XXIV SPOTKANIE Po ASCO

Nowotwory ginekologiczne

omówienie

Radosław Mądry

Klinika Ginekologii Onkologicznej

Uniwersytet Medyczny im. K. Marcinkowskiego w Poznaniu

Oddział Ginekologii Onkologicznej

Uniwersytecki Szpital Kliniczny w Poznaniu

Ginekologiczno-Położniczy Szpital Kliniczny

Uniwersytecki Szpital Kliniczny w Poznaniu

Ginekologiczno-Położniczy Szpital Kliniczny - Polna

PGOG

XXIV SPOTKANIE Po ASCO

Wykładowca: Abbvie, Amgen; AstraZeneca; GSK; Roche; MSD; Medison

Badania dla: Amgen, Antisoma, AstraZeneca, Bayer, GSK, Glycotope GmbH, Janssen, Menarini, Morphotek, MSD, OSI Pharmaceuticals, PharmaMar, Roche, Sanofi, Sotio, Tesaro

Doradztwo dla: AstraZeneca, GSK, MSD, Pharma@, Roche

2025-05-01

Uniwersytecki Szpital Kliniczny w Poznaniu

Ginekologiczno-Położniczy Szpital Kliniczny - Polna

Polska Grupa Onkologii Ginekologicznej PGOG

2025 ASCO ANNUAL MEETING

Sentinel Lymph Node Biopsy versus Pelvic Lymphadenectomy in Early-stage Cervical Cancer: a Multicentre Randomized Phase III trial (the PHENIX Trial)

Jihong Liu, Hua Tu, He Huang, Yanfang Li, Xiaojun Chen, Chunyan Wang, Min Zheng, Yanna Zhang, Weidong Zhao, Yanling Feng, Ting Wan, Yongwen Huang, Aijun Yu, Weiguo Lu, Jing Xiao, Weiwei Shan, Ping Zhang, Changkun Zhu, Danbo Wang, Hu Zhou, Jibin Li, Beihua Kong, Weiwei Feng, Xipeng Wang, Rongzhen Luo, and Shuzhong Yao, for the PHENIX investigators

