Cervical Cancer – New Data in CCRT, 1st Line, 2nd Line and How It Impacts Your Clinical Practice

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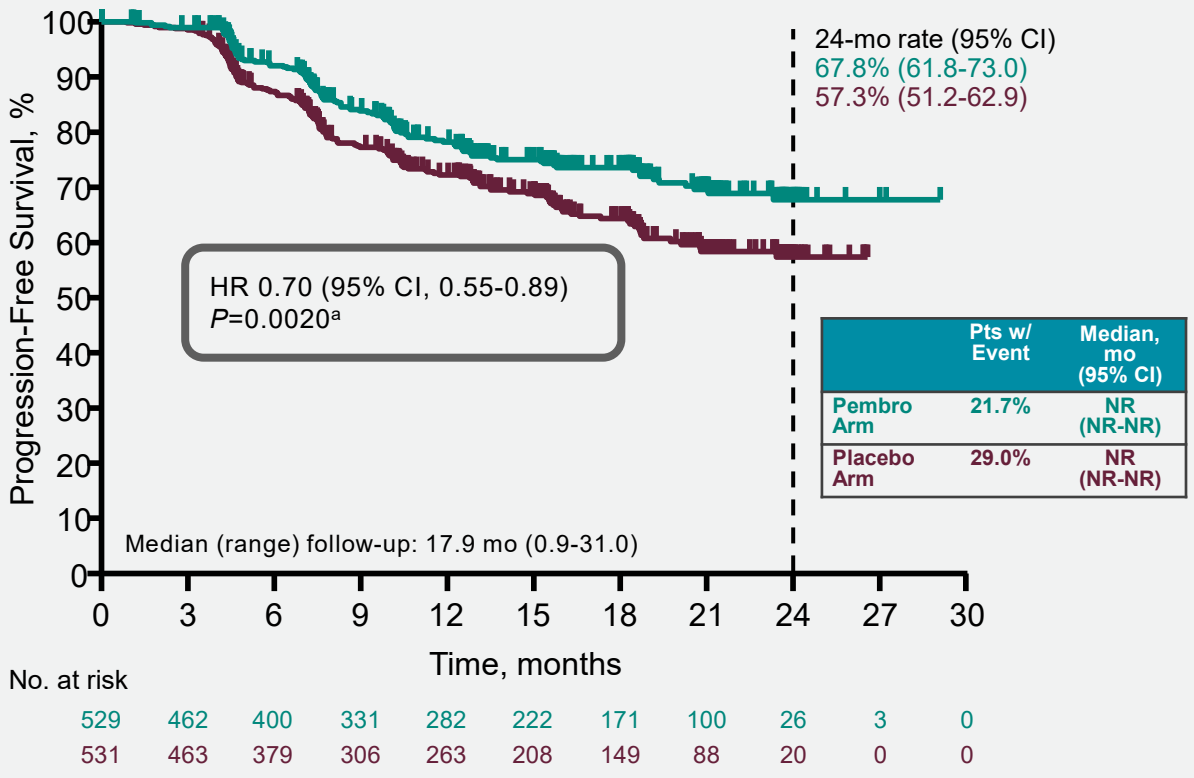
KEYNOTE-A18 (ENGOT-cx11/GOG-3047): Progression-Free Survival and Overall Survival

PFS

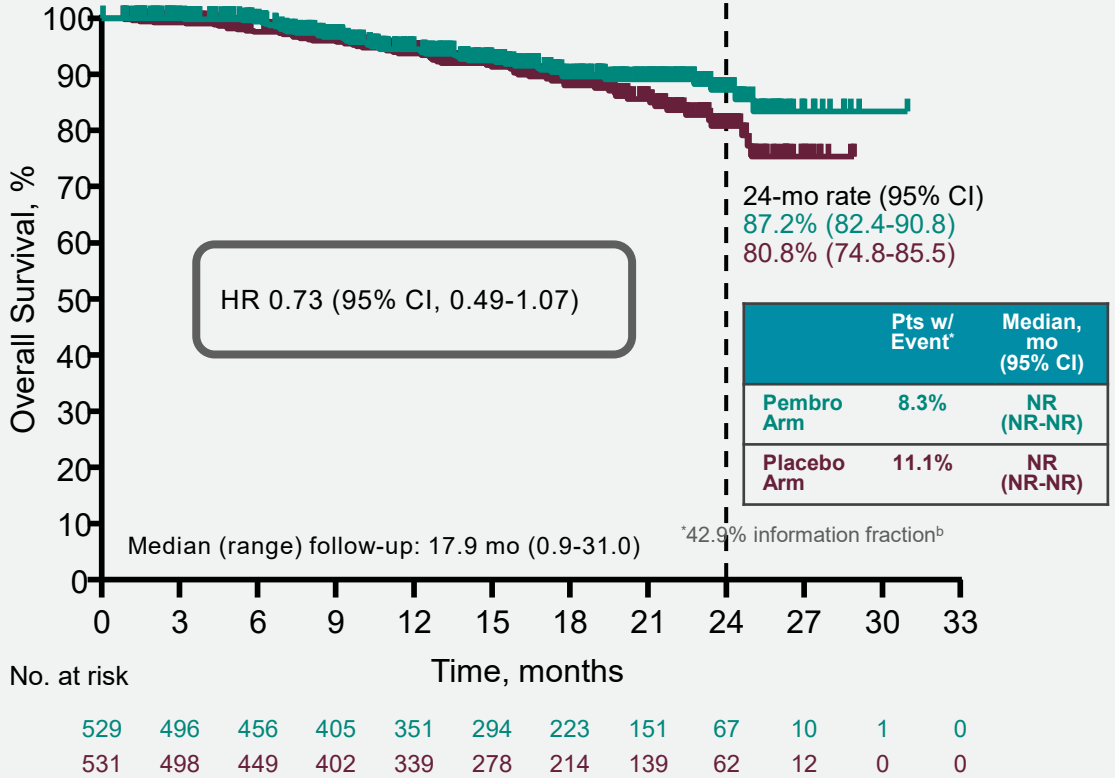


	Pts w/ Event	Median, mo (95% CI)
Pembro Arm	21.7%	NR (NR-NR)
Placebo Arm	29.0%	NR (NR-NR)

No. at risk

529	462	400	331	282	222	171	100	26	3	0
531	463	379	306	263	208	149	88	20	0	0

OS



	Pts w/ Event*	Median, mo (95% CI)
Pembro Arm	8.3%	NR (NR-NR)
Placebo Arm	11.1%	NR (NR-NR)

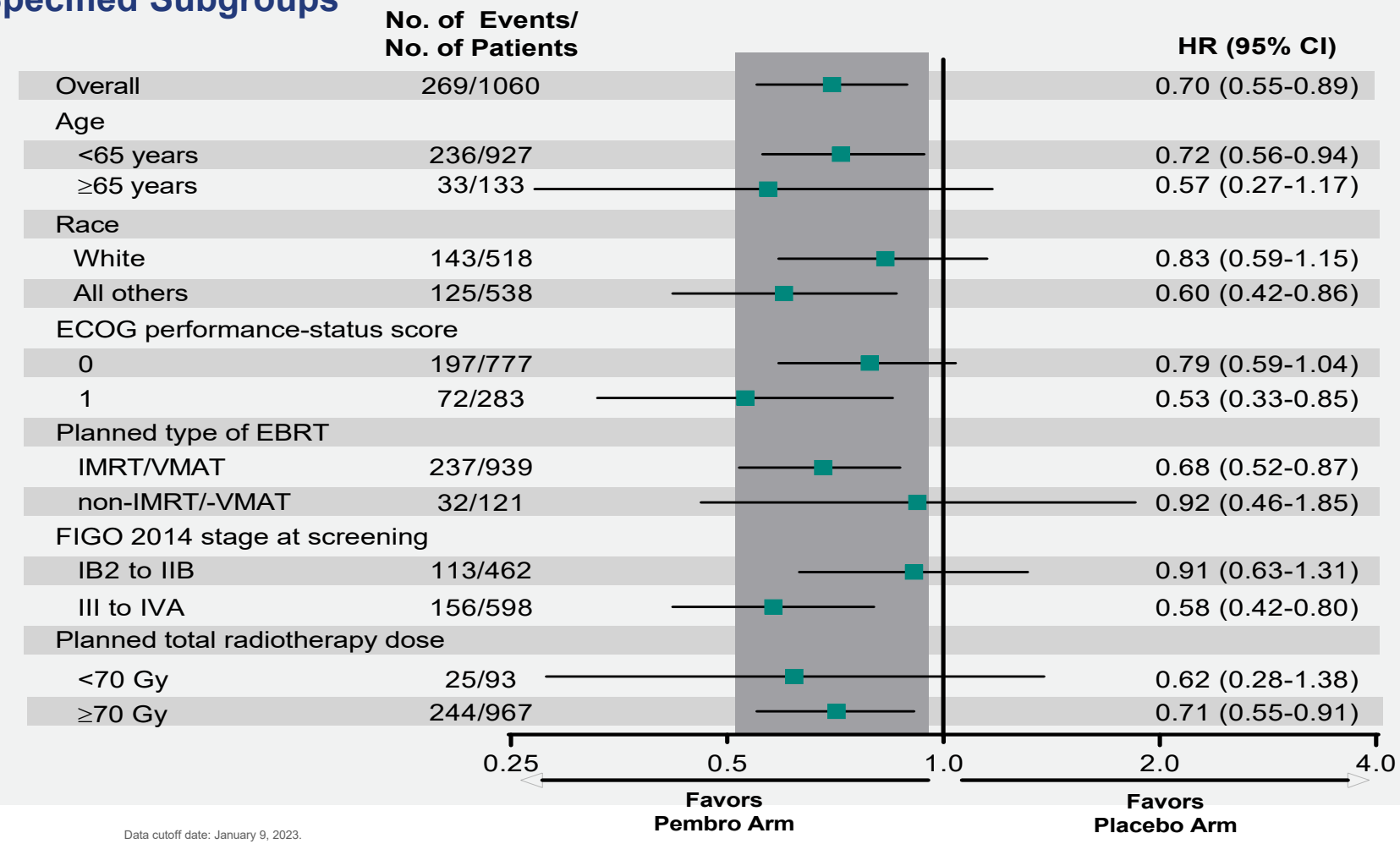
No. at risk

529	496	456	405	351	294	223	151	67	10	1	0
531	498	449	402	339	278	214	139	62	12	0	0

