Northwestern Medicine®
Feinberg School of Medicine

Advanced or Recurrent Cervical Cancer Treatment Options Beyond First Line

2022 Survive and Thrive

Jenna Marcus, MD
Assistant Professor
Department of Obstetrics and Gynecology
Division of Gynecologic Oncology

Disclosures

- Consultant and Speaker’s bureau for GSK.

Background

A difficult cancer to treat…

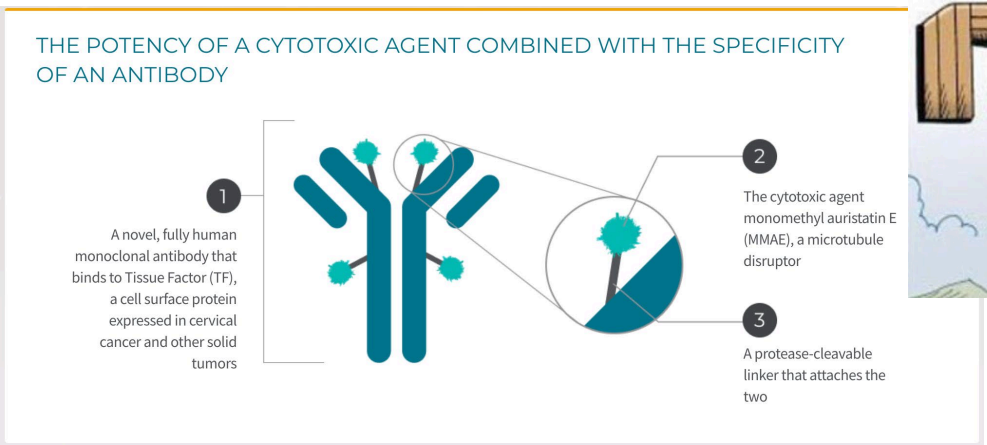
Historically, very challenging to treat at time of recurrence.

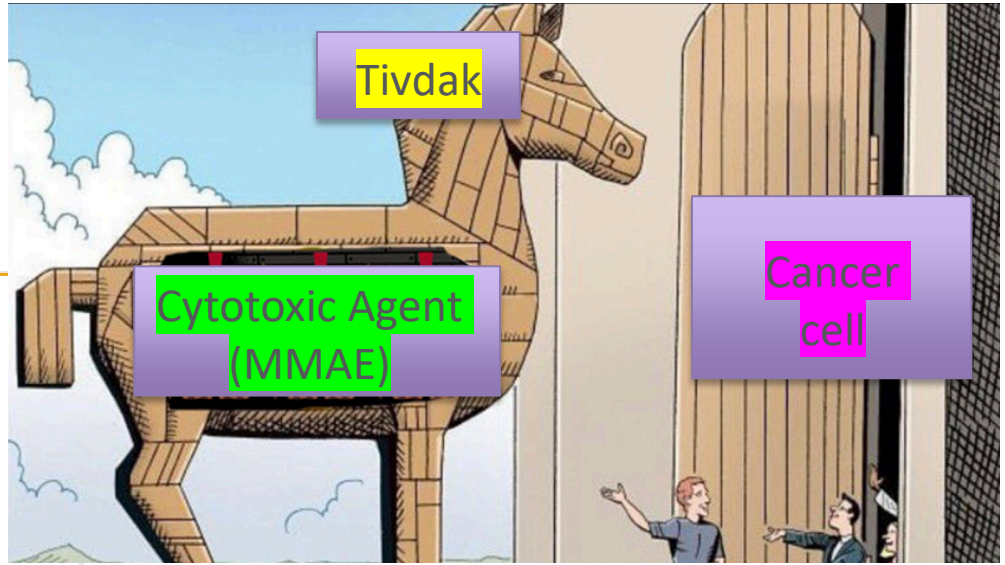
Treatment timeline

2014 combination chemotherapy approved (chemotherapy + bevacizumab)	2018 pembrolizumab approved	Prior to June 2018, limited treatment options available.

