

Gynoncologica ASCO 2017

Roy I. Lalisang

Maastricht UMC+

Post ASCO OncoZon



Disclosure

(potentiële) belangenverstrengeling	
Voor bijeenkomst mogelijk relevante relaties met bedrijven	
<ul style="list-style-type: none">• Sponsoring of onderzoeksgeld• Honorarium of andere (financiële) vergoeding• Aandeelhouder• Andere relatie, namelijk reisvergoeding congresbezoek	<ul style="list-style-type: none">• Astra Zeneca• geen• geen• Roche



I WHAT
‘America First’
MEANS FOR
THE WORLD

(Carlos Barria/Reuters)





Gynoncologische varia ASCO2017

Ovariumcarcinoom:

- Primaire behandeling
 - Primaire debulking: **Lion studie**
 - Neo-adjuvante chemotherapie +
 - Hyperthermie ip chemotherapie: **OvHipec +**
 - Bevacizumab: **Nova trial**
- Recidief, secundaire debulking: **AGO Desktop III**

Endometriumcarcinoom:

- Chemoradiatie: **Portec 3**

Varia:



Abstr. 5500: LION – LYMPHADENECTOMY IN OVARIAN NEOPLASMS.

A prospective randomized AGO Study Group led Gynecologic Cancer Intergroup trial. AGO OVAR OP3/ENGOT-ov31.

Philipp Harter¹, J. Sehouli², D. Lorusso³, A. Reuss⁴, I. Vergote⁵, C. Marth⁶, JW Kim⁷, F. Raspagliesi⁸, B. Lampe⁹, F. Landoni¹⁰, W. Meier¹¹, D. Cibula¹², A. Mustea¹³, S. Mahner¹⁴, I. Runnebaum¹⁵, B. Schmalfeldt¹⁶, A. Burges¹⁴, R. Kimmig¹⁷, U. Wagner¹⁸, A. du Bois¹



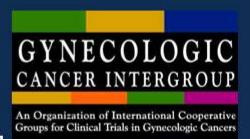
¹ AGO & Essen, Germany, ² AGO & Berlin, Germany, ³ MITO & Milan, Italy, ⁴ KKS Marburg, Germany;

⁵ BGOG & Leuven, Belgium, ⁶ AGO-Austria & Innsbruck, Austria, ⁷ KGOG & Seoul, South Korea, ⁸ MITO & Milan, Italy,

⁹ AGO & Düsseldorf, Germany, ¹⁰ MaNGO & Milan, Italy, ¹¹ AGO & Düsseldorf, Germany, ¹² AGO & Prague, Czech Republic,

¹³ AGO & Greifswald, Germany, ¹⁴ AGO & Hamburg, Germany, ¹⁵ AGO & Jena, Germany, ¹⁶ AGO & München, Germany,

¹⁷ AGO & Essen, Germany, ¹⁸ AGO & Marburg, Germany



NCT00712218

PRESENTED AT: ASCO ANNUAL MEETING '17 | #ASCO17

Slides are the property of the author. Permission required for reuse.

Presented by: Philipp Harter
Essen, Germany

AGO & KEM



Presented By Philipp Harter at 2017 ASCO Annual Meeting



Oncologisch Netwerk
Zuidoost-Nederland

LION studie

- Vraagstelling:
 - Toegevoegde waarde van pelviene en paraaortale lymfadenectomie in complete gedebulkte FIGO stadium IIB-IV ovariumcarcinoom met klinisch/radiologisch negatieve klieren?
 - Primaire eindpunt: OS
 - Secundaire eindpunt: PFS, QoL, aantal lnn verwijderd
 - Statistiek: HR 0.7 verbetering van 3 jrs OS van 76% naar 82,5%



Design: LION

Pre-operative
In/exclusion
criteria

Registration at
least one day
prior to surgery

Intra-operative randomisation if:

- Epithelial ovarian cancer
- FIGO IIB-IV
- Macroscopic complete resection
- No contra-indication to LNE
- Absence of „bulky“ nodes

Randomization
(n=640)

Systematic pelvic
and para-aortic
lymphadenectomy

No
lymphadenectomy

Strata:

- Center
- Age
- PS ECOG

PRESENTED AT: ASCO ANNUAL MEETING '17 | #ASCO17

Slides are the property of the author. Permission required for reuse.

Presented by: Philipp Harter
Essen, Germany

AGO & KEM

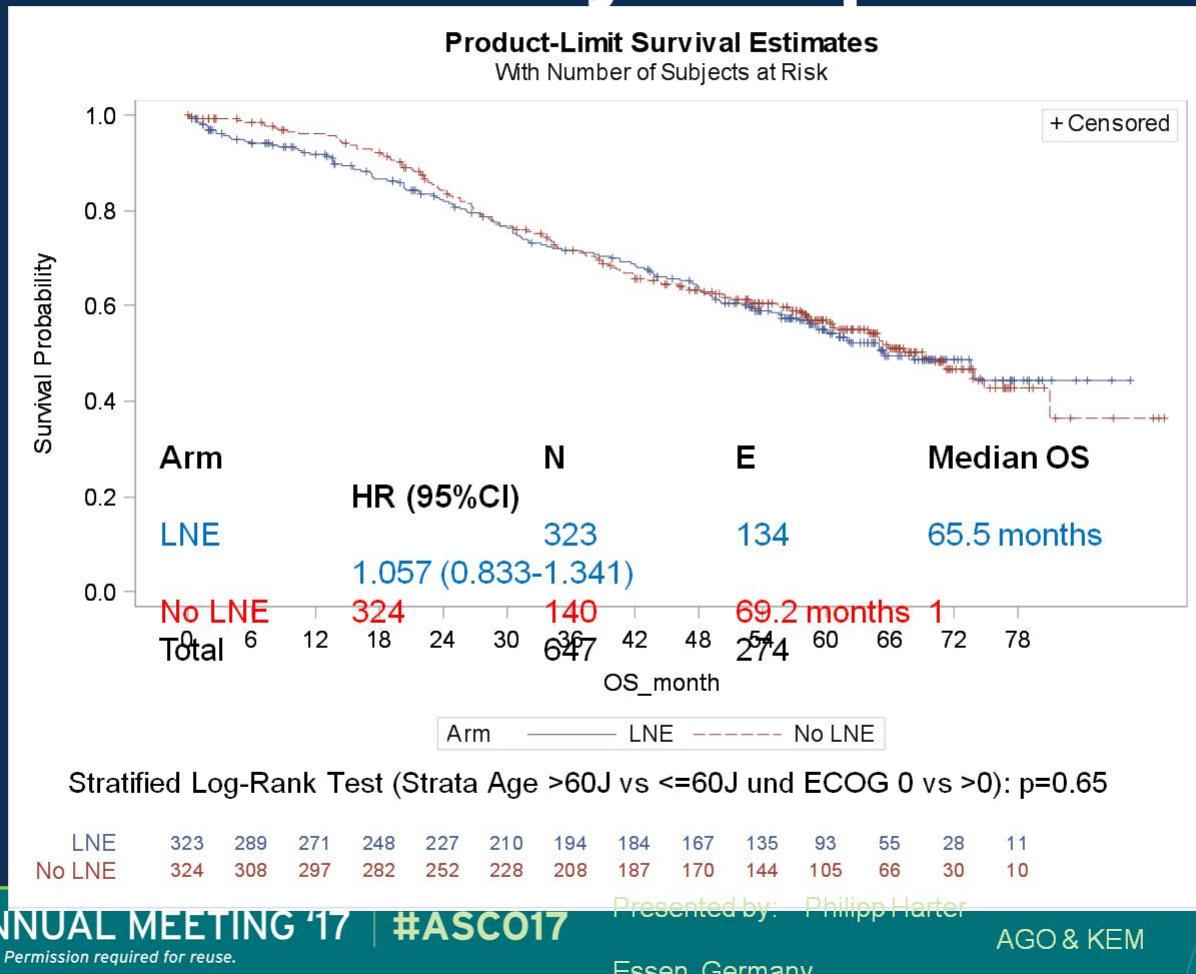
POST-ASCO

Presented By Philipp Harter at 2017 ASCO Annual Meeting



Oncologisch Netwerk
Zuidoost-Nederland

LION: Primary endpoint OS



PRESENTED AT: ASCO ANNUAL MEETING
Slides are the property of the author. Permission required for reuse.