Data cutoff date: January 9, 2023. Response assessed per RECIST v1.1 by investigator review or histopathologic confirmation.
[a]With 269 events (88.5% information fraction), the observed *P* = 0.0020 (1-sided) crossed the prespecified nominal boundary of 0.0172 (1-sided) at this planned first interim analysis. The success criterion of the PFS hypothesis was met, and thus no formal testing of PFS will be performed at a later analysis. [b]At this analysis, 103 of the 240 deaths expected at the final analysis had occurred.
NR, not reached; OS, overall survival; pembro, pembrolizumab; PFS, progression-free survival; pts, patients; RECIST, Response Evaluation Criteria in Solid Tumors.
Lorusso D, et al. Presented at ESMO 2023. Abstract LBA38

KEYNOTE-A18 (ENGOT-cx11/GOG-3047): Treatment Exposure and Protocol-Specified Subgroups

PFS[c]: Protocol-Specified Subgroups



Data cutoff date: January 9, 2023.

[a]Includes participants who completed concurrent chemoradiotherapy at this interim analysis and had final data review by the vendor (pembro arm N=518; placebo arm N=522). [b]Total radiation therapy (EBRT and brachytherapy) should not exceed 50 days, with extension to a maximum of 56 days for unforeseen delays, as per the study protocol. [c]Response assessed per RECIST v1.1 by investigator review or histopathologic confirmation.

EBRT, external beam radiotherapy; ECOG, Eastern Cooperative Oncology Group; EQ2D, equivalent total doses in 2-Gy fractions; FIGO, The International Federation of Gynecology and Obstetrics; IMRT, intensity modulated radiotherapy; Pembro, pembrolizumab; PFS, progression-free survival; VMAT, volumetric-modulated arc therapy.

Lorusso D, et al. Presented at ESMO 2023. Abstract LBA38

Key differences in CALLA and KEYNOTE A-18

	CALLA	A-18
Eligibility	Allows 1 pelvic node+	Must have 2 pelvic or aortic node + but allows PET SUV 2.5+
Target	PD-L1	PD1
Agent	Durvalumab	Pembrolizumab
Primary endpoint(s)	PFS	PFS/OS
Stratification factors	Stage Region of world	IMRT/VMAT vs non Total RT dose <70 vs ≥70 Gy Stage (1B2-IIB node + vs III/IVA node +/-)
Enrollment	45% Latin America 40% Asia 10% US/Europe	TBD but different

GCIG INTERLACE: Study Design

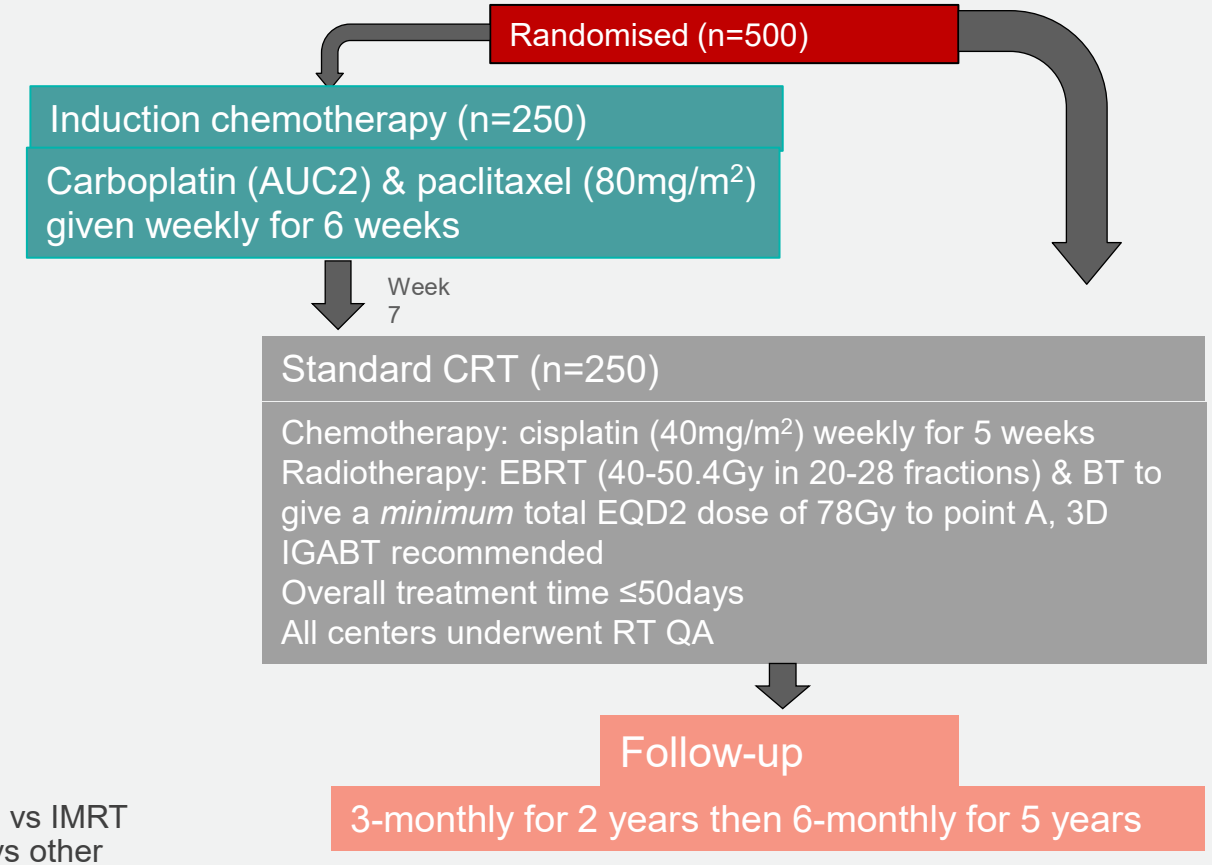
A randomised phase III trial of induction chemotherapy followed by chemoradiation compared with chemoradiation alone in locally advanced cervical cancer

Key Eligibility Criteria:[1,2]

- Newly diagnosed histologically confirmed FIGO (2008) stage IB1 node+, IB2, II, IIIB, IVA squamous, adeno, adenosquamous cervical cancer
- No nodes above aortic bifurcation
- Adequate renal/liver and bone marrow function
- Fit for chemotherapy & radical RT
- No prior pelvic RT

Stratified by:

Site, stage, nodal status, 3D-conformal vs IMRT EBRT, 2D v 3D BT, tumour size, SCC vs other



- Primary endpoints:
  - PFS
  - OS

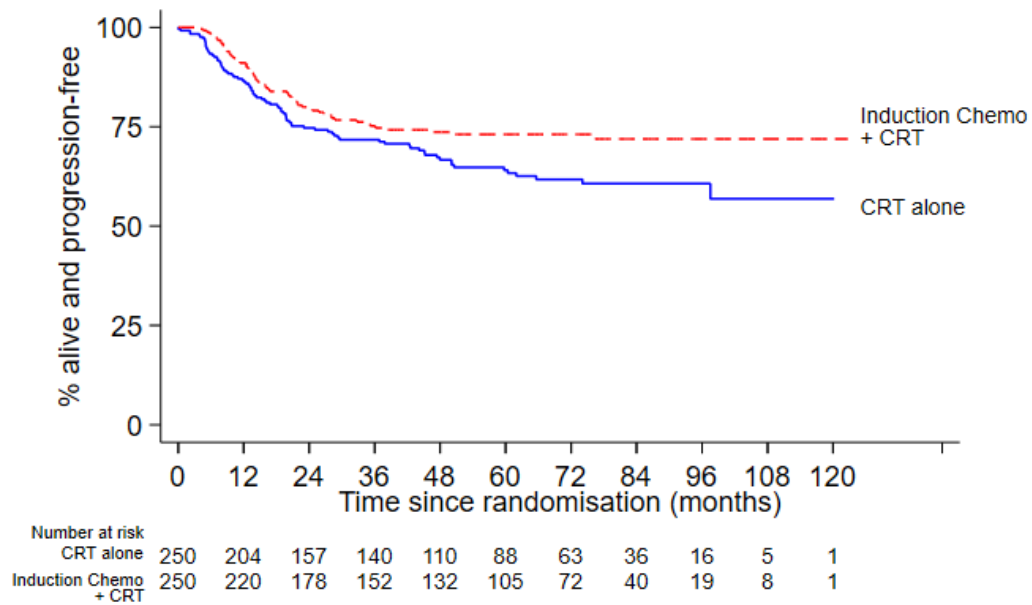
Secondary endpoints:

- Adverse events
- Pattern of relapse
- QOL
- Time to subsequent treatment

INTERLACE: Progression-Free Survival and Overall Survival

PFS (Median f/u: 64 months)

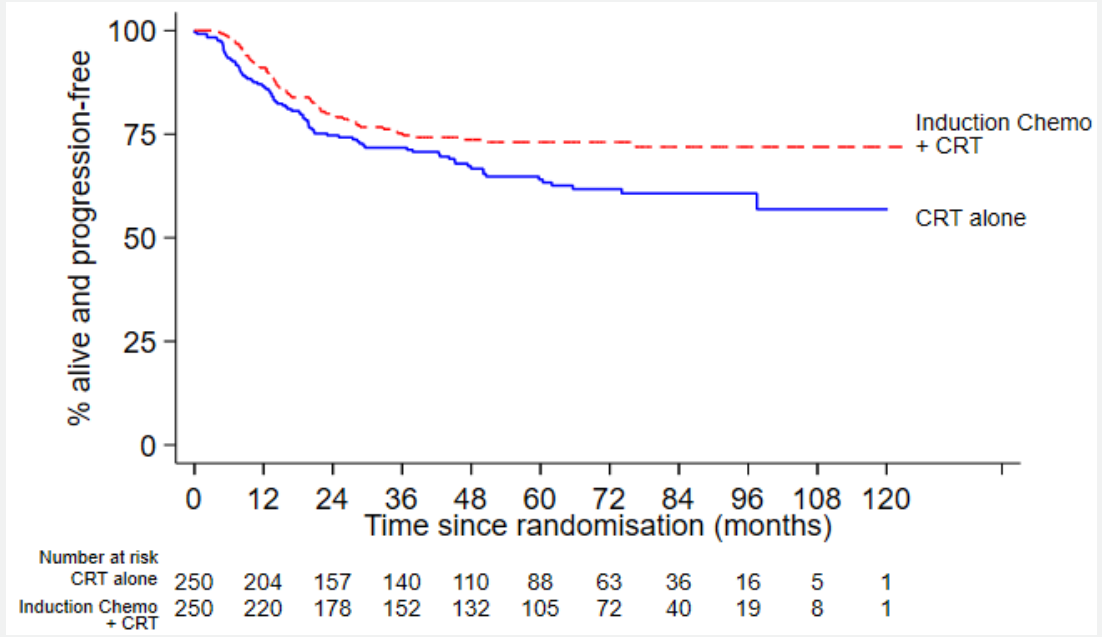
146 PFS events
HR 0.65;95% CI:0.46 -0.91
P=0.013



	Induction Chemo+ CRT (n=250)	CRT alone (n=250)
3yr PFS	75%	72%
5yr PFS	73%	64%

OS (Median f/u: 64 months)

109 deaths
HR 0.61;95% CI: 0.40-0.91
P=0.04



	Induction Chemo + CRT (n=250)	CRT alone (n=250)
3yr OS	86%	80%
5yr OS	80%	72%

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Chemo, chemotherapy; CRT, chemoradiation therapy; f/u, follow-up; OS, overall survival; PFS, progression-free survival.
McCormack M, et al. Presented at ESMO 2023. LBA8

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GOG 3092: eVOLVE-Cervical

Screening period	Randomization	Treatment period	Endpoints
FIGO 2018 IIIC-IVA cervical cancer (LN involvement)			

Part I: Diagnosis (Day-154) to Day-1

Patient consenting process step 1:

- Tumor sample submission and analysis
  - PD-L1 expression by VENTANA PD-L1 (SP263) Assay
- **Initial staging procedures** completed prior to any component of definitive treatment

Part II: Day -56 to -1

Patient consenting process step 2:

- After completion of SOC CCRT (≥4 cycles), CCRT dose requirement
- No progression after SOC CCRT, persistent disease must not be amenable to other available therapies with curative intent
- Grade > 1 toxicities resolved prior to randomization
- ECOG 0 or 1

Max **56** days after the end of CCRT

N=1000

R 1:1

Arm A

Volrustomig 750mg IV Q3W for 24 months

Arm B

Placebo IV Q3W for 24 months

Stratification factors

- PD-L1 expression (PD-L1 high expression vs. low/negative)
- FIGO stage (IIIC1 vs. IIIC2 vs. IVA)
- Region (Asia vs. non-Asia)

Primary Endpoint: PFS in PD-L1 high population (Inv)

Secondary Endpoint:

Key: PFS in ITT (Inv), OS in PD-L1 high population/ITT

Others: PFS (BICR), 12mons-PFS, 24mons-PFS, 36mons-OS, ORR, DOR, PFS2, TFST, incidence of local progression and distant disease progression, PK, ADAs, safety and tolerability, ePROs

Exploratory Endpoint: ctDNA, T cell proliferation/clonal expansion, baseline tumor immune and genomic profile, ePROs

Cervical Cancer
1st Line

Recurrent/Metastatic

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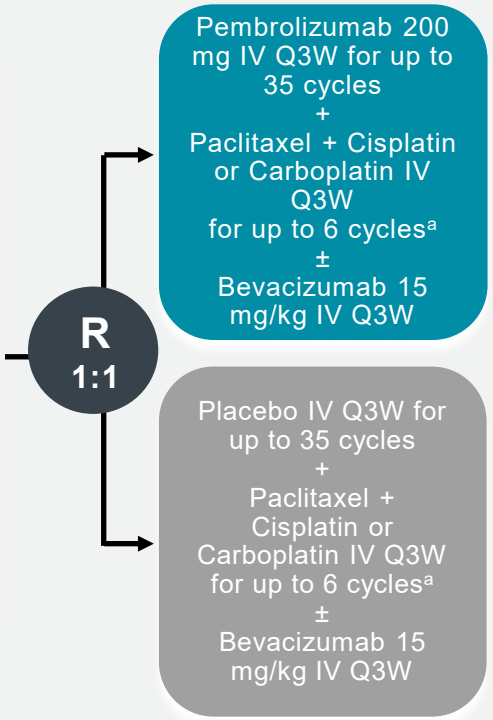
KEYNOTE-826: Study Design and Results

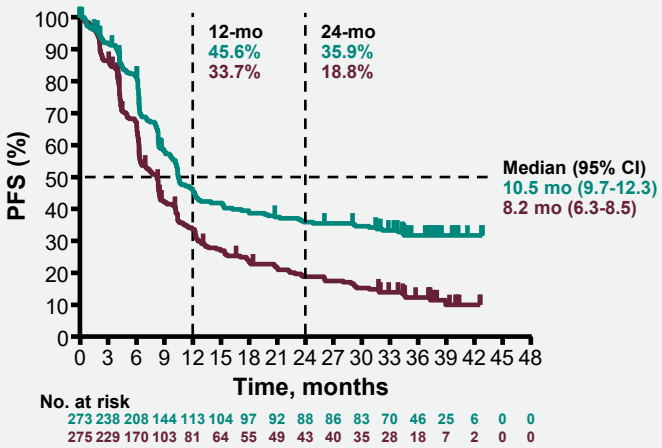
A phase 3 randomized, double-blind, placebo-controlled trial of pembrolizumab (MK-3475) plus chemotherapy vs chemotherapy plus placebo for the first-line treatment of persistent, recurrent, or metastatic cervical cancer

Key Eligibility Criteria:[1,2]

- Persistent, recurrent, or metastatic cervical cancer not amenable to curative treatment
- No prior systemic chemotherapy (prior radiotherapy and chemoradiotherapy permitted)
- ECOG PS 0 or 1

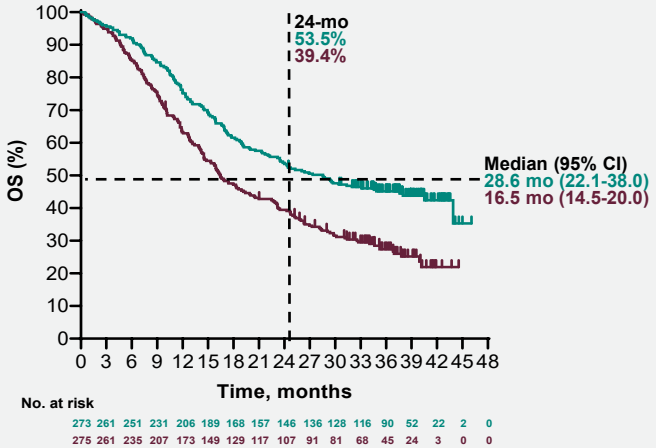


PFS: PD-L1 CPS ≥1 Population[2,b]



	Pembro arm	Placebo arm
n/N	171/273	220/275
Events	62.6%	80.0%
HR (95% CI)	0.58 (0.47-0.71)	

OS: PD-L1 CPS ≥1 Population[2]



	Pembro arm	Placebo arm
n/N	153/273	201/275
Events	56.0%	73.1%
HR (95% CI)	0.60 (0.49-0.74)	

Primary Endpoints: PFS (per RECIST v1.1 by investigator), OS

Secondary Endpoints: ORR, DOR, 12-mo PFS, safety

Columbo N et al NEJM 2021.