What's next?

- Tisotumab vedotin (Tivdak)
- Mechanism of action
  - Antibody Drug Conjugate (ADC) to tissue factor





GOG 3023

Efficacy and safety of tisotumab vedotin in previously treated recurrent or metastatic cervical cancer (innovaTV 204/GOG-3023/ENGOT-cx6): a multicentre, open-label, single-arm, phase 2 study

*Robert L Coleman, Domenica Lorusso, Christine Gennigens, Antonio González-Martín, Leslie Randall, David Cibula, Bente Lund, Linn Woelber, Sandro Pignata, Frederic Forget, Andrés Redondo, Signe Diness Vindeløv, Menghui Chen, Jeffrey R Harris, Margaret Smith, Leonardo Viana Nicacio, Melinda S L Teng, Annouschka Laenen, Reshma Rangwala, Luis Manso, Mansoor Mirza, Bradley J Monk, Ignace Vergote, on behalf of the innovaTV 204/GOG-3023/ENGOT-cx6 Collaborators**

Study design

Phase 2

2.0 mg/kg (max 200mg) every 3 weeks until disease progression or toxicity limitations

Treatment discontinued for interruptions >12 weeks

Primary endpoint = confirmed objective response rate (CR+PR)

GOG 3023

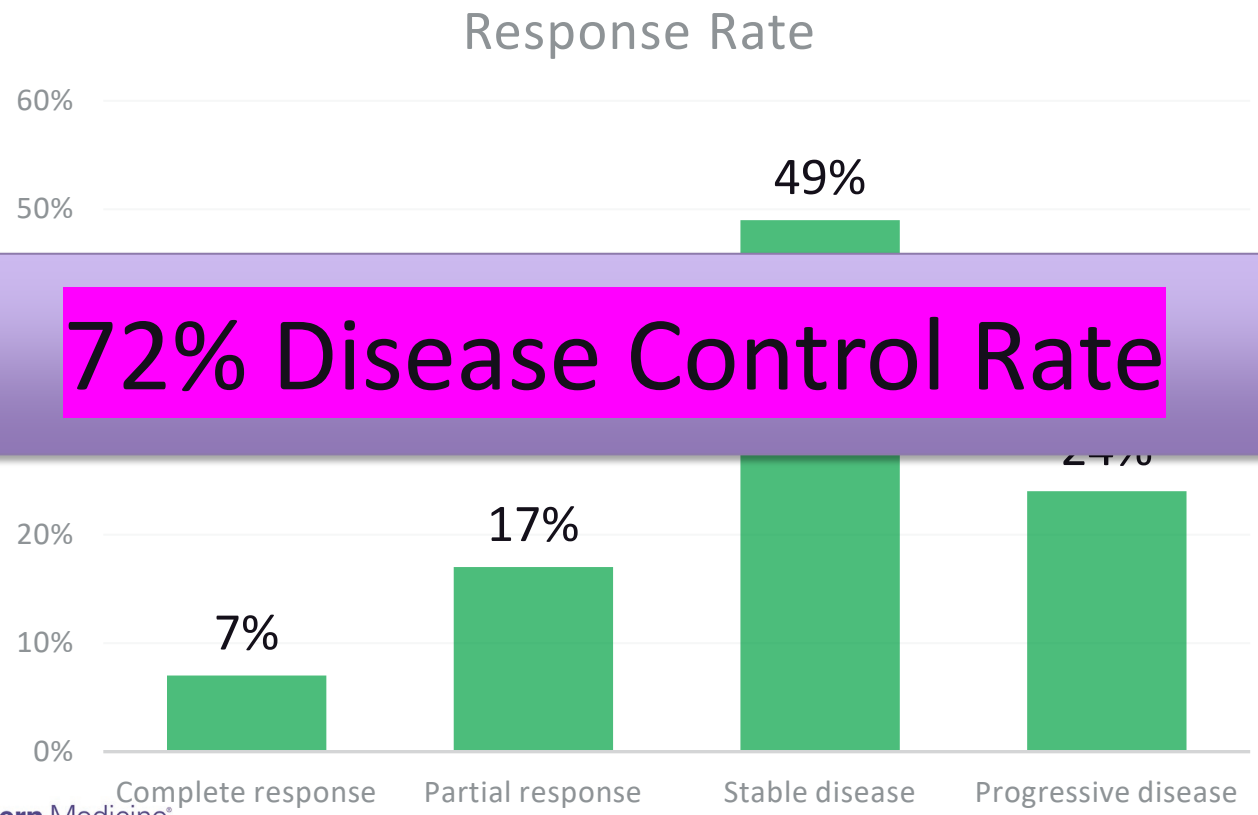
102 patients

Followed for 10 months

Most patients received 6 cycles

Study Population
68% Squamous cell carcinoma
94% metastatic disease
60% recurrent cancer
54% prior chemo + radiation
69% prior bevacizumab
56% did NOT respond to prior treatment
96% + tissue factor expression