Presented by: Philipp Harter
Essen, Germany

AGO & KEM

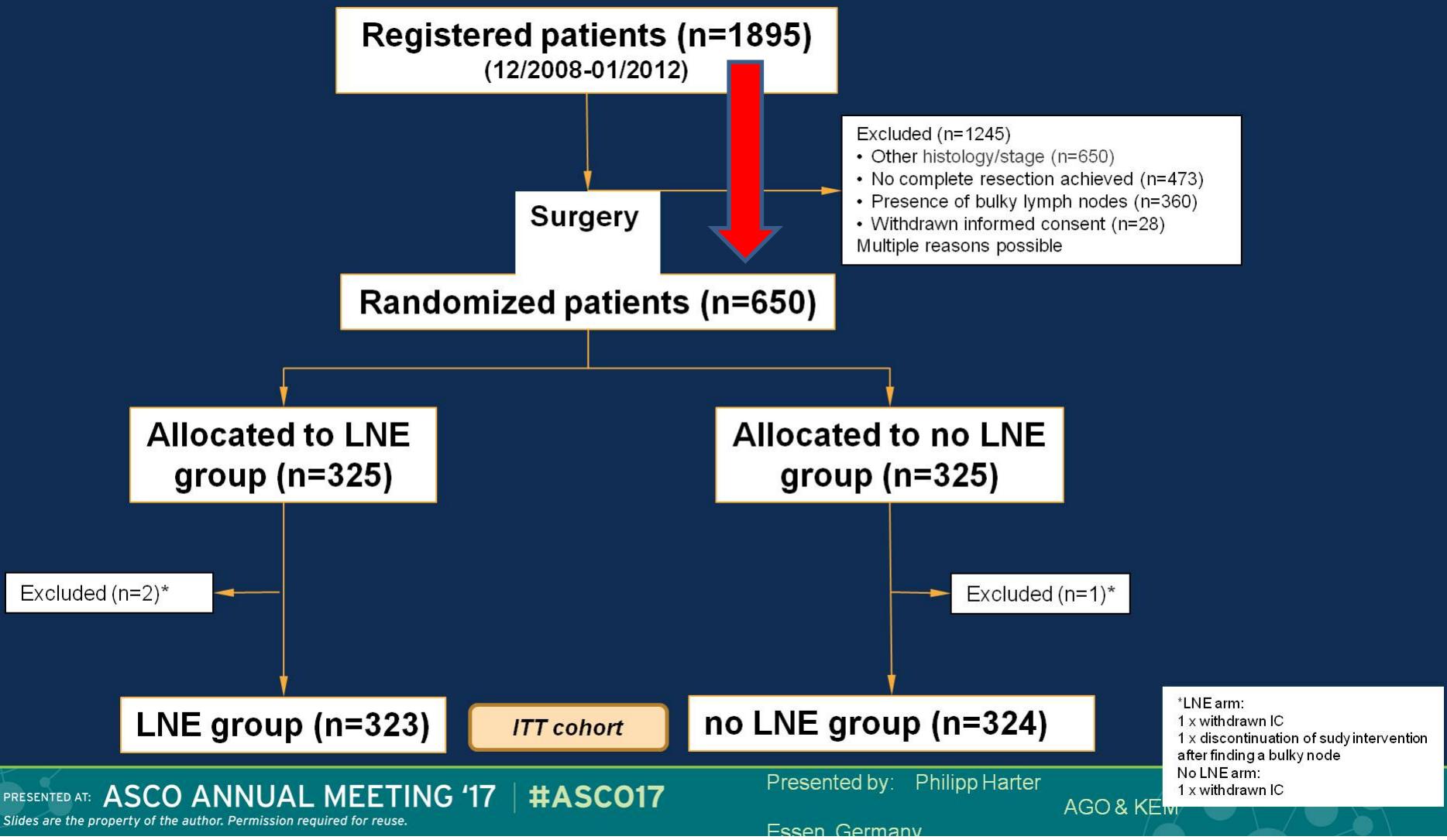


POST-ASCO

Presented By Philipp Harter at 2017 ASCO Annual Meeting



Oncologisch Netwerk
Zuidoost-Nederland



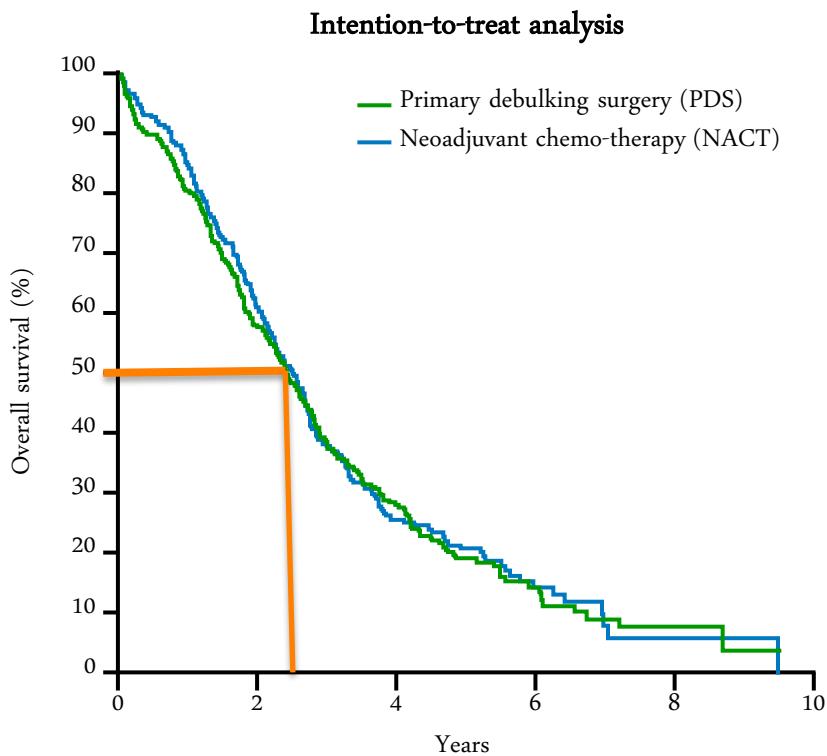
De effort voor dit resultaat

- Naast standaard debulking procedure (AUE, BSO + omentectomy)
 - Diafragma stripping 60%
 - Darmresectie 52%
 - Stoma 9%
 - Splenectomie 18%
- Lymfklier meta's 56%
- Gem. OK duur in min 280 → 340 (+1 uur)



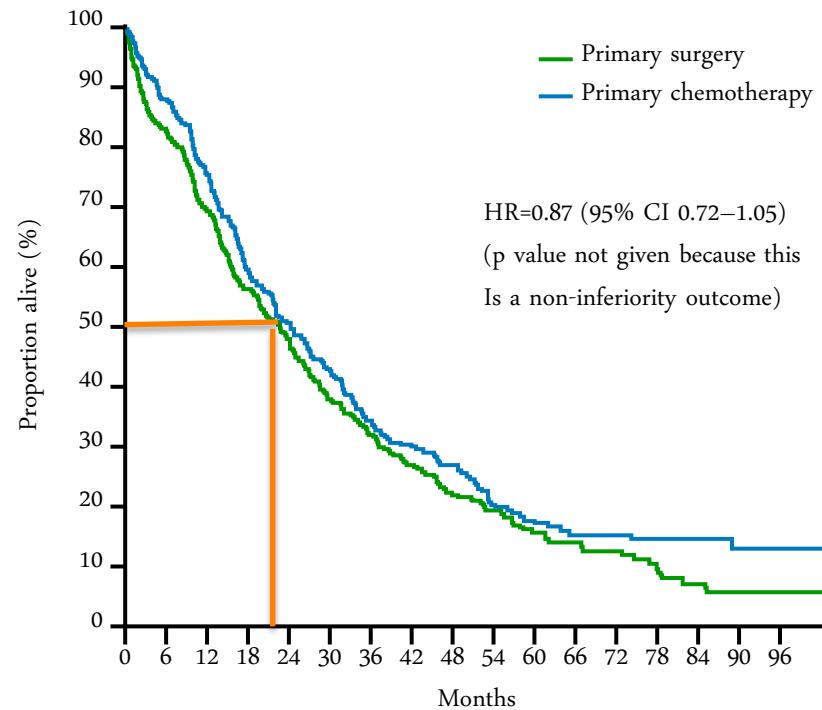
Neo-adjuvante chemotherapie FIGO III-IV ovariumcarcinoom

EORTC 55971¹



No. of events		Number of patients at risk				
PDS	253	336	189	62	14	2
NACT	245	334	195	46	13	2

CHORUS²



*Definition of successful surgery: maximum effort for complete resection of visible tumour

1. Vergote, et al. NEJM 2010; 2. Kehoe, et al. Lancet 2015

Neo-adjuvante chemotherapie

Kunnen we de resultaten verbeteren door het:

- toevoegen van Bevacizumab? GEICO 1205/NOVA fase II trial
- toevoegen van hypertherme intraperitoneale chemotherapie? OvHipec



Phase II randomized trial of neoadjuvant chemotherapy with or without bevacizumab in advanced epithelial ovarian cancer (GEICO 1205/NOVA trial)



Y Garcia Garcia¹, A De Juan², C Mendiola³, M Pilar Barretina-Ginesta⁴,
A Prat⁵, A Santaballa⁶, I Bover⁷, M Gil-Martin⁸, A Manzano⁹, M Jesus Rubio¹⁰,
M Romeo¹¹, C Arqueros¹², E Garcia Martinez¹³, A Gonzalez-Martin¹⁴

¹Hospital Parc Taulí Sabadell, Sabadell; ²Hospital Marques de Valdecilla, Santander; ³Hospital Universitario 12 De Octubre, Madrid; ⁴Catalan Institute of Oncology-IDIBGI, Girona; ⁵Hospital Clínic i Provincial de Barcelona, Barcelona; ⁶Hospital Universitari i Politècnic La Fe, Valencia; ⁷Hospital Son Llàtzer, Palma De Mallorca; ⁸Institut Català d'Oncologia-IDIBELL, L'Hospitalet, Barcelona; ⁹Hospital Universitario Clínico San Carlos, Madrid; ¹⁰Hospital Reina Sofia, Córdoba; ¹¹Catalan Institute of Oncology, Badalona; ¹²Hospital de la Santa Creu i Sant Pau, Barcelona; ¹³Hospital G Universitario Morales Meseguer, UMU, IMIB-Arrixaca, Murcia; ¹⁴MD Anderson Cancer Center Madrid, Madrid

PRESENTED AT: ASCO ANNUAL MEETING '17 | #ASCO17
Slides are the property of the author. Permission required for reuse.