BEATcc (ENGOT-Cx10/GEICO 68-C/JGOG1084/GOG-3030): Study Design and Efficacy

A randomized phase III trial of first-line atezolizumab combined with a platinum doublet and bevacizumab for metastatic (stage IVB), persistent or recurrent cervical cancer

Key Eligibility Criteria:[1,2]

- Metastatic, persistent or recurrent cervical cancer not amenable to curative therapy
- GOG/ECOG PS
- No prior systemic anti-cancer therapy for R/M CC
- In patients with pelvic disease, no bladder or rectal mucosa involvement
- Available archival or fresh tumor sample for PD-L1 expression

Stratified by:

- Prior concurrent chemoradiation (Y/N)
- Histology (squamous cell carcinoma vs adenocarcinoma including Adenosquamous carcinoma)
- Chemotherapy backbone

R 1:1

N=410

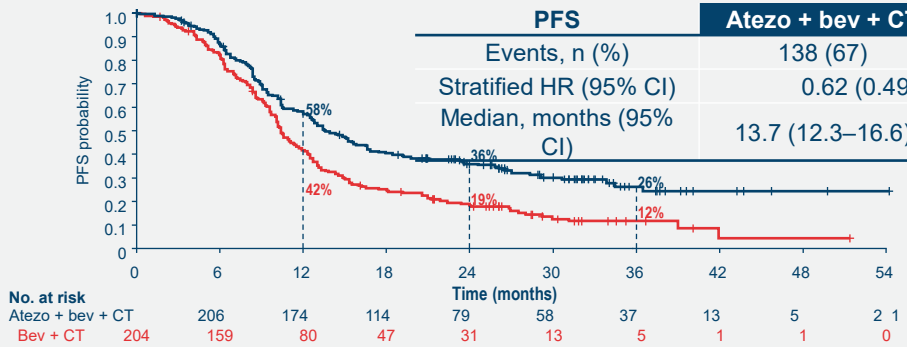
Atezolizumab 1200 mg + Bevacizumab 15 mg/kg + Paclitaxel+ cis/carboplatin[a] all IV Q3W

- Continued until disease progression/unacceptable toxicity

Bevacizumab 15 mg/kg + Paclitaxel + cis/carboplatin[a] all IV Q3W

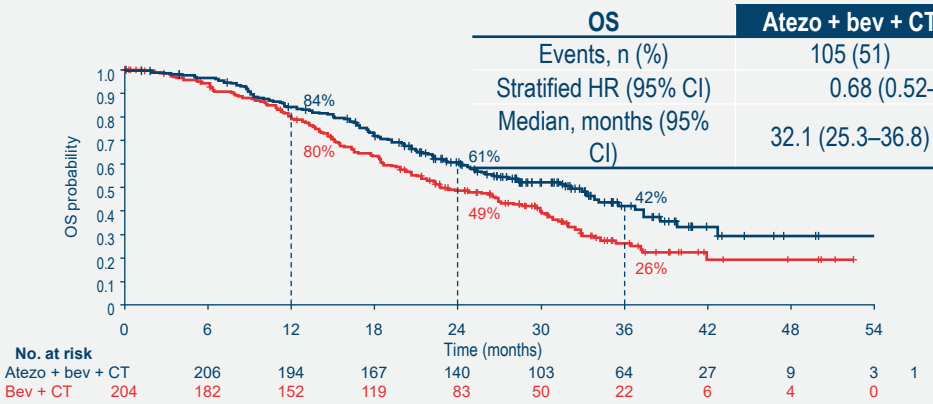
Dual primary endpoint: PFS

PFS	Atezo + bev + CT	Bev + CT
Events, n (%)	138 (67)	166 (81)
Stratified HR (95% CI)	0.62 (0.49–0.78); p<0.0001	
Median, months (95% CI)	13.7 (12.3–16.6)	10.4 (9.7–11.7)



Dual primary endpoint: OS[c]

OS	Atezo + bev + CT	Bev + CT
Events, n (%)	105 (51)	129 (63)
Stratified HR (95% CI)	0.68 (0.52–0.88); p=0.0046[a]	
Median, months (95% CI)	32.1 (25.3–36.8)	22.8 (20.3–28.0)

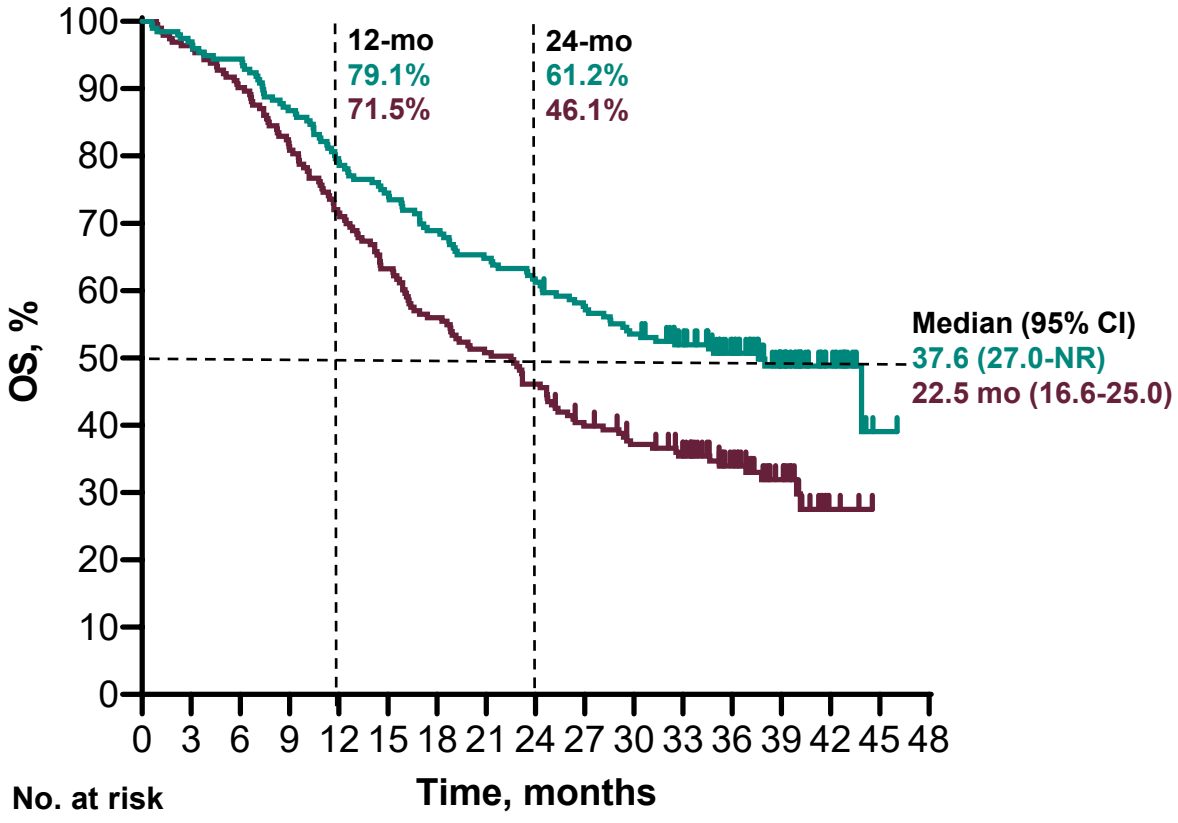


Oaknin A et al ESMO virtual 2023.

OS by Bevacizumab Use, All-Comer Population

With Bevacizumab (N=389)

	n/N	Events	HR (95% CI)
Pembro arm	99/196	50.5%	0.61 (0.47-0.80)
Placebo arm	130/193	67.4%	