Results



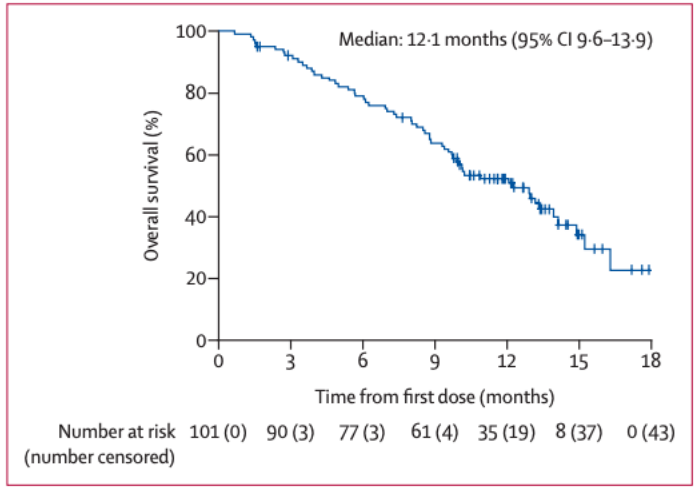
72% Disease Control Rate

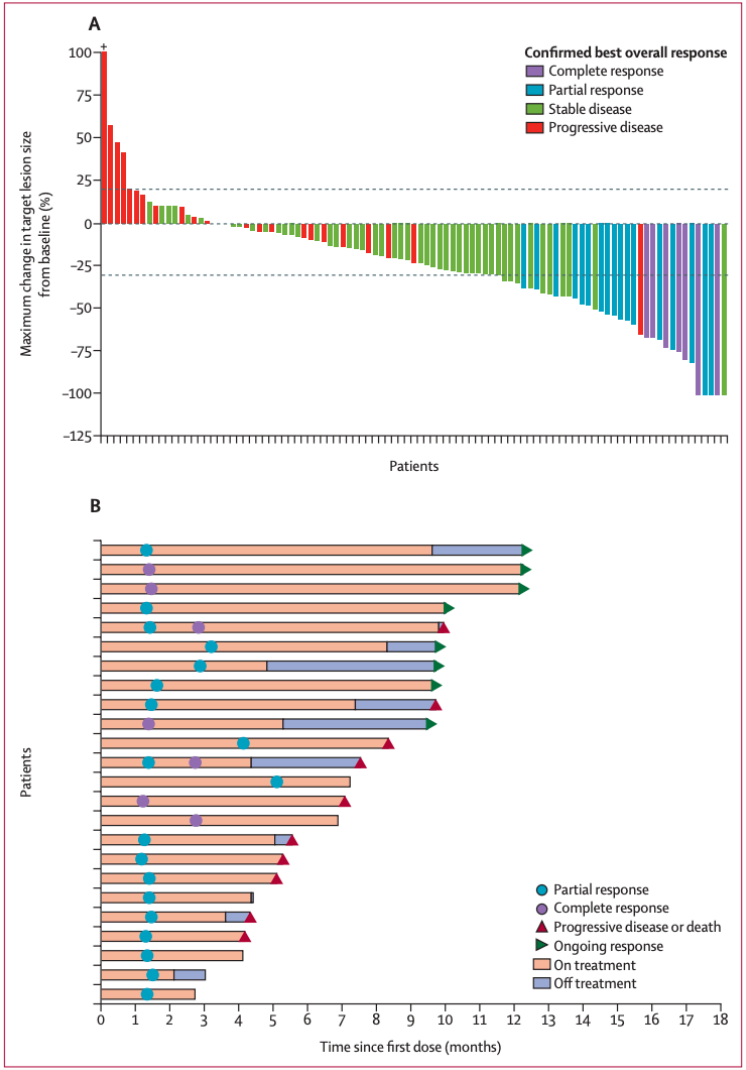
Results

62% response >6 months

PFS 4.2 months

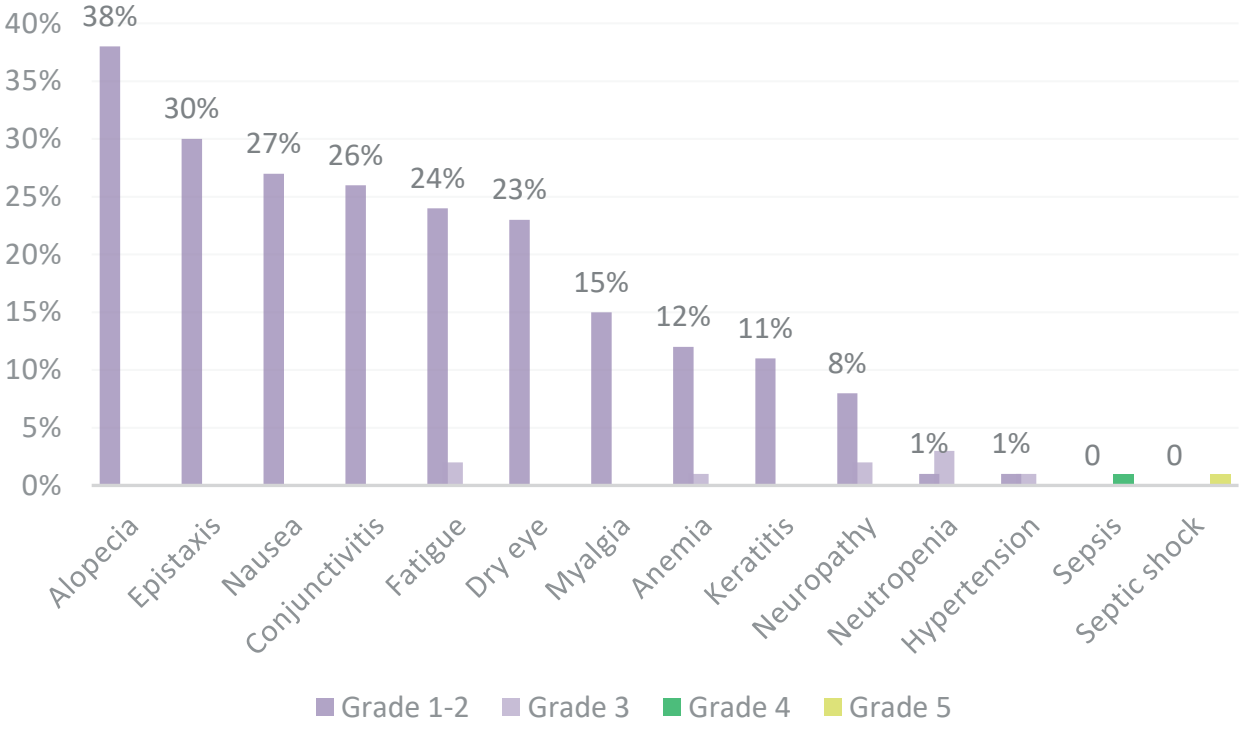
OS 12.1 months





Northwestern Medicine®
Feinberg School of Medicine

Treatment Related Adverse Events



Conclusions

Tisotumab vedotin (Tivdak) has anti-tumor activity.