NOVA = Neoadjuvant therapy in advanced Ovarian cancer with AVAstin
ClinicalTrials.Gov NCT01847677

Multicenter randomized phase II NOVA trial

- Newly diagnosed high-grade serous or endometrioid eOC^a
- FIGO stage III/IV
- ECOG PS 0–2
- Planned NACT and IDS for unresectable disease
- No intestinal occlusion or BEV contraindication

R

4 q3w IV cycles
C: AUC 6
P: 175 mg/m²

C: AUC 6
P: 175 mg/m²

BEV^b: 15 mg/kg



- Primary endpoint: Complete macroscopic response rate (PCI=0) at IDS
- Secondary endpoints: Safety, surgical feasibility, optimal cytoreduction rate, response rate, PFS

AUC = area under the curve; ECOG PS = Eastern Cooperative Oncology Group performance status;
FIGO = International Federation of Gynecology and Obstetrics; PCI = peritoneal cancer index; q3w = every 3 weeks

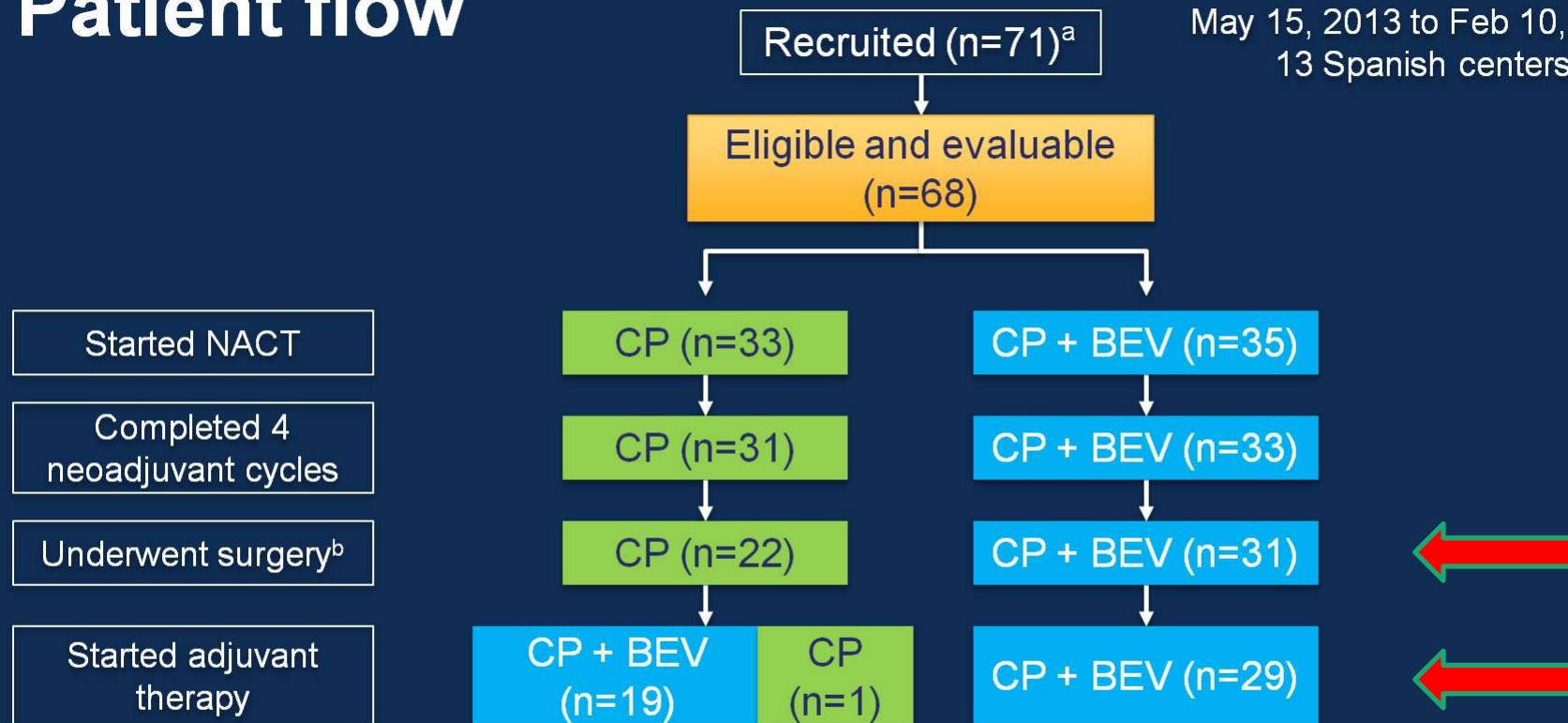
PRESENTED AT: ASCO ANNUAL MEETING '17 | #ASCO17

Slides are the property of the author. Permission required for reuse.

^aEpithelial ovarian, primary peritoneal, or fallopian tube carcinoma. ^b≥3 cycles

Patient flow

May 15, 2013 to Feb 10, 2015
13 Spanish centers



^a3 excluded for ineligible tumors

^bReasons for not undergoing surgery: not candidate for surgery (n=5), disease progression (n=2), consent withdrawal (n=1), protocol deviation (n=1) (CP arm); unresectable (n=1), consent withdrawal (n=1) (CP+ BEV arm)

PRESENTED AT: ASCO ANNUAL MEETING '17 | #ASCO17
Slides are the property of the author. Permission required for reuse.

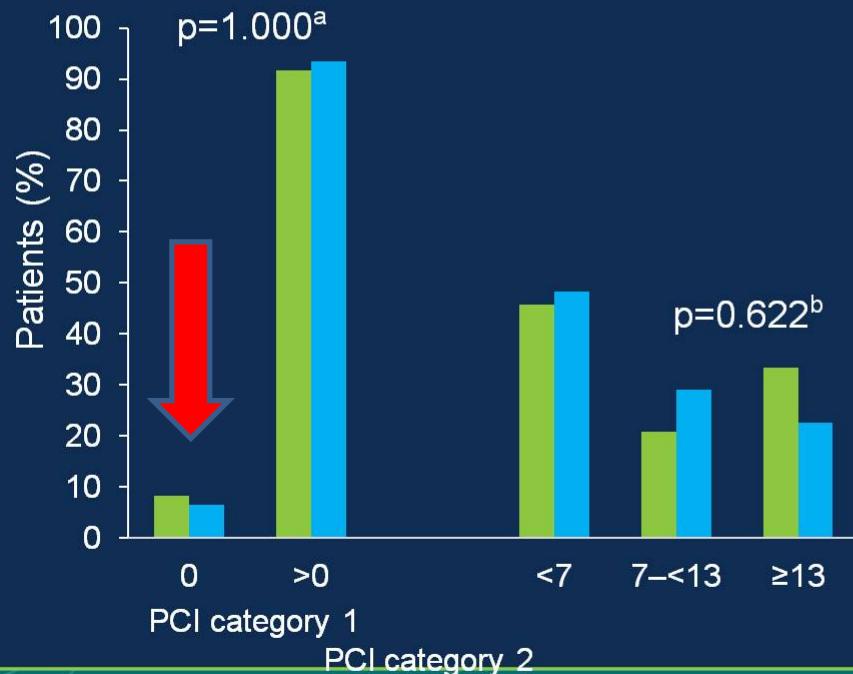


Primary endpoint: Complete macroscopic response rate

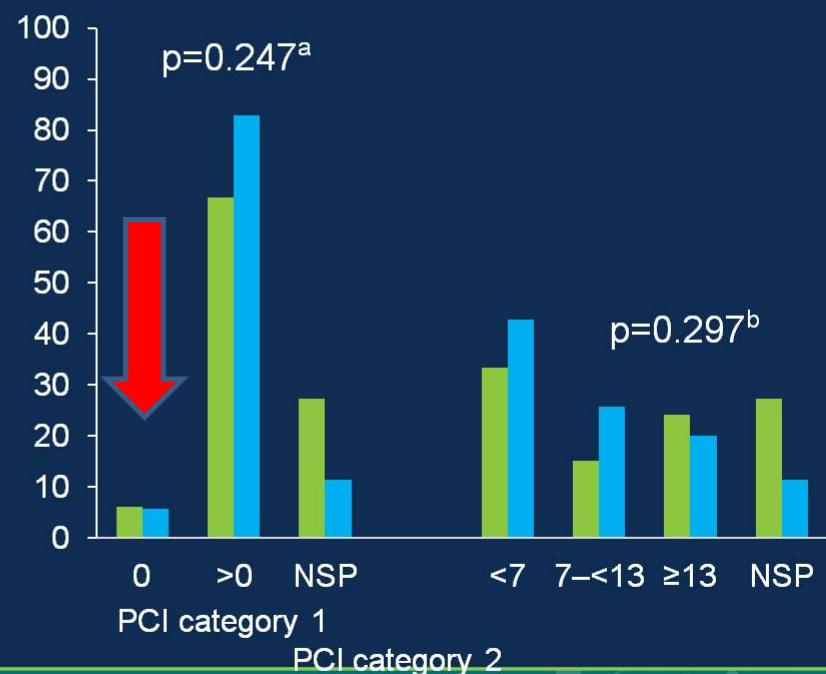
C alone

CP + BEV

Surgery sample (n=55)



ITT (n=68)



PRESENTED AT: ASCO ANNUAL MEETING '17 | #ASCO17
Slides are the property of the author. Permission required for reuse.

^aFisher's exact test. ^bChi-squared test; ^cMann–Whitney U test
ITT = intent-to-treat. NSP = no surgery performed

Secondary endpoints (ITT population)

No. of patients (%)	CP alone (n=33)	CP + BEV (n=35)	p-value
IDS surgical feasibility	22 (67)	31 (89)	0.029 ^a
Surgical outcome	Complete resection/optimal surgery	21 (64)	23 (66)
	Suboptimal	1 (3)	8 (23)
	Unresectable	2 (6)	0
	No surgery ^c	9 (27)	4 (11)
Best response (RECIST)	(n=32) 22 (69)	(n=32) 28 (88)	0.175 ^a