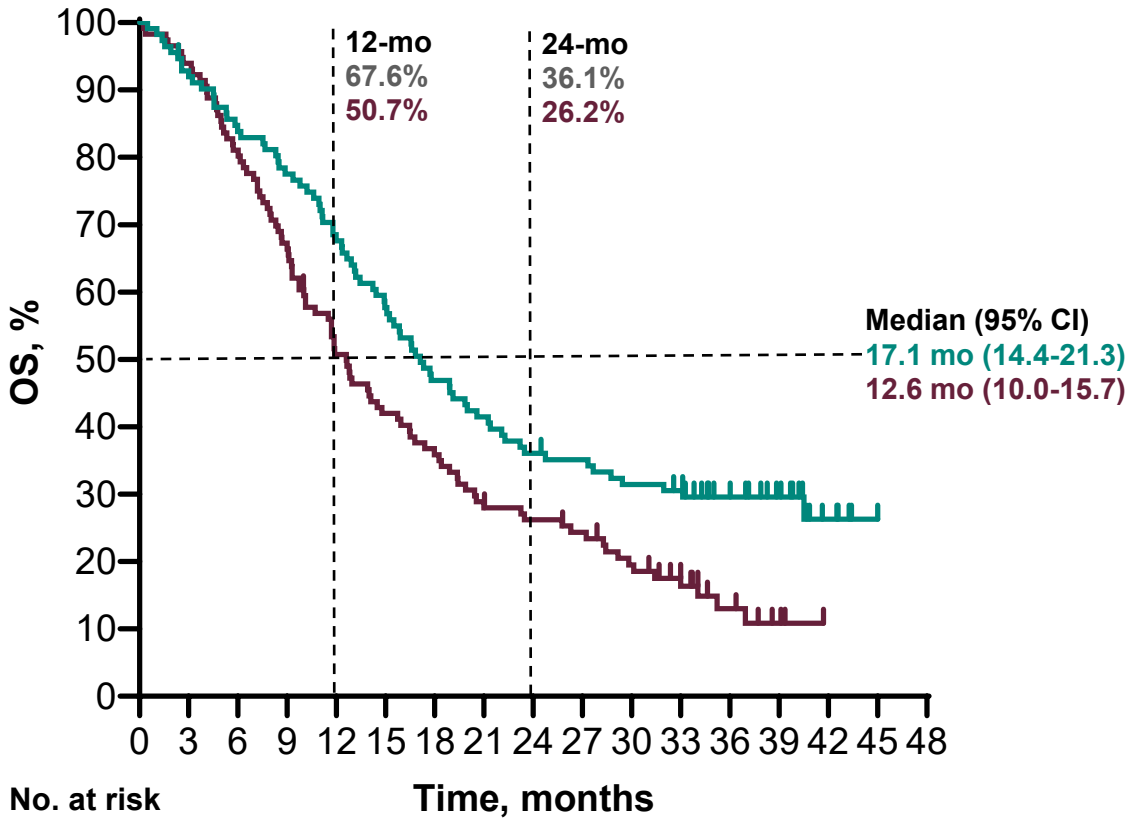


No. at risk

196	190	185	170	155	146	135	127	120	112	104	93	73	41	17	1	0
193	186	174	157	138	122	108	98	89	75	67	59	41	23	3	0	0

Without Bevacizumab (N=228)

	n/N	Events	HR (95% CI)
Pembro arm	79/112	70.5%	0.67 (0.49-0.91)
Placebo arm	98/116	84.5%	



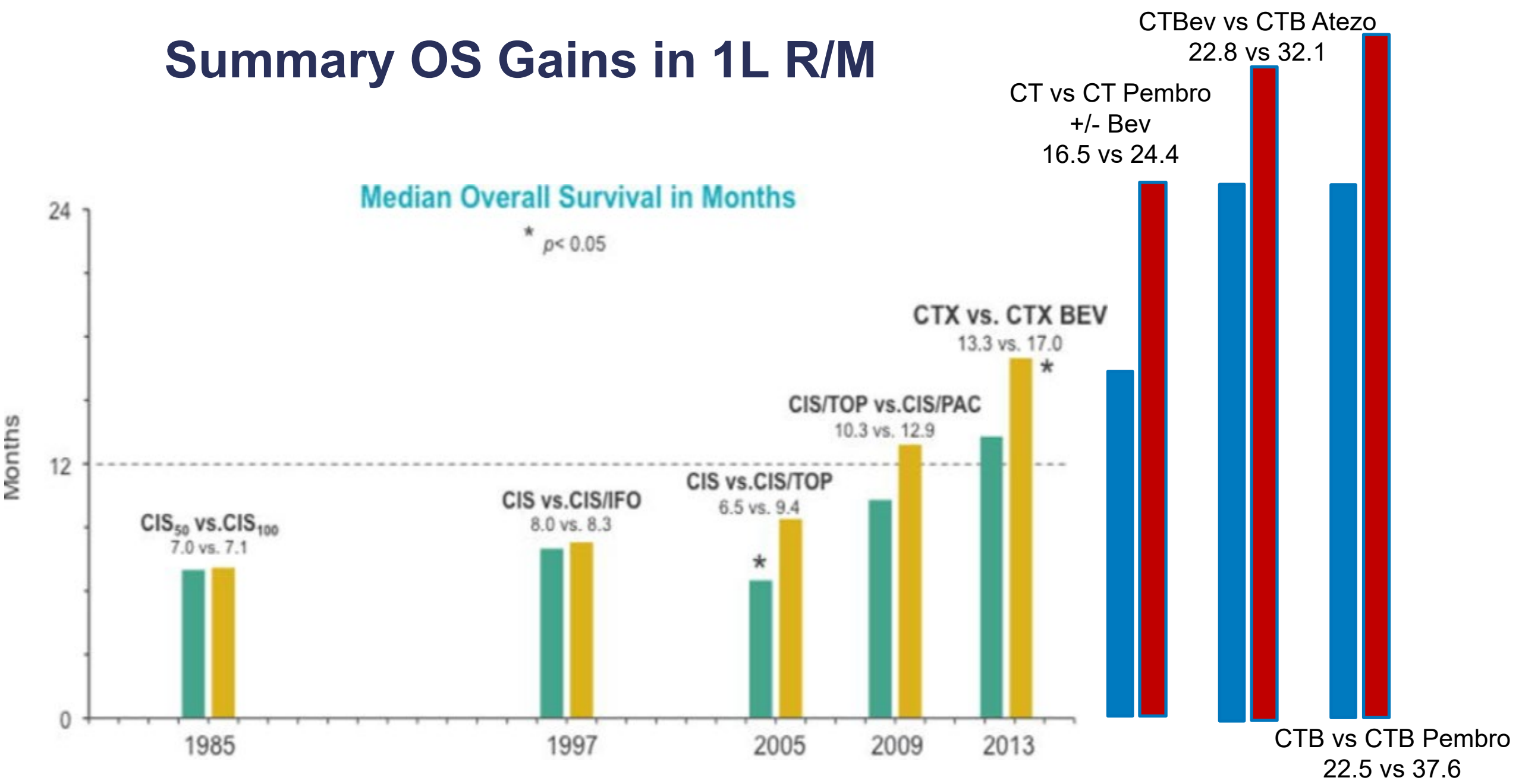
No. at risk

112	102	93	86	75	64	52	46	40	38	34	32	22	14	5	1	0
116	109	94	78	58	48	41	32	29	26	20	13	7	3	0	0	0

Data cutoff date: October 3, 2022.

Lorusso K et al. ESGO 2023.

Summary OS Gains in 1L R/M



Tewari et al. Clin Cancer Res. 2015; 21(24): 5480-7. Columbo N et al NEJM 2021. Oaknin A et al ESMO virtual 2023. Lorusso K et al. ESGO 2023.

Table 1. Selected Adverse Events among the Study Patients, According to Treatment Group.*

Event	Chemotherapy Alone (N=219)	Chemotherapy plus Bevacizumab (N=220)	Odds Ratio (95% CI)	P Value
	no. of patients (%)			
Gastrointestinal events, excluding fistulas (grade ≥2)	96 (44)	114 (52)	1.38 (0.93–2.04)	0.10
Fistula (grade ≥3)				
Gastrointestinal	0	7 (3)	NA (1.90–∞)	0.02
Genitourinary	1 (<1)	6 (3)	6.11 (0.73–282.00)	0.12
Total†	1 (<1)	13 (6)	13.69 (2.01–584.00)	0.002
Hypertension (grade ≥2)‡	4 (2)	54 (25)	17.50 (6.23–67.50)	<0.001
Proteinuria (grade ≥3)	0	4 (2)	NA (0.90–∞)	0.12
Pain (grade ≥2)	62 (28)	71 (32)	1.21 (0.79–1.85)	0.41
Neutropenia (grade ≥4)	57 (26)	78 (35)	1.56 (1.02–2.40)	0.04
Febrile neutropenia (grade ≥3)	12 (5)	12 (5)	1.00 (0.40–2.48)	1.00
Thromboembolism (grade ≥3)	3 (1)	18 (8)	6.42 (1.83–34.4)	0.001
CNS bleeding (grade ≥3)	0	0	NA	
Gastrointestinal bleeding (grade ≥3)§	1 (<1)	4 (2)	4.04 (0.39–200.00)	0.37
Genitourinary bleeding (grade ≥3)§	1 (<1)	6 (3)	6.11 (0.73–282.00)	0.12

Grades 3-5 Treatment-Related Adverse Events of Interest

	Pembro Arm[a] (N=308)		Placebo Arm[a] (N=309)	
	Bev Yes (N=196)	Bev No (N=111)	Bev Yes (N=193)	Bev No (N=116)
Hypertension	11.7%	0	13%	0.9%
Perforation	2.5%	0	1.5%	0
Pelvic fistula[b]	2.5%	1.8%	4.7%	0
Other fistula[c]	0.5%	0	1.5%	0
Embolism	0.5%	0	1.0%	1.7%

[a]The treatment regimen in both arms included chemo. [b]Includes female genital tract and vaginal fistulas. [c]Includes enterovesical and urogenital fistulas. Treatment-related AEs of interest that led to death were intestinal perforation with bev and autoimmune encephalitis without bev in the pembro arm, and large intestine perforation, pulmonary sepsis, and female genital tract fistula with bev and embolism without bev in the placebo arm. Data cutoff date: October 3, 2022.