24% Objective response rate

Median duration of response 8.3 months

FDA approved for 2+ line therapy

National Comprehensive Cancer Network®

NCCN Guidelines Version 1.2022
Cervical Cancer

NCCN Guidelines Index
Table of Contents
Discussion

SYSTEMIC THERAPY FOR CERVICAL CANCER[a]

Squamous Cell Carcinoma, Adenocarcinoma, or Adenosquamous Carcinoma			
Chemoradiation	Recurrent or Metastatic Disease		
	First-line Combination Therapy[b,c]	Possible First-line Single-agent therapy[c]	Second-line or Subsequent Therapy[g]
Preferred Regimens • Cisplatin • Carboplatin if patient is cisplatin intolerant	**Preferred Regimens** • Pembrolizumab + cisplatin/paclitaxel ± bevacizumab for PD-L1–positive tumors (category 1)[d,e,f,1] • Pembrolizumab + carboplatin/paclitaxel ± bevacizumab for PD-L1–positive tumors (category 1)[d,e,f,1] • Cisplatin/paclitaxel/bevacizumab[d,2] (category 1) • Carboplatin/paclitaxel/bevacizumab[d] **Other Recommended Regimens** • Cisplatin/paclitaxel (category 1)[3,4] • Carboplatin/paclitaxel[5,6] (category 1 for patients who have received prior cisplatin therapy) • Topotecan/paclitaxel/bevacizumab[d,2] (category 1) • Topotecan/paclitaxel[2] • Cisplatin/topotecan[7]	**Preferred Regimens** • Cisplatin[4] **Other Recommended Regimens** • Carboplatin[8] • Paclitaxel[9,10]	**Preferred Regimens** • Pembrolizumab for PD-L1–positive or MSI-H/dMMR tumors[e,f,11] • Nivolumab for PD-L1–positive tumors[e,f,12] **Other Recommended Regimens** (All agents listed here are category 2B unless otherwise noted) • Bevacizumab[d] • Albumin-bound paclitaxel • Docetaxel • Fluorouracil • Gemcitabine • Ifosfamide • Irinotecan • Mitomycin • Pemetrexed • Topotecan • Vinorelbine • Tisotumab vedotin-tftv (category 2A)[13] **Useful in Certain Circumstances** • Pembrolizumab for TMB-H tumors[e,h] • Larotrectinib or entrectinib for *NTRK* gene fusion-positive tumors (category 2B)

[a] Cisplatin, carboplatin, docetaxel, and paclitaxel may cause drug reactions (See NCCN Guidelines for Ovarian Cancer--Management of Drug Reactions [OV-D]).
[b] Cost and toxicity should be carefully considered when selecting an appropriate regimen for treatment.
[c] If not used previously, these agents can be used as second-line or subsequent therapy as clinically appropriate.
[d] An FDA-approved biosimilar is an appropriate substitute for bevacizumab.
[e] See NCCN Guidelines for the Management of Immunotherapy-Related Toxicities.
[f] Recommended in patients whose tumors express PD-L1 (CPS ≥1) as determined by an FDA-approved test.
[g] Additional references for second-line therapy are provided in the Discussion.
[h] For the treatment of patients with unresectable or metastatic tumor mutational burden-high (TMB-H) [≥10 mutations/megabase (mut/Mb)] tumors, as determined by a validated and/or FDA-approved test, that have progressed following prior treatment and who have no satisfactory alternative treatment options.

Note: All recommendations are category 2A unless otherwise indicated.
Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

References Continued

Northwestern Medicine®
Feinberg School of Medicine

Thank You