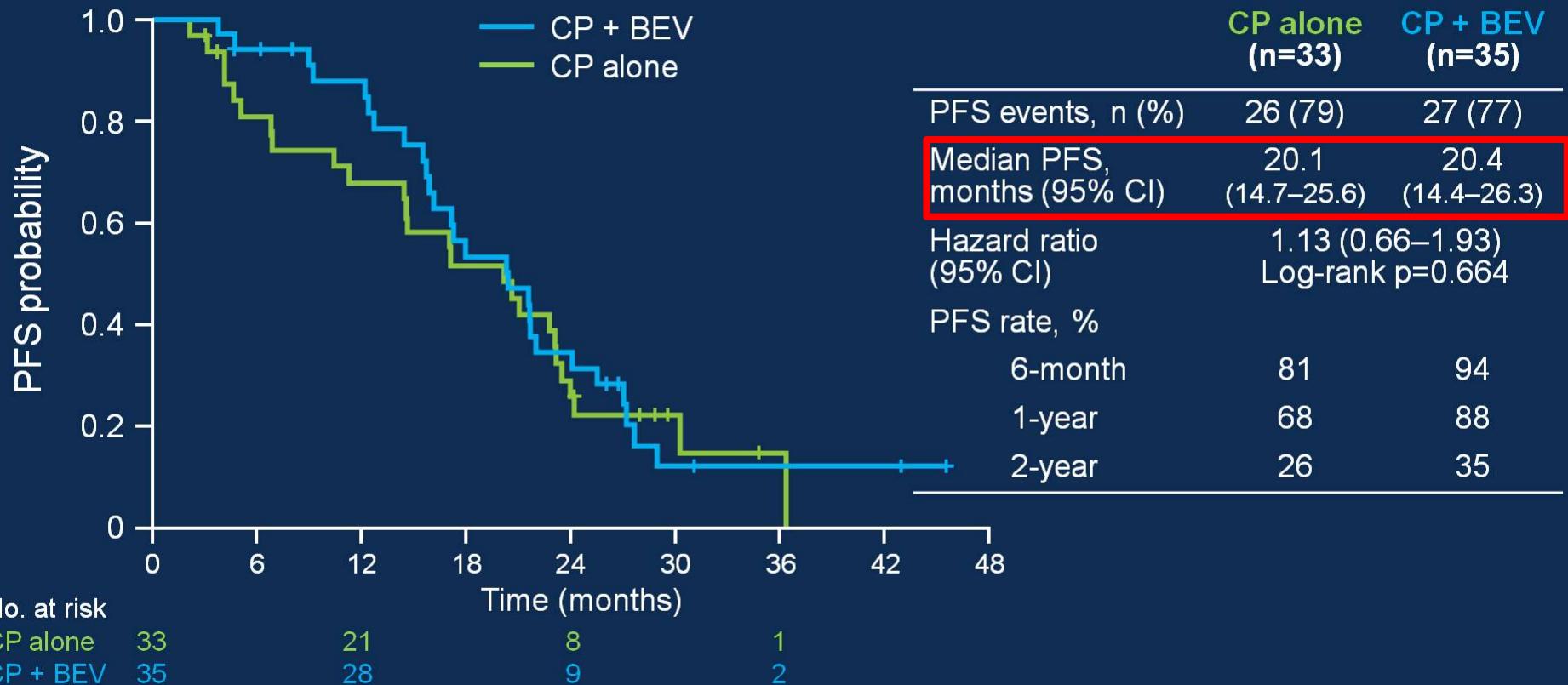
^aChi-squared test. ^bFisher's exact test

^cSurgery was planned in 2 patients but they were subsequently considered unresectable. Surgery was not attempted in the remaining patients
RECIST = Response Evaluation Criteria in Solid Tumors

- Consistent results in the PP population (n=64)



PFS (RECIST v1.1, ITT population)



PRESENTED AT: ASCO ANNUAL MEETING '17 | #ASCO17
Slides are the property of the author. Permission required for reuse.

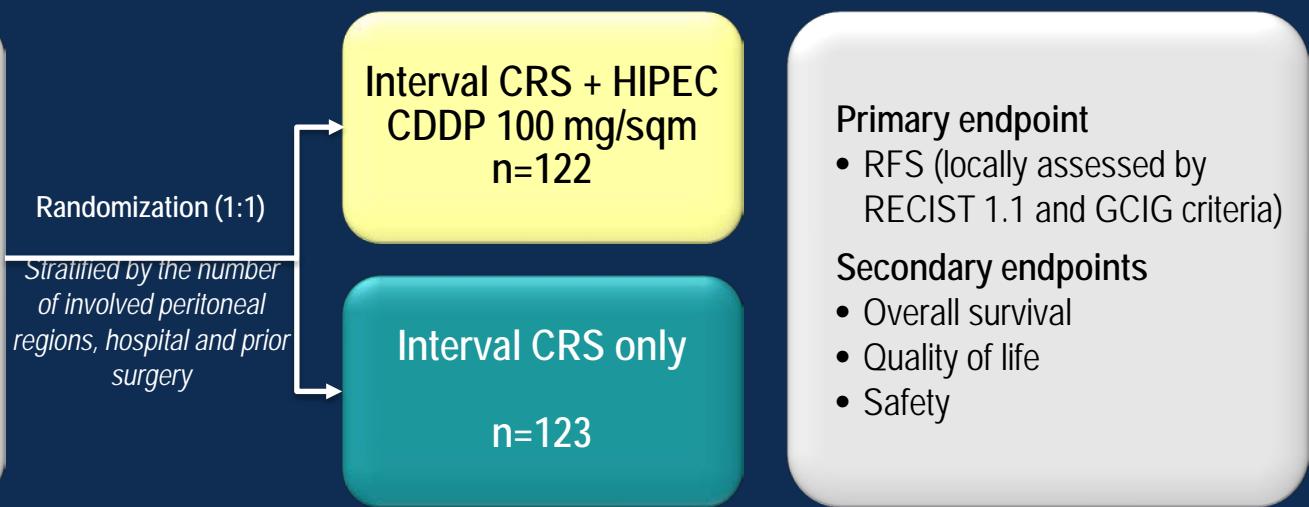
Phase 3 Trial of Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for Ovarian Cancer

W.J. van Driel^{1,2}, K. Sikorska¹, J.H. Schagen van Leeuwen³, H.W. Schreuder⁴,
R.H. Hermans⁵, I.H. de Hingh^{5,6}, J. van der Velden⁷, H.J. Arts⁸, L. Massuger⁹, A.G. Aalbers^{1,6},
V.J. Verwaal¹⁰, K.K. van de Vijver¹, N.K. Aaronson¹, G.S. Sonke^{1,2}

¹Netherlands Cancer Institute, Amsterdam; ²Dutch Gynecological Oncology Group; ³Sint Antonius Hospital, Nieuwegein; ⁴University Medical Center Utrecht; ⁵Catharina Hospital, Eindhoven; ⁶The Dutch Peritoneal Oncology Group; ⁷Amsterdam Medical Center;
⁸University Medical Center Groningen; ⁹Radboud University Medical Centre, Nijmegen; ¹⁰Aarhus University Hospital

Study Design OVHIPEC

- Epithelial ovarian cancer
- FIGO stage III
- 3 cycles neoadjuvant carboplatin/paclitaxel
- N=245



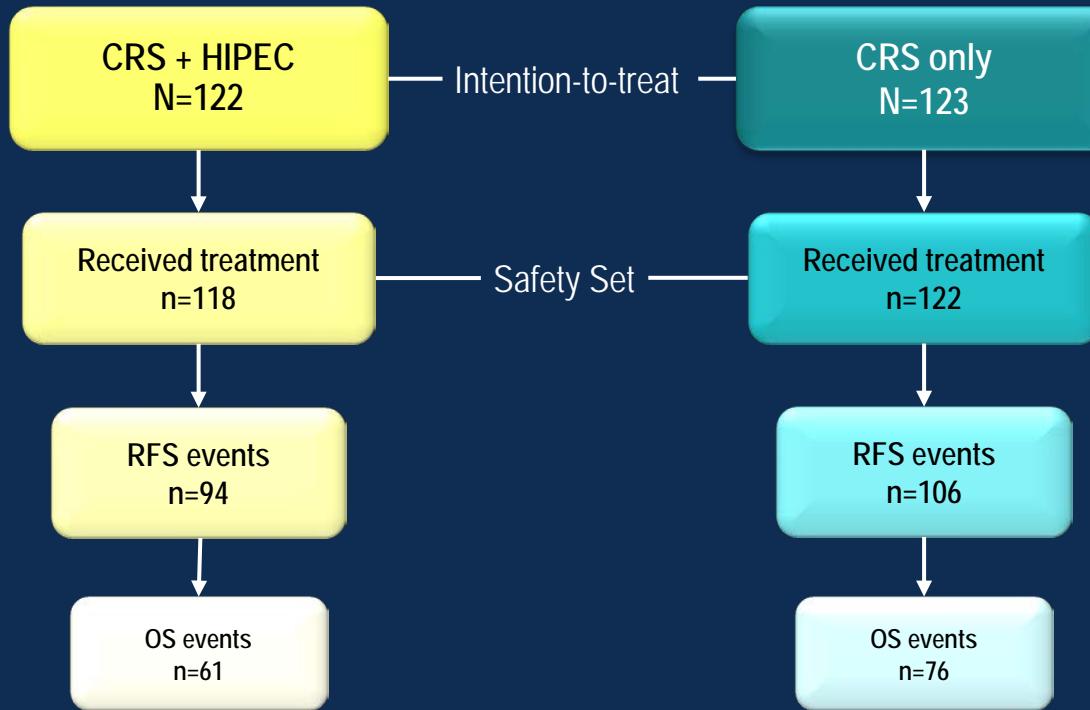
- All patients planned to receive three additional cycles of carboplatin/paclitaxel after surgery
- Follow-up visits were performed every 12 weeks for 24 months, then every 26 weeks thereafter
- Tumor assessments with CT scans were performed 26, 52, and 104 weeks after the last chemotherapy
- Final analysis planned after 192 RFS events
 - 80% power to detect a 33% risk reduction (hazard ratio 0.67) with two-sided $\alpha=5\%$ (Protocol 50% increase of median PFS of 18 mths)

RFS, recurrence-free survival; HIPEC, hyperthermic intraperitoneal chemotherapy; OVIHIPEC is registered at ClinicalTrials.gov (NCT00426257)

Patient disposition

276 pat registered, 22 pat excluded: progressive under NACT, optimal/complete debulking not feasible