Cervical Cancer
2nd Line

+ Recurrent/Metastatic

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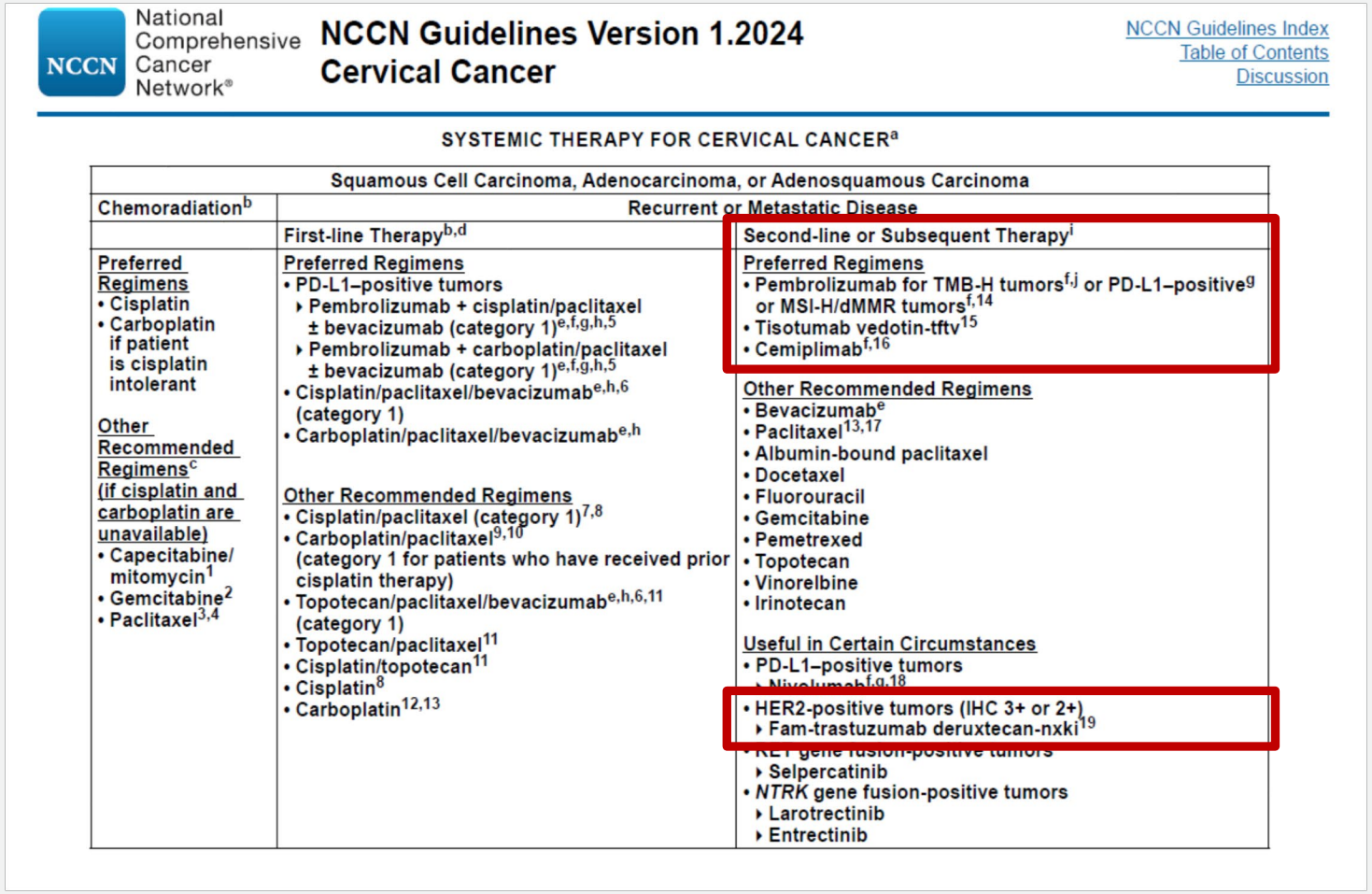
Current NCCN Guidelines

Released September 2023



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NCCN Guidelines Version 1.2024
Cervical Cancer

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SYSTEMIC THERAPY FOR CERVICAL CANCER[a]

Squamous Cell Carcinoma, Adenocarcinoma, or Adenosquamous Carcinoma		
Chemoradiation[b]	Recurrent or Metastatic Disease	
	First-line Therapy[b,d]	Second-line or Subsequent Therapy[i]
Preferred Regimens • Cisplatin • Carboplatin if patient is cisplatin intolerant **Other Recommended Regimens[c] (if cisplatin and carboplatin are unavailable)** • Capecitabine/ mitomycin[1] • Gemcitabine[2] • Paclitaxel[3,4]	**Preferred Regimens** • PD-L1–positive tumors ‣ Pembrolizumab + cisplatin/paclitaxel ± bevacizumab (category 1)[e,f,g,h,5] ‣ Pembrolizumab + carboplatin/paclitaxel ± bevacizumab (category 1)[e,f,g,h,5] • Cisplatin/paclitaxel/bevacizumab[e,h,6] (category 1) • Carboplatin/paclitaxel/bevacizumab[e,h] **Other Recommended Regimens** • Cisplatin/paclitaxel (category 1)[7,8] • Carboplatin/paclitaxel[9,10] (category 1 for patients who have received prior cisplatin therapy) • Topotecan/paclitaxel/bevacizumab[e,h,6,11] (category 1) • Topotecan/paclitaxel[11] • Cisplatin/topotecan[11] • Cisplatin[8] • Carboplatin[12,13]	**Preferred Regimens** • Pembrolizumab for TMB-H tumors[f,j] or PD-L1–positive[g] or MSI-H/dMMR tumors[f,14] • Tisotumab vedotin-tftv[15] • Cemiplimab[f,16] **Other Recommended Regimens** • Bevacizumab[e] • Paclitaxel[13,17] • Albumin-bound paclitaxel • Docetaxel • Fluorouracil • Gemcitabine • Pemetrexed • Topotecan • Vinorelbine • Irinotecan **Useful in Certain Circumstances** • PD-L1–positive tumors ‣ Nivolumab[f,g,18] • HER2-positive tumors (IHC 3+ or 2+) ‣ Fam-trastuzumab deruxtecan-nxki[19] • RET gene fusion-positive tumors ‣ Selpercatinib • *NTRK* gene fusion-positive tumors ‣ Larotrectinib ‣ Entrectinib

In the post immunotherapy patient:

The opportunities are:

For all: Tisotumab vedotin

For her2 high: Trastuzumab deruxtecan

Antibody-drug conjugates

InnovaTV 301 (ENGOT cx-12/GOG 3057): Study Design

A randomized, open-label, phase 3 confirmatory trial of tisotumab vedotin vs investigator's choice chemotherapy in 2L/3L recurrent or metastatic cervical cancer[1]

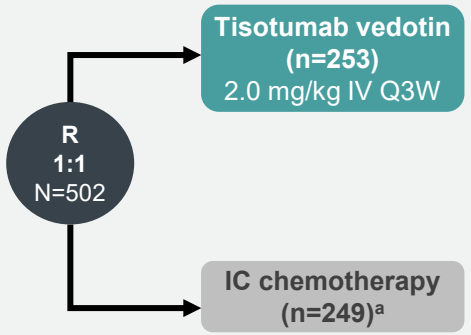
Key Eligibility Criteria[2]

- Recurrent or metastatic cervical cancer
- Disease progression on or after chemotherapy doublet ± bevacizumab and an anti-PD-(L)1 agent, if eligible and available
- ≤2 prior lines
- Measurable disease per RECIST v1.1
- ECOG PS 0-1

Stratification Factors

- ECOG PS (0 vs 1)
- Prior bevacizumab (yes vs no)
- Prior anti-PD-(L)1 therapy (yes vs no)
- Geographic region (US, Europe, Other)

Previous anti–PD-1 or anti–PD-L1 therapy was permitted



IC Chemotherapy

- Topotecan
- Vinorelbine
- Gemcitabine
- Irinotecan
- Pemetrexed

Primary endpoint: OS[b]

