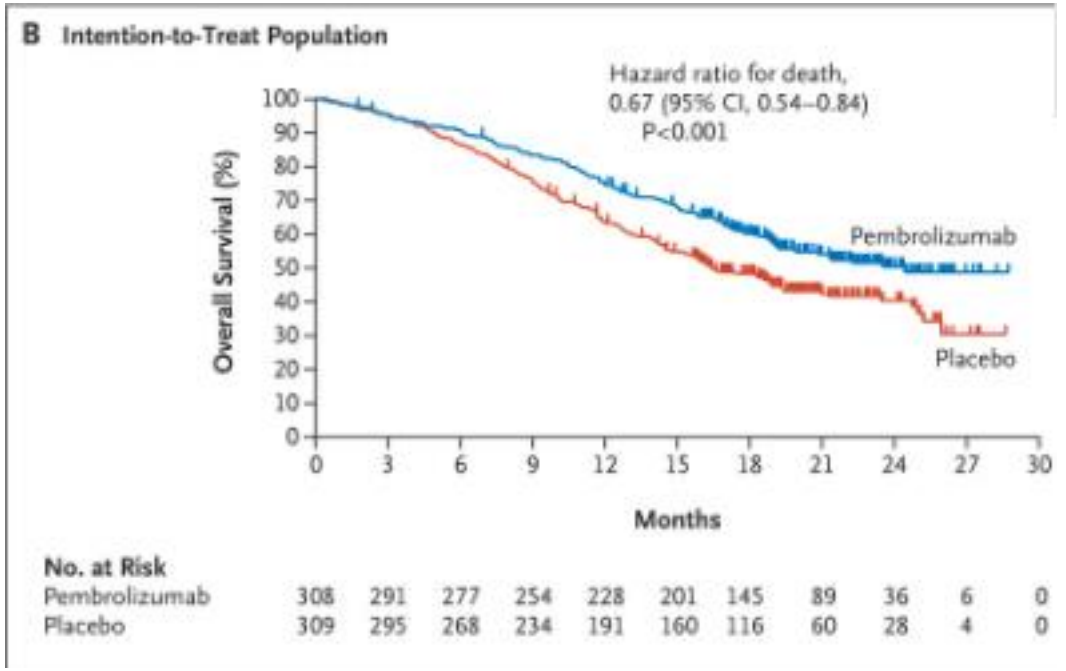
KEYNOTE 826

- Results:
  - OS at 24 months pembrolizumab: 50.4% (95% CI, 43.8-56.6)
  - OS at 24 months placebo: 40.4% (95% CI 34-46.6)



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INNOVATIV 204/GOG 3023-TISOTUMAB VEDOTIN

- Antibody drug conjugate directed against tissue factor with a monomethyl auristatin (MMAE) chemotherapy payload

- Inclusion criteria:
  - Recurrent/metastatic squamous cell, adenocarcinoma or adenosquamous cervical cancer
  - Progressive disease during or after chemotherapy (paclitaxel+platinum or topotecan+bevacizumab)
  - ≤ 2 previous systemic therapies
  - Measurable disease
  - ECOG 0-1

- Given as 2 mg/kg IV every 3 weeks

Coleman RL, et al. Lancet Oncol. 2021;22(5):609-19

INNOVATIV 204/GOG 3023-TISOTUMAB VEDOTIN- RESULTS

Response	Study population (N=101)
ORR (95% CI)	24% (16-33)
CR	7(7%)
PR	17 (17%)
SD	49 (49%)
PD	24 (24%)
NE	4 (4%)
DCR (95% CI)	72% (63-81)

ORR= objective response rate, CR= confirmed response, PR=partial response, SD= stable disease, PD= progressive disease, NE= not evaluable, DCR= disease control rate

	Study population (N=101)
Median DOR (95% CI), mos	8.3 (4.2-NR)
Ongoing CR> 6 mos (95%CI)	62% (37-80)
Median (IQR) TTR, mos	1.4 (1.3-1.5)
Median (95% CI) PFS, mos	4.2 (3.0-4.4)
6 mos PFS rate (95% CI)	30% (21-40)
Median (95% CI) OS, mos	12.1 (9.6-13.9)
6 mos OS rate (95% CI)	79% (69-86)
12 mos OS rate (95% CI)	51% (41-61)

Mos=months, DOR= duration of response, IQR= interquartile range, OS= overall survival , PFS= progression free survival, TTR=time to response

Coleman RL, et al. Lancet Oncol. 2021;22(5):609-19

CONCLUSION

- Two new treatment options for advanced and recurrent cervical cancer:
  - Treatment for metastatic and recurrent cervical cancer patients with PDL1 CPS ≥ 1 should now include platinum+paclitaxel+pembrolizumab +/- bevacizumab given improved OS
  - Tisotumab vedotin for second line treatment in recurrent/metastatic previously treated cervical cancer patients given efficacy ad safety profile