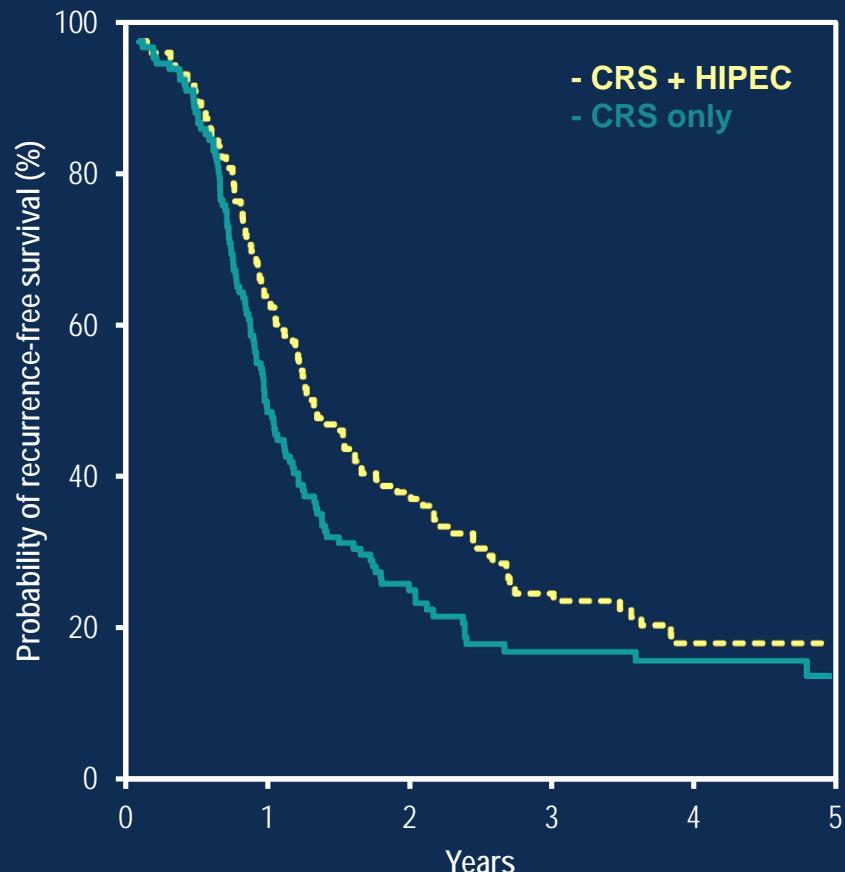
245 patients randomized between April, 2007 and April, 2016
Data cut-off date: April 30, 2017
Median follow up: 4.7 years



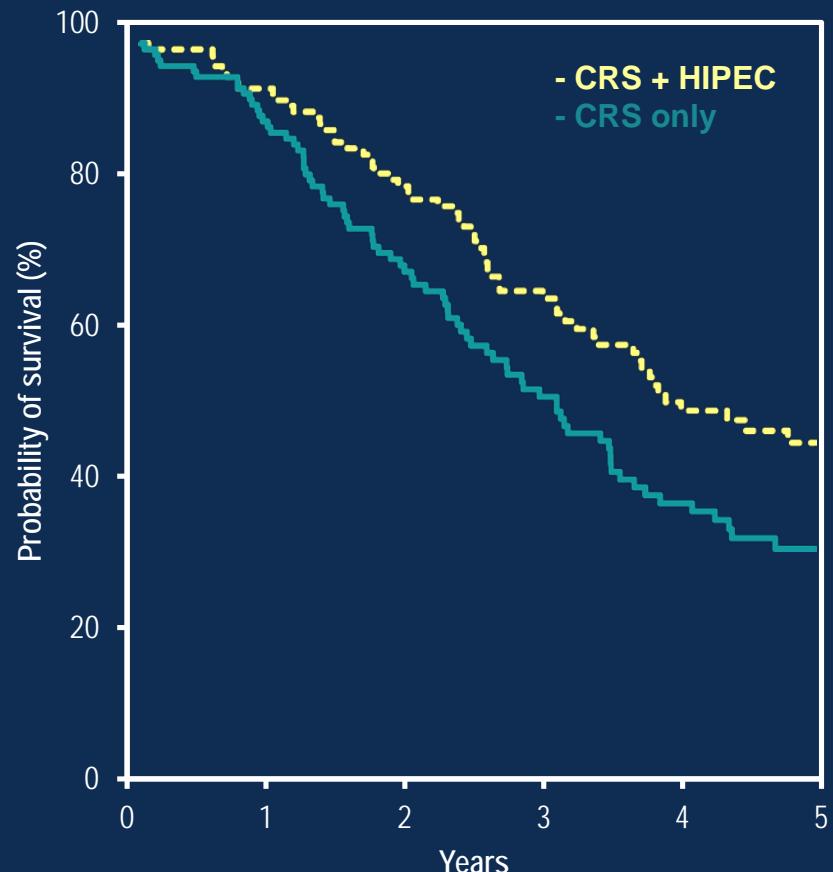
Results

	CRS + HIPEC N=122	CRS only N=123
Surgical result, n (%)		
0 mm (complete)	83 (68)	82 (67)
0 - 2.5 mm	22 (18)	24 (18)
2.5 mm – 10 mm	13 (11)	13 (11)
> 10 mm/no resection	4 (3)	4 (3)
Post-surgical complications, n (%)		
Infections	17 (14)	9 (7)
Surgery related	14 (11)	17 (14)
Six cycles chemotherapy completed, n (%)	115 (94)	109 (89)
Median number of days in hospital (Q1-Q3)	10 (8-12)	8 (7-10)
Median number of days to restart of chemotherapy (Q1-Q3)	33 (28-41)	30 (25-41)

Recurrence-free Survival



Overall Survival



RFS	CRS+HIPE C n=122	CRS only n=123
Median RFS, months	14.2	10.7
Hazard Ratio (95% CI)	0.68 (0.51–0.89)	

OS	CRS+HIPE C n=122	CRS only n=123
Median OS, months	45.7	33.9
Hazard Ratio (95% CI)	0.67 (0.48–0.94)	

Conclusion

The addition of HIPEC to interval cytoreductive surgery is well tolerated and improves recurrence-free and overall survival in patients with **FIGO stage III** epithelial ovarian cancer:

Fraaie chirurgische
resultaten. Conclusie
alleen voor compleet
gereserveerde (68%) of
restlaesies ≤ 2.5 mm
(85%)????



Randomized trial of hyperthermic intraperitoneal chemotherapy (HIPEC) in women with primary advanced peritoneal, ovarian, and tubal cancer.

Poster Myong Cheol Lim (Republic of Korea)

- Optimally debulked stage III (61%)/IV OC, NACT 39%
- Expected PFS 18 mths, HR 1.33, power 80%, alpha 0.2, 184 pat needed.
- Diafragmatic stripping 72%, colonic resection 77%, splenectomy 40%,
- Geen extra morbiditeit en mortaliteit
- Geen verschil in PFS en OS (te vroeg en te kleine/heterogene populatie????)
- In NACT groep med PFS 18 vs 19.7 mths (NS p= 0.08)

Abstr. 5501: Randomized controlled phase III study evaluating the impact of secondary cytoreductive surgery in recurrent ovarian cancer: the interim analysis of AGO DESKTOP III / ENGOT ov20

1st prosp. randomized study

Andreas du Bois¹, I. Vergote², G. Ferron³, A Reuss⁴, W. Meier¹, S. Greggi⁵, P. Jensen⁶, F. Selle³, F. Guyon³, C. Pomel³, F. Lecuru³, R. Zang⁷, E. Avall-Lunqvist⁶, JW Kim⁸, J. Ponce⁹, F. Raspagliosi⁵, S. Ghaem-Maghami¹⁰, A. Reinthal¹¹, P. Harter (PI)¹, and J. Sehouli¹

¹ AGO & Essen, Düsseldorf, Essen, Berlin, **Germany**; ² BGOG & Leuven, **Belgium**;

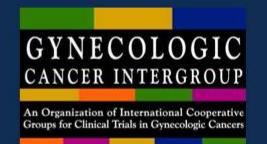
³ GINECO & Toulouse, Paris, Bordeaux, Clermont-Ferrand, Paris **France**;

⁴ KKS Marburg, Germany; ⁵ MITO & Naples, Milan, **Italy**;

⁶ NSGO & Odense, Stockholm, **Denmark & Sweden**; ⁷ SGOG & Shanghai, **China**;

⁸ KGOG & Seoul, **Korea**; ⁹ GEICO & Barcelona, **Spain**; ¹⁰ NCRI & London, **UK**;

¹¹ AGO-Austria & Wien, Austria



AGO Study Group

PRESENTED AT: ASCO ANNUAL MEETING '17 | #ASCO17
Slides are the property of the author. Permission required for reuse.