Secondary endpoints: PFS[c], ORR[c], Safety

Baseline Patient and Disease Characteristics

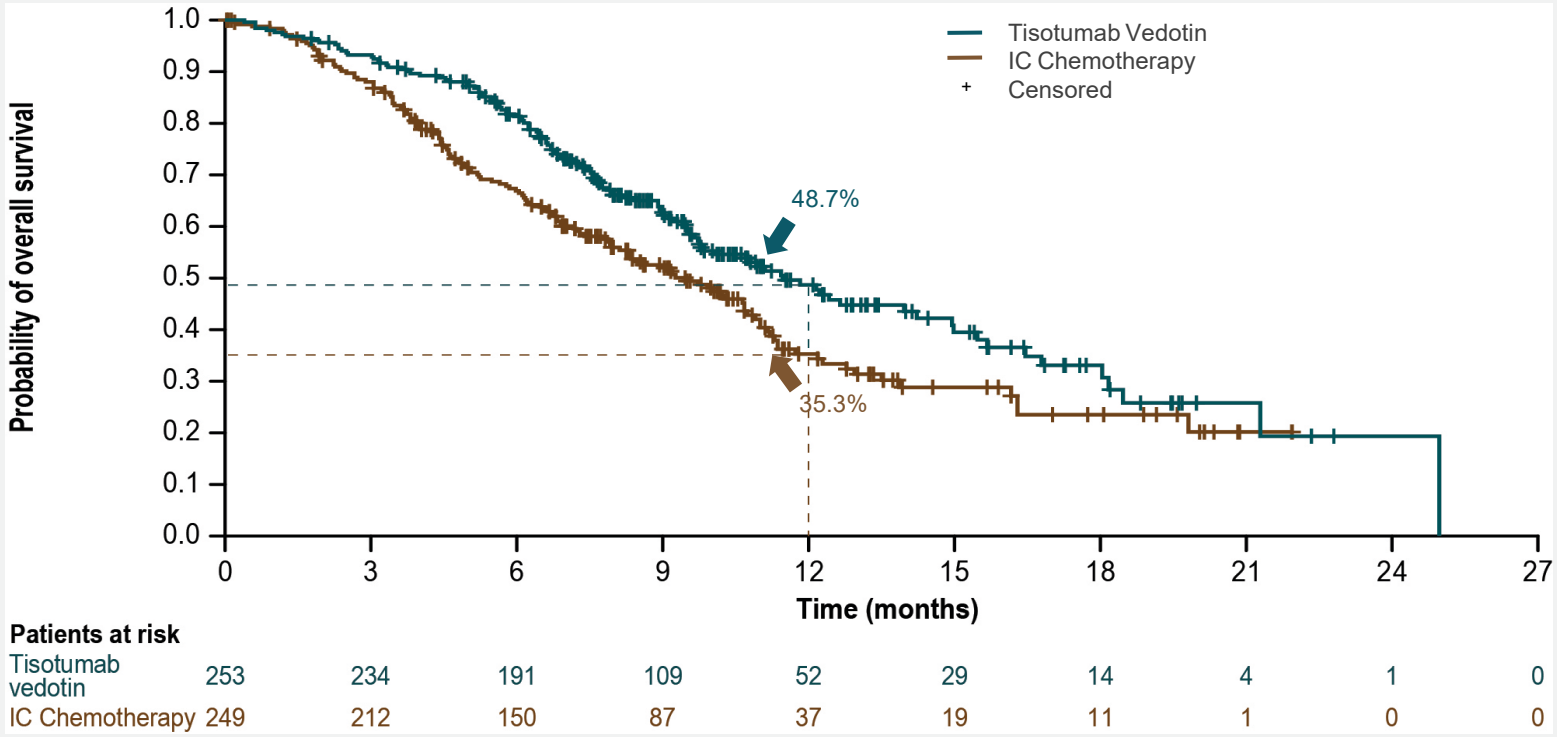
	Tisotumab Vedotin (N=253)	IC Chemotherapy (N=249)
Number of prior r/m systemic regimens, n(%)		
1	159 (62.8)	149 (59.8)
2	93 (36.8)	100 (40.2)
Unknown	1 (0.4)	0
Prior bevacizumab, n (%)	164 (64.8)	157 (63.1)
Prior anti-PD-(L)1 therapy, n (%)	**71 (28.1)**	**67 (26.9)**
Prior radiation therapy for cervical cancer, n (%)	205 (81.0)	203 (81.5)

Baseline patient demographics were balanced across both arms

Data presented herein are a planned interim analysis
End of treatment visit occurred 30 days after the last dose of treatment. Survival follow-up occurred every 60 days after the last dose of treatment.
[a]Chemotherapy regimens were given at the following doses: topotecan 1 or 1.25 mg/m^2 IV on Days 1 to 5 of a 21-day cycle; vinorelbine 30 mg/m^2 IV on Days 1 and 8 of a 21-day cycle; gemcitabine 1000 mg/m^2 IV on Days 1 and 8 of a 21-day cycle; irinotecan 100 or 125 mg/m^2 IV weekly for 28 days every 42 days; pemetrexed 500 mg/m^2 on Day 1 of a 21-day cycle; [b]OS was defined as the time from the date of randomization to the date of death due to any cause; [c]Assessed by investigator.
ECOG PS, eastern cooperative oncology group performance status; IC, investigator's choice; IV, intravenous; ORR, objective response rate; OS, overall survival; PD-L1, programmed death-ligand 1; PFS, progression-free survival; Q3W, every 3 weeks; RECIST, response evaluation criteria in solid tumors; 2L, second-line; 3L, third-line.
Vergote I. Presented at ESMO 2023: Presidential Symposium (Oral Presentation) LBA9.

InnovaTV 301 (ENGOT cx-12/GOG 3057): Overall Survival

Overall Survival (Primary endpoint)



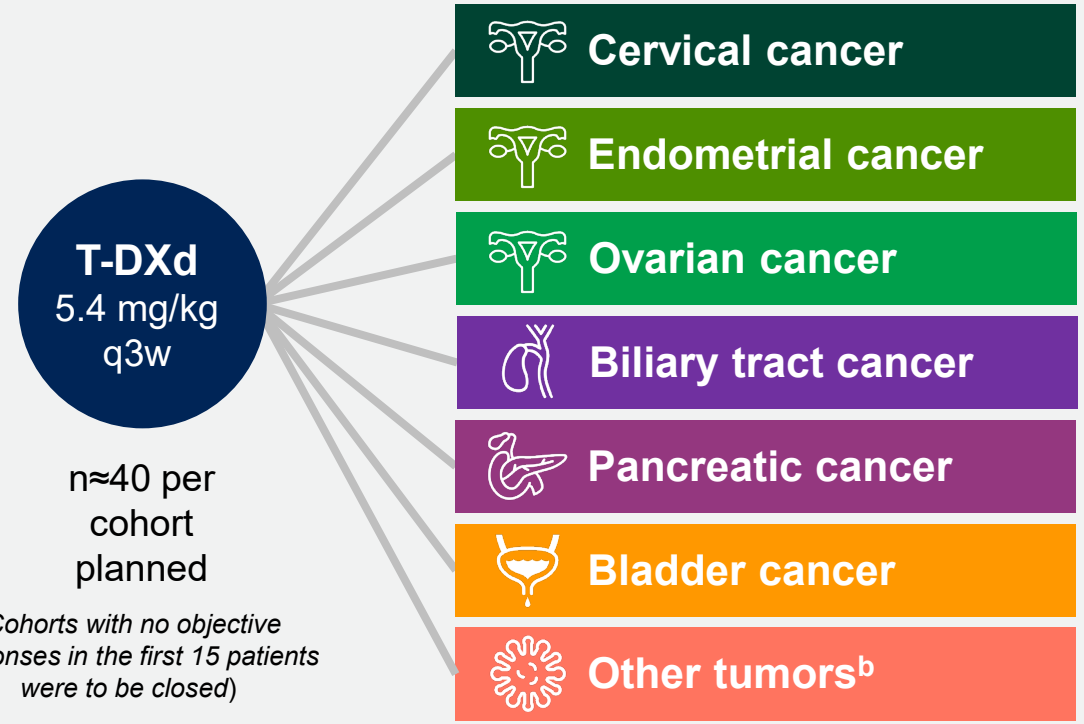
Treatment	Events/Total	Median (95% CI)
Tisotumab Vedotin	123/253	11.5 (9.8, 14.9)
IC Chemotherapy	140/249	9.5 (7.9, 10.7)
Stratified log-rank *P* value[a]: 0.0038		
HR (95% CI): 0.70 (0.54, 0.89)		

[a]The threshold for statistical significance is 0.0226 (2-sided), based on the actual number of OS events at interim analysis.
IC, investigator choice; PD-L1, Programmed death-ligand 1;
Vergote I. Presented at ESMO 2023: Presidential Symposium (Oral Presentation) LBA9.

DESTINY-PanTumor02: A Phase 2 Study of T-DXd for HER2-Expressing Solid Tumors

An open-label, multicenter study (NCT04482309)

- Advanced solid tumors not eligible for curative therapy
- 2L+ patient population
- HER2 expression (IHC 3+ or 2+)
  - Local test or central test by HercepTest if local test not feasible (ASCO/CAP gastric cancer guidelines[1])[a]
- Prior HER2-targeting therapy allowed
- ECOG/WHO PS 0–1



n≈40 per cohort planned

(*Cohorts with no objective responses in the first 15 patients were to be closed*)

Primary endpoint

- Confirmed ORR (investigator)[c]