Speaker: Jihong Liu

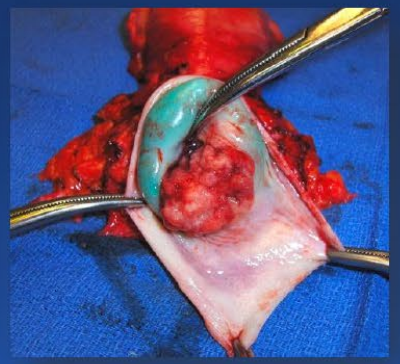
3 Landmark Publications 2021-2025

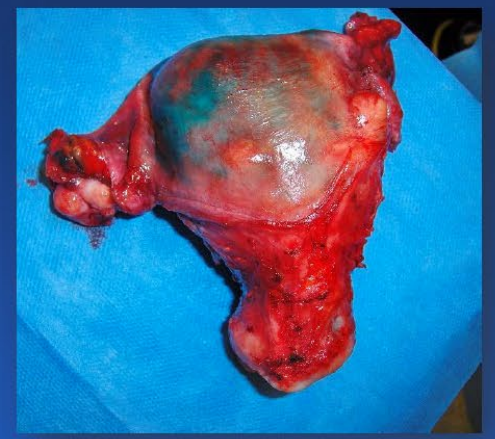
Rastum A ESMO Gyn 2025

Select Stage I Cervical Cancer

Decreasing Radicality and increasing precision

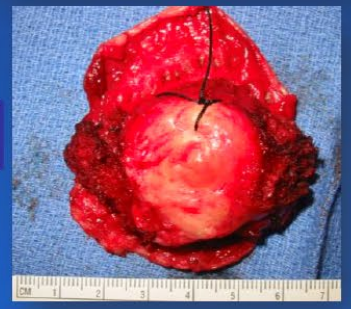
Rad Hyst



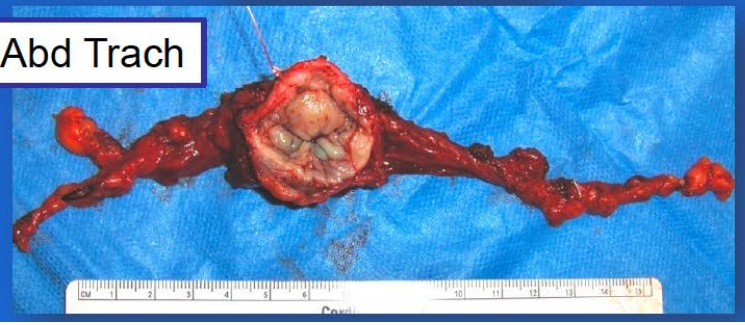


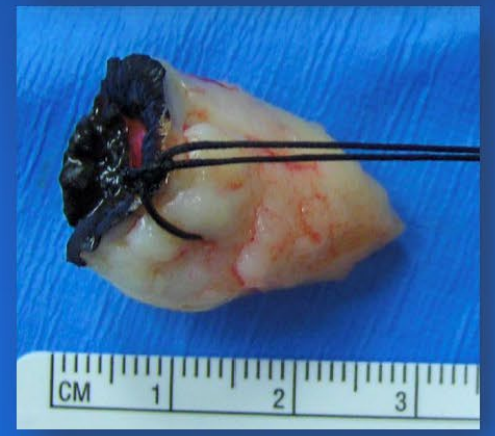
Simple Hyst

Rad Vag Trach



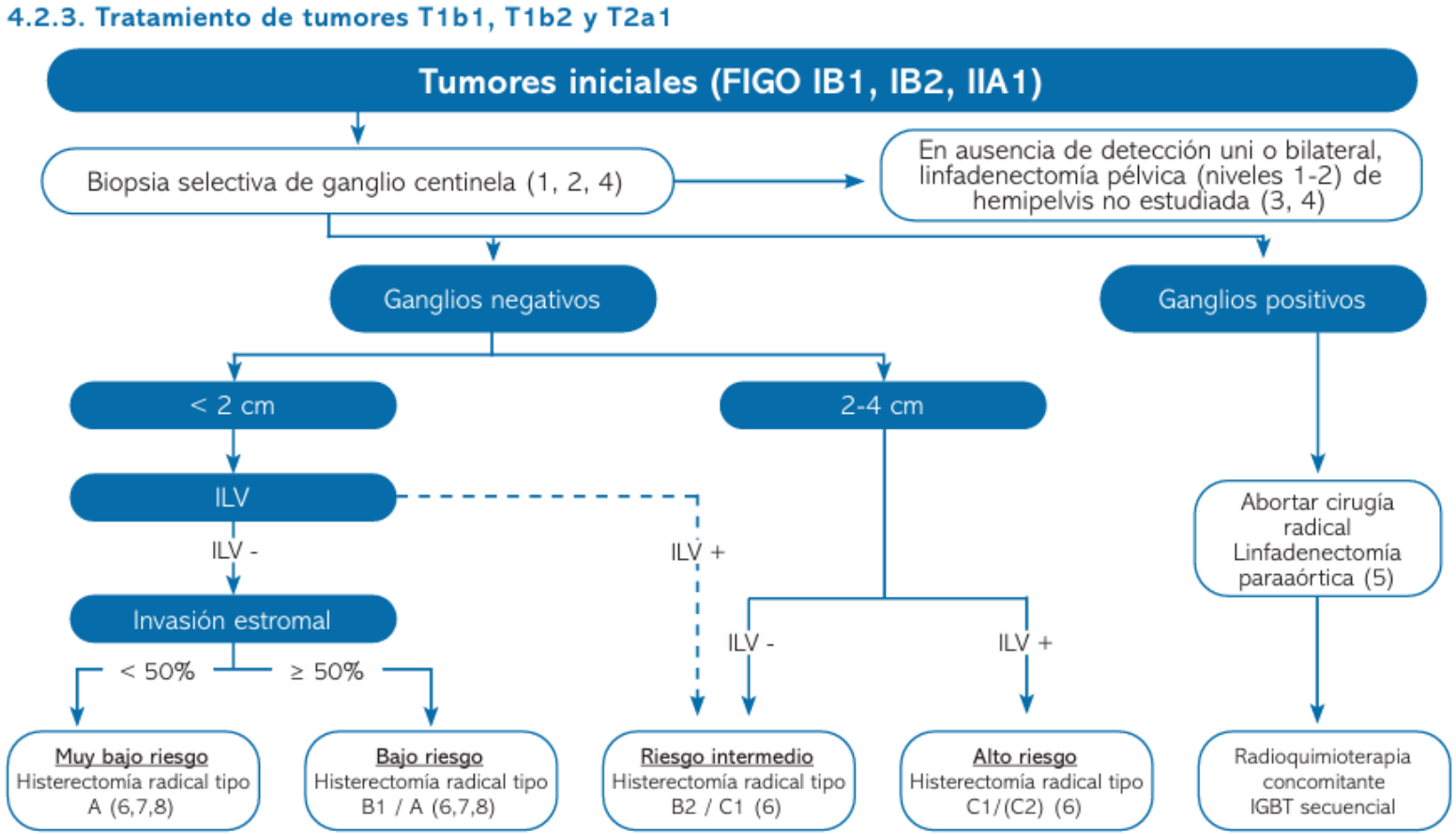
Rad Abd Trach





Conization

Wytyczne SEGO 2025



2025 ASCO ANNUAL MEETING

Pembrolizumab with Concurrent Chemoradiotherapy in Participants with High-Risk Locally Advanced Cervical Cancer: A Descriptive Analysis of Final Survival from the Phase 3, Randomized, Double-Blind ENGOT-cx11/GOG-3047/KEYNOTE-A18 Study

Linda R. Duska,[1] Yang Xiang,[2] Kosei Hasegawa,[3] Pier Ramos-Elias,[4] Paolo Rodolfo Valdez Barreto,[5] Alejandro Acevedo,[6] Felipe José Silva Melo Cruz,[7] Valeriya Saevets,[8] Rudolf Lampé,[9] Limor Helpman,[10] Jalid Sehouli,[11] Flora Zagouri,[12] Yong Man Kim,[13] Peng Liu,[14] Karin Yamada,[14] Sarper Toker,[14] Sandro Pignata,[15] Domenica Lorusso,[16] on behalf of the ENGOT-cx11/GOG-3047/KEYNOTE-A18 investigators

[1]University of Virginia School of Medicine, Charlottesville, VA, USA; [2]Department of Obstetrics and Gynecology, National Clinical Research Center for Obstetric & Gynecologic Diseases, Peking Union Medical College Hospital, Beijing, China; [3]