Presented by: Andreas du Bois
AGO & KEM
Essen, Germany



Presented By Andreas Du Bois at 2017 ASCO Annual Meeting



Oncologisch Netwerk
Zuidoost-Nederland

Background II

- AGO DESKTOP I developed a hypothesis for a predictive score to identify patients who had a complete resection during secondary cytoreductive surgery.
This **AGO Score** consisted of (1) good PS (ECOG 0), (2) complete resection during 1st line therapy, and (3) ascites less than 500 ml.¹
- AGO DESKTOP II evaluated this score in a prospective multicenter trial in pts. with platinum-free-interval of 6+ months (PSROC) and confirmed its predictive value. **51% of pts had a positive AGO score** and it could predict with 95% probability complete resection in more than 2 of 3 patients.²

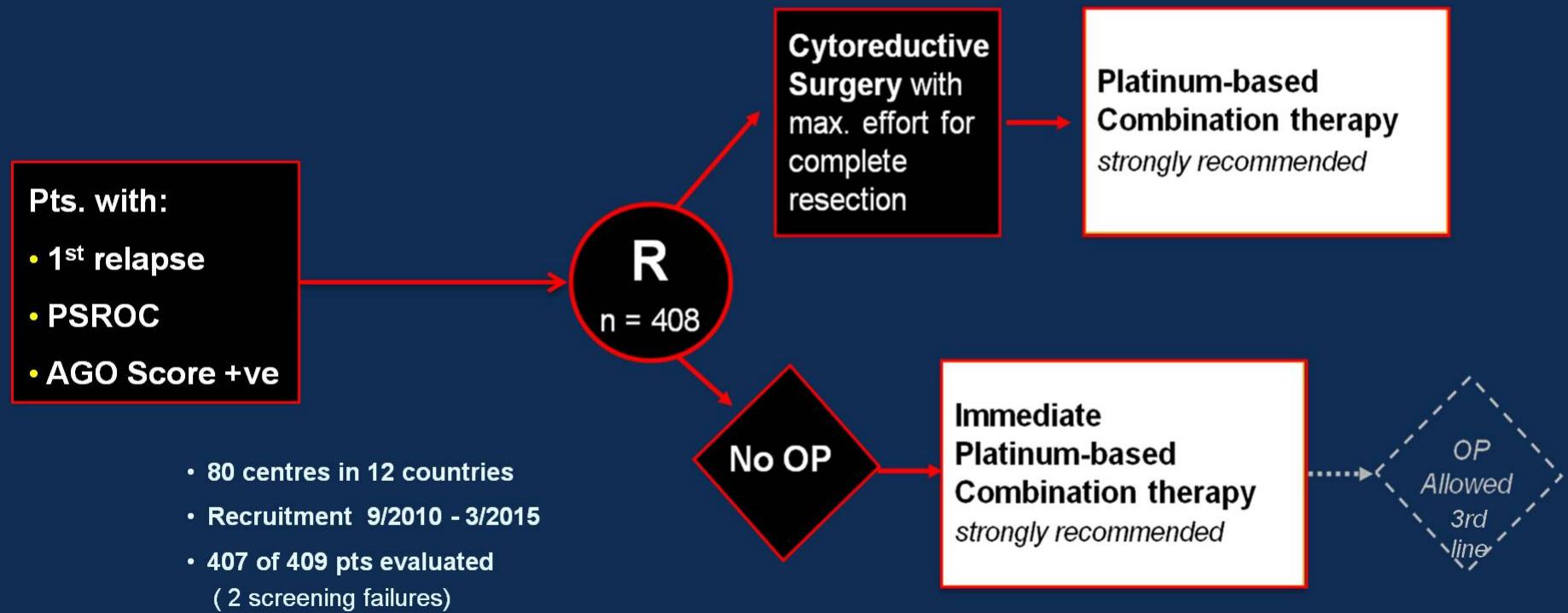
¹ Harter P, du Bois A, Hahmann M, et al. Ann Surg Oncol 2006

² Harter P, ...du Bois A. Int J Gynecol Cancer 2011



Design: AGO DESKTOP III

(ENGOT-ov20; NCT01166737)



PRESENTED AT: ASCO ANNUAL MEETING '17 | #ASCO17

Slides are the property of the author. Permission required for reuse.

Presented by: Andreas du Bois
AGO & KEM
Essen, Germany



Presented By Andreas Du Bois at 2017 ASCO Annual Meeting



Oncologisch Netwerk
Zuidoost-Nederland

AGO DESKTOP III: Patients' Characteristics

(AGO–OVAR OP.4; EN GOT-ov20; NCT01166737)

	No surgery	Surgery	P-value
Pts. (n)	203	204	
Age (median, yrs)	62.2	60.7	0.24
Initial FIGO stage IIIB-IV	149 (73.4%)	152 (74.9%)	0.73
Histology G2/3 serous	157 (77.3%)	171 (83.8%)	0.11
No prior chemo	2 (1.0%)	2 (1.0%)	
Prior platinum w/o taxan	16 (7.9%)	10 (4.9%)	0.57
Prior platinum + taxan	182 (89.7%)	191 (93.6%)	
Pt-free-Int. > 12 months	152 (74.9%)	155 (76.0%)	0.80
Median Pt-free-Interval	18.7 months	21.1 months	0.39

PRESENTED AT: ASCO ANNUAL MEETING '17 | #ASCO17
Slides are the property of the author. Permission required for reuse.

Presented by: Andreas du Bois
AGO & KEM
Essen, Germany



Presented By Andreas Du Bois at 2017 ASCO Annual Meeting



Oncologisch Netwerk
Zuidoost-Nederland

AGO DESKTOP III: Surgery arm

(AGO–OVAR OP.4; EN GOT-ov20; NCT01166737)

Duration of surgery (minutes; median / quartiles)	220 (150 – 300)
Bowel resection	33.2%
Stoma diversion temporary / permanent	3.5% / 3.5%
Blood loss (ml; median / quartiles)	250 (50 – 500)
RBC transfusion	20.3%
Fever > 38°C	4.8%
Antibiotic treatment (mainly for urinary tract infections)	19.0%
Peri-OP thrombosis	1.1%
Re-laparotomy rate	3.2%
Macroscopic complete resection rate	72.5%

PRESENTED AT: ASCO ANNUAL MEETING '17 | #ASCO17
Slides are the property of the author. Permission required for reuse.

Presented by: Andreas du Bois
AGO & KEM
Essen, Germany



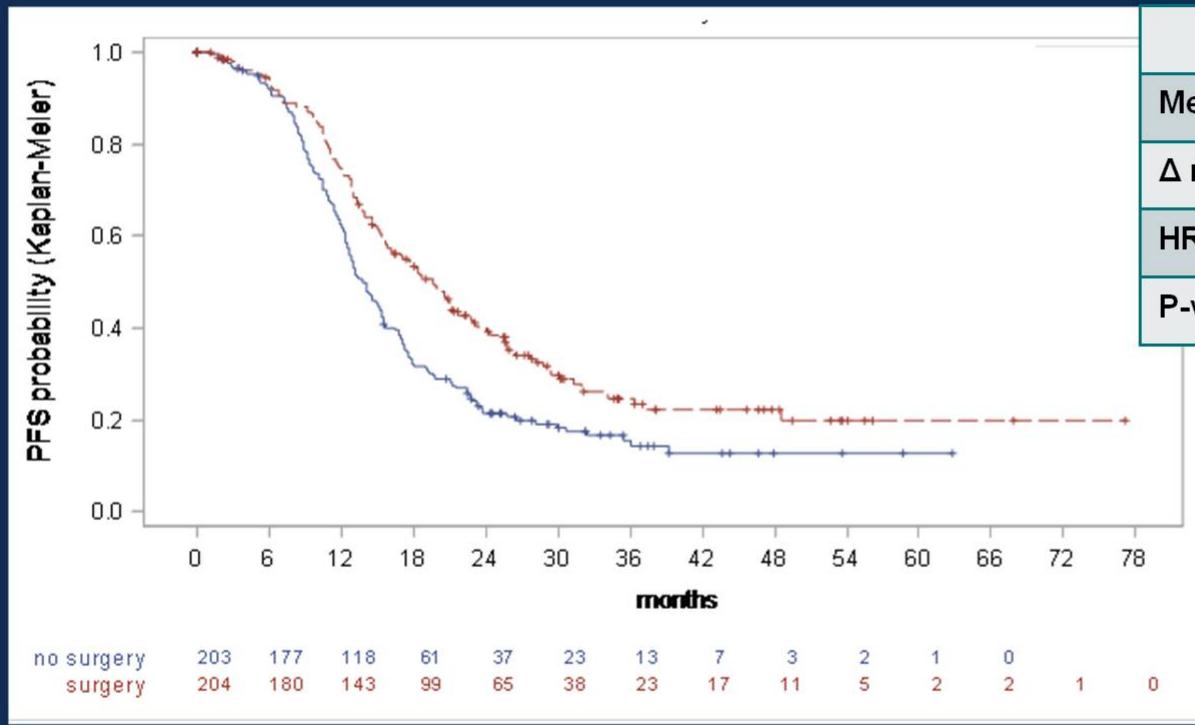
Presented By Andreas Du Bois at 2017 ASCO Annual Meeting



Oncologisch Netwerk
Zuidoost-Nederland

AGO DESKTOP III: Outcome 2 (PFS, ITT population)

(AGO–OVAR OP.4; EN GOT-ov20; NCT01166737)



	Surgery	No surgery
Median PFS	19.6 mos	14.0 mos
Δ median PFS	5.6 mos	
HR (95% CI)	0.66 (0.52 – 0.83)	
P-value	< 0.001	

296 (73%) PFS events

PRESENTED AT: ASCO ANNUAL MEETING '17 | #ASCO17
Slides are the property of the author. Permission required for reuse.

Presented by: Andreas du Bois
AGO & KEM
Essen, Germany

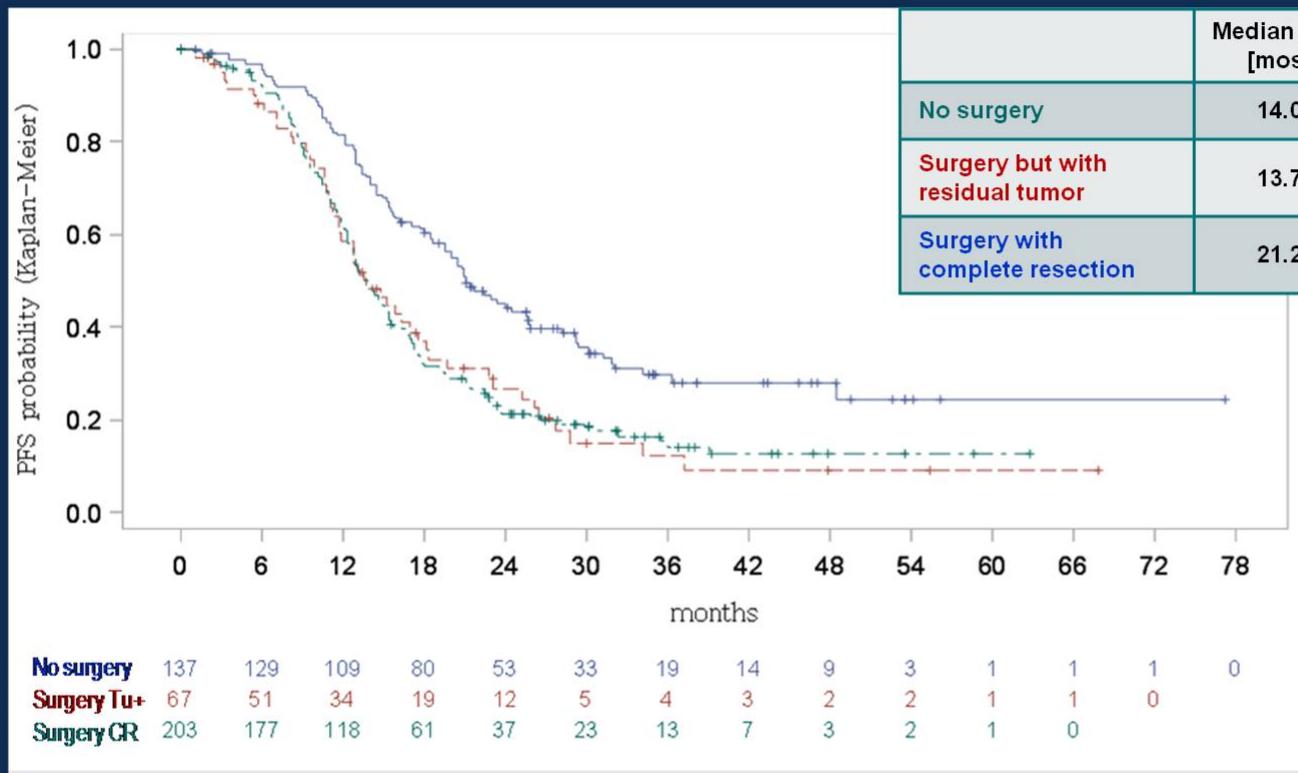
POST-ASCO

Presented By Andreas Du Bois at 2017 ASCO Annual Meeting

Oncologisch Netwerk
Zuidoost-Nederland

AGO DESKTOP III: Outcome 3 (PFS by surgical outcome)

(AGO–OVAR OP.4; EN GOT-ov20; NCT01166737)



PRESENTED AT: ASCO ANNUAL MEETING '17 | #ASCO17
Slides are the property of the author. Permission required for reuse.

Presented by: Andreas du Bois
AGO & KEM
Essen, Germany

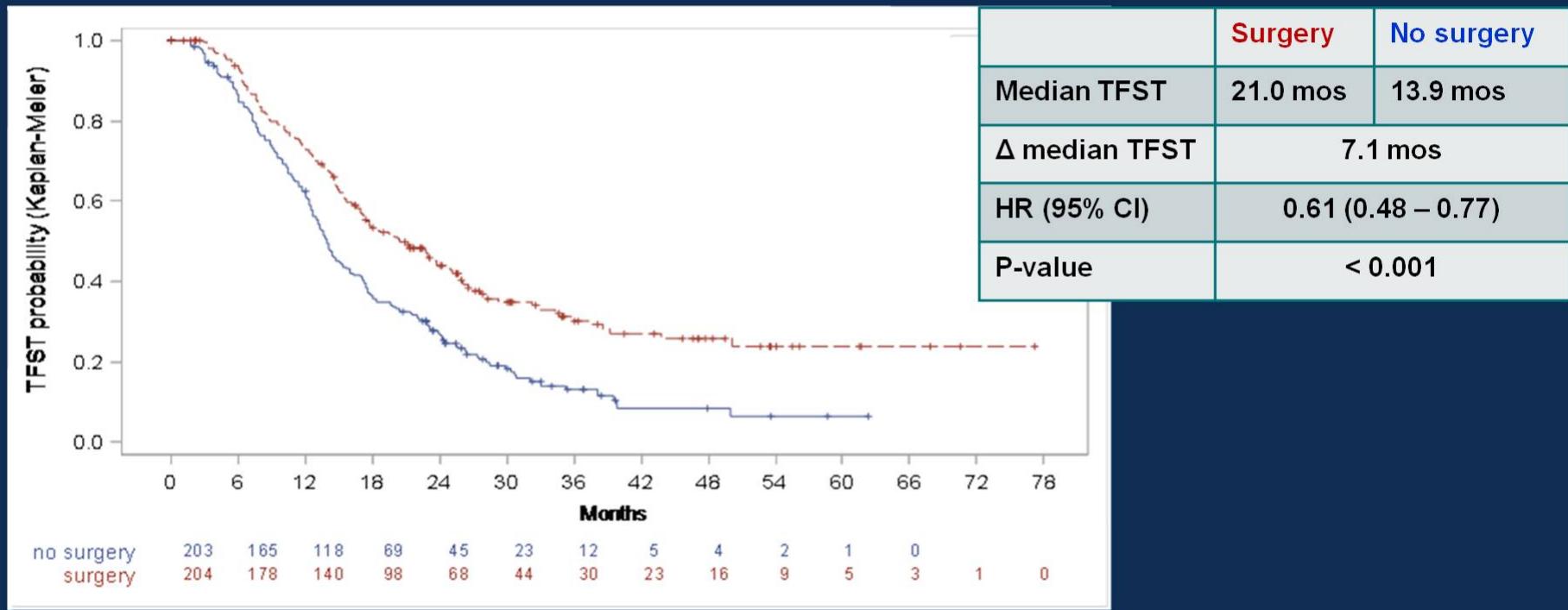


Presented By Andreas Du Bois at 2017 ASCO Annual Meeting



AGO DESKTOP III: Outcome 5 (TFST = time to 3rd line)

(AGO–OVAR OP.4; EN GOT-ov20; NCT01166737)



PRESENTED AT: ASCO ANNUAL MEETING '17 | #ASCO17
Slides are the property of the author. Permission required for reuse.

Presented by: Andreas du Bois
AGO & KEM
Essen, Germany



Presented By Andreas Du Bois at 2017 ASCO Annual Meeting



AGO Desktop III conclusies

- Secundaire debulking bij patiënten met platinumgevoelig recidief en positieve AGO score leidt tot winst in PFS 5.6 mths en TFST 7.1 mths
- Voordeel alleen in compleet gereseceerde patiënten (72.5%), belang van selectie:
 - juiste ziekenhuis/operateur
 - juiste patient (50% PSROC AGO score +, NL?)
- Hoe zal zich dit vertalen in de OS?
- *Kanttekening: Diagnose recidief CA-125 (lead time bias)? Belang van primaire complete debulking!*



Leiden University
Medical Center



Final results of the PORTEC-3 trial

ASCO Annual meeting 2017

PORTEC-3 international
collaborators

Stephanie de Boer

Department of Radiation Oncology

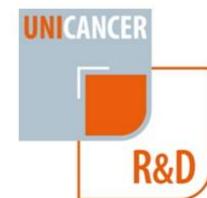
Leiden University Medical Center, the Netherlands



AUSTRALIA NEW ZEALAND
GYNAEOLOGICAL ONCOLOGY GROUP



NCRI
National
Cancer
Research
Institute



D^U
G^T
O^C
G^H
Dutch Gynaecological Oncology Group

Canadian Cancer
Trials Group



Groupe canadien
des essais sur le cancer



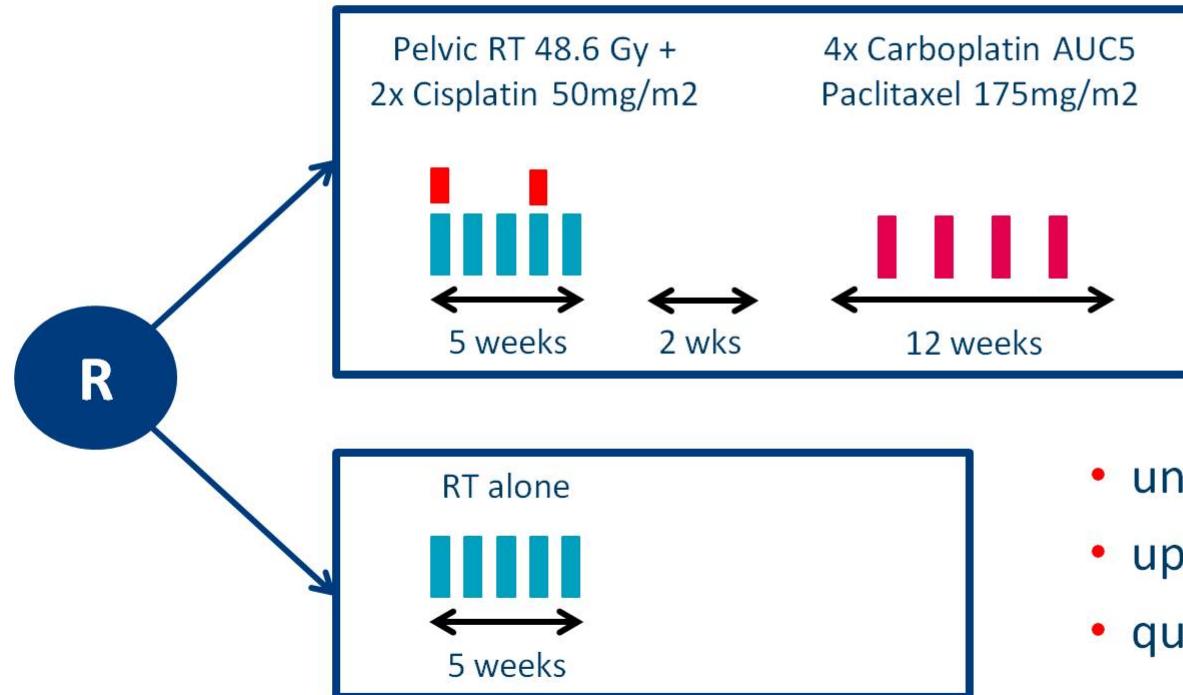
Presented By Stephanie de Boer at 2017 ASCO Annual Meeting



Oncologisch Netwerk
Zuidoost-Nederland

PORTEC-3 trial design

➤ High risk Endometrial Cancer (HREC)



Inclusion criteria



- Endometrial carcinoma
 - stage I grade 3, with deep invasion or LVSI+
 - stage II - III
 - stage I-III serous or clear cell cancers (>25%)
- WHO PS 0-2
- No residual macroscopic tumor after surgery
- Pathology review before randomisation

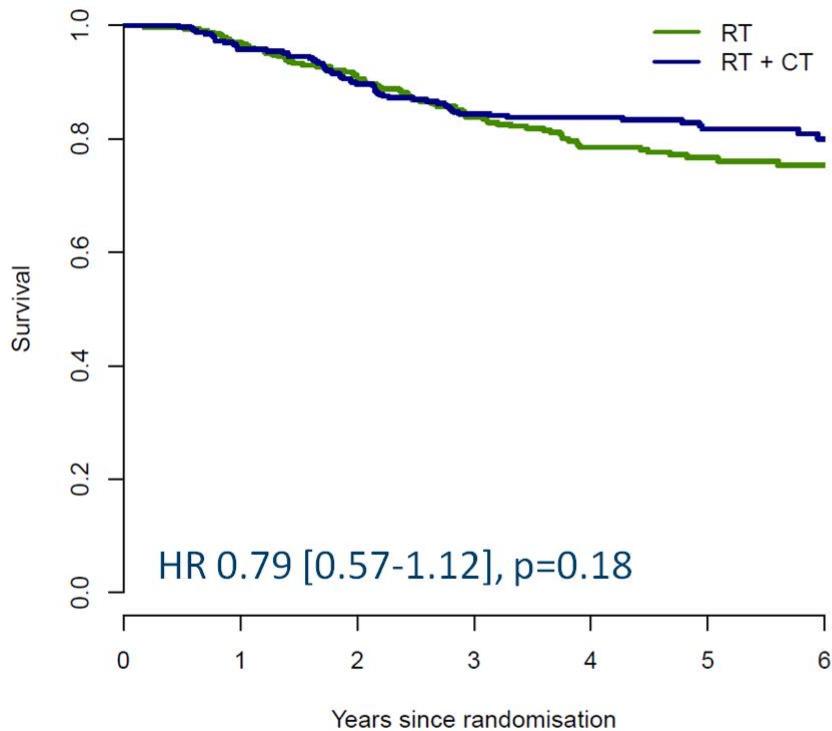


Tumour characteristics

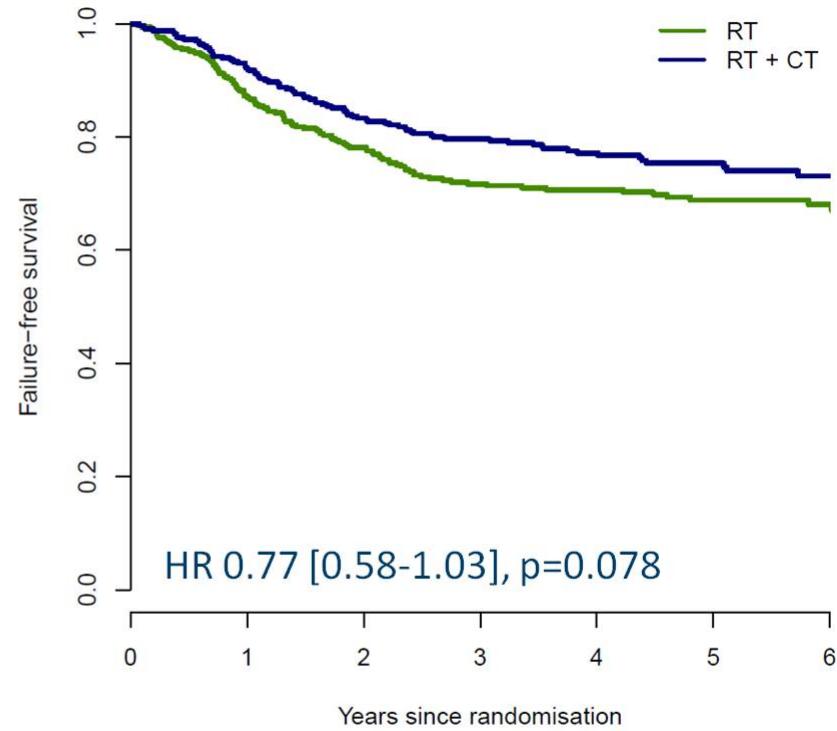
Tumour characteristics	RT alone	CTRT
Histology		
Endometrioid grade 1-2	39.7%	38.5%
Endometrioid grade 3	32.1%	32.4%
Serous/ clear cell/ other	28.2%	29.1%
LVSI		
Yes	58.2%	59.7%
No	41.8%	40.3%
Stage (%)		
I	29.4%	29.7%
II	27.3%	24.2%
III	43.3%	46.1%



Survival (OS and FFS)



5 yr OS: 82% (CTRT) versus 77% (RT)



5 yr FFS: 76% (CTRT) versus 69% (RT)



First sites of recurrence

5 years	CTRT		RT		HR	P-value
	N	%	N	%		
Vaginal recurrence	1	0.30%	1	0.30%	1	1
Pelvic recurrence	3	0.95%	5	1.5%	0.60	0.478
Distant recurrence	76	22.4%	93	28.3%	0.78	0.108
- Distant + vaginal	4	1.2%	4	1.2%		
- Distant + pelvic	11	3.2%	20	6.1%	-	-
- Distant only	61	18.0%	69	21.0%	-	-

PORTEC-3 results

6/2/2017

RT alleen redelijk
goede locoregionale
controle

Survival results per stage

Patients with stage III EC:

- Lower 5-year FFS and OS:
 - FFS: 64% stage III versus 79% for stage I-II ($p<0.001$)
 - OS: 74% vs 83% ($p=0.003$)
- Greatest benefit of CTRT
 - 5-year FFS 69% for CTRT vs 58% for RT
[HR 0.66, 95% CI 0.45-0.97, **$p=0.032$**]
 - 5-year OS 79% vs 70%
[HR 0.69, 0.44-1.09, $p=0.114$]

Conclusions

CTRT vs RT for high-risk endometrial cancer:

- Trend for improved 5-year FFS
 - Risk reduction of 7% (FFS) and 5% (OS)
- Significant 11% FFS benefit with CTRT for stage III disease
- Significantly more toxicity with CTRT in the first 12 months
- OS analysis may need longer follow-up

Not recommended for stage I-II

Heterogene populatie,
goede controle kleine
bekken met RT alleen,
optimale sequentie RT en
CT???

PORTEC-3 results

6/2/2017

POST-ASCO

Pres

Stephan

Boer at 2017 ASCO Annual Meeting



Oncologisch Netwerk
Zuidoost-Nederland

Checkpoint inhibitors in gynaecologic cancers

- Multiple phase 1/2 studies in cervical and ovarian cancer.
- (CheckMate 358) cervical cancer relapsed/metastatic n=19 ORR 26% (1 CR, 4 PR, 8 SD), disease control rate 70%
 - Durable responses >28 weeks, 6 months OS 87%
 - Manageable side effects
 - Predictive factors????



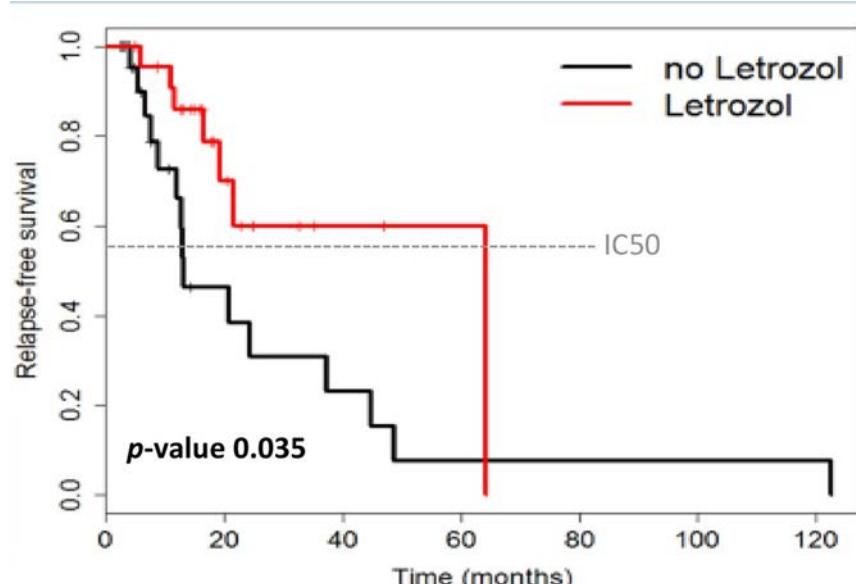
Aromatase inhibitor maintenance therapy in high grade advanced ovarian cancer to delay first recurrence

Alexandra

Knipprath- Meszaros et al

- ER is expressed in 50% high grade serous ovarian cancer (HGSOC) patients and equally high in primary and relapsed HGSOC independent of drug resistance
- Letrozole maintenance improves progression free survival in HGSOC patients (ER >10%), after primary treatment.

	- Letrozole	+ Letrozole	p-value
- No bevacizumab	20.80		
- No residual disease		64.1*	0.11
+ bevacizumab	8.80		
+ residual disease		21.6	0.026
+/- bevacizumab	13.20		
+/- residual disease		64.1*	0.035



Overall conclusions

Ovarian cancer outcome:

- The right surgeon/hospital: “If you evaluate the role of surgery you should at least perform serious surgery. It is not cutting the skin of the abdomen, but removing the tumor” *Andreas Dubois*
- “*The knife is is the most optimal targeted therapy*”.
- The right patient: selection
- HiPeC: in selected patients (residual disease ≤ 2.5 mm)?!



Overall conclusies

Endometrial cancer: CTRT in stage III patients

Checkpoint inhibitors: work in progress

Aromatase inhibitors: promising?



In Chicago Europe was first!



Dank voor uw aandacht!