Secondary endpoints

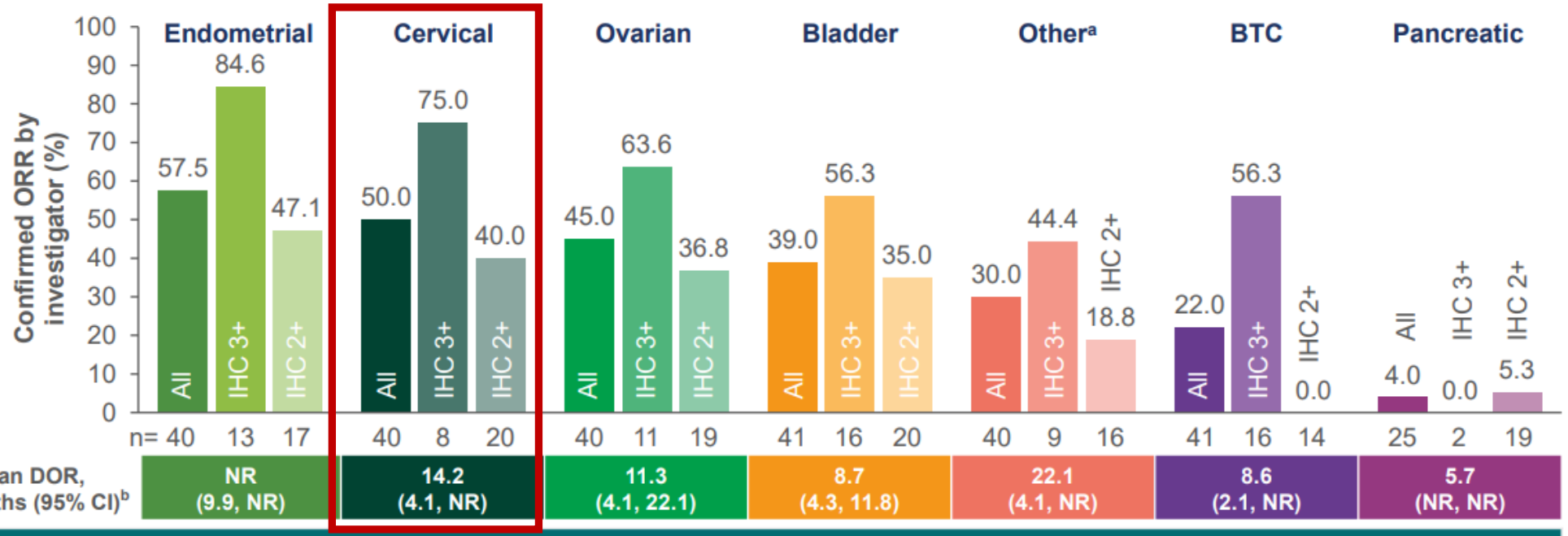
- DOR[c]
- DCR[c]
- PFS[c]
- OS
- Safety

Data cut-off for analysis:

- Nov 16, 2022

[a]Patients were eligible for either test. All patients were centrally confirmed. [b]Patients with tumors that express HER2, excluding tumors in the tumor-specific cohorts, and breast cancer, non-small cell lung cancer, gastric cancer, and colorectal cancer.
[c]Investigator-assessed per Response Evaluation Criteria In Solid Tumors version 1.1.
2L, second-line; ASCO, American Society of Clinical Oncology; DCR, disease control rate; CAP, College of American Pathologists; DOR, duration of response; ECOG, Eastern Cooperative Oncology Group; HER2, human epidermal growth factor receptor 2;
IHC, immunohistochemistry; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; PS, performance status; q3w, every 3 weeks; T-DXd, trastuzumab deruxtecan; WHO, World Health Organization.
1. Hofmann M, et al. *Histopathology 2008*;52(7):797–805.

Objective response and duration of response



	All patients (N=267)	IHC 3+ (n=75)	IHC 2+ (n=125)
ORR, % (95% CI)	37.1 (31.3, 43.2)	61.3 (49.4, 72.4)	27.2 (19.6, 35.9)
Median DOR, months (95% CI)[b]	11.3 (9.6, 17.8)	22.1 (9.6, NR)	9.8 (4.3, 12.6)

Analysis of ORR by investigator was performed in patients who received ≥1 dose of T-DXd; all patients (n=267; including 67 patients with IHC 1+ [n=25], IHC 0 [n=30], or unknown IHC status [n=12] by central testing) and patients with centrally confirmed HER2 IHC 3+ (n=75) or IHC 2+ (n=125) status. Analysis of DOR was performed in patients with objective response who received ≥1 dose of T-DXd; all patients (n=99; including 19 patients with IHC 1+ [n=6], IHC 0 [n=9], or unknown IHC status [n=4] by central testing) and patients with centrally confirmed HER2 IHC 3+ (n=46) or IHC 2+ (n=34) status. [a]Responses in extramammary Paget's disease, head and neck cancer, oropharyngeal neoplasm, and salivary gland cancer; [b]includes patients with a confirmed objective response only

BTC, biliary tract cancer; CI, confidence interval; DOR, duration of response; HER2, human epidermal growth factor receptor 2; IHC, immunohistochemistry; NR, not reached; ORR, objective response rate; T-DXd, trastuzumab deruxtecan

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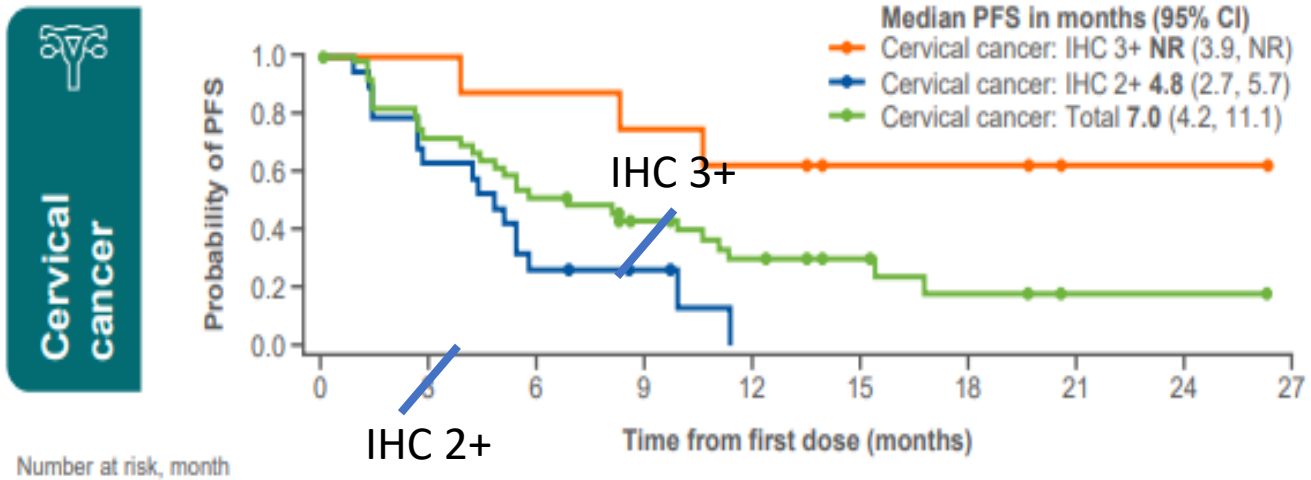
PFS by her2 1 vs 2 vs 3+



Number at risk, month

Cervical cancer: IHC 3+	8	8	7	6	5	3	3	1	1	0
Cervical cancer: IHC 2+	20	12	5	3	0					
Cervical cancer: Total	40	28	20	14	9	6	3	1	1	0

Circle indicates a censored observation
CI, confidence interval; HER2, human epidermal growth factor receptor 2; IHC, immunohistochemistry; NR, not reached; F

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- Still small numbers
  - N=40
  - 3+ n=8
  - 2+ n=20
- Benefit appears to be in 3+?

Assessment of her2 expression

Fig.1 Comparison of breast and gastric cancer HER2 interpretive guidelines

IHC score	Breast (biopsy or resection)	Gastric resection	Gastric biopsy
0	No staining; incomplete or faint/barely perceptible staining in ≤10% of invasive tumor cells	No staining; non-membranous staining; staining in <10% of cells	No staining; non-membranous staining; staining in <10% of cells
1+	Incomplete or faint/barely perceptible in >10% of invasive tumor cells	Complete/basolateral/lateral staining in ≥10% of cells evident only at 40x	Complete/basolateral/lateral staining in ≥10% of cells evident only at 40x
2+	Incomplete or weak/moderate circumferential membranous staining in >10% of invasive tumor cells, or complete intense circumferential membranous staining in ≤10% of invasive tumor cells	Complete/basolateral/lateral staining in ≥10% of cells evident at 10–20x	Complete/basolateral/lateral staining in ≥10% of cells evident at 10–20x
3+	Complete intense circumferential membranous staining in >10% of invasive tumor cells	Complete/basolateral/lateral staining in ≥10% of cells evident at 4x	Cluster of at least 5 cells with complete/basolateral/lateral staining evident at 4x

https://www.captodayonline.com/second-act-for-her2-in-gastric-cancers. Accessed 11/1/2023. Adapted from Hofmann M, et al. *Histopathology.* 2008;52:797–805. Rüschoff J, et al. *Virchows Arch.* 2010;457:299–307. Wolff AC, et al. *Arch Pathol Lab Med.* 2014;138(2):241–256.

Gastric staining in DESTINY PanTumor02

Appears more predictive than breast but maybe just more active drug in T-DXd

GOG-3043 Recruitment Update

A Randomized Controlled Trial of Robotic versus Open Radical Hysterectomy for Cervical Cancer

Region	Country	Sites Activated	# Patients Screened	# Patients SF	# Patients Randomized	# Patients Treated
NA	United States	60	111	6	105	94
NA	Canada	2	2	0	2	2
SA	Brazil	0	0	0	0	0
APAC	South Korea	0	0	0	0	0

20 Sites Pending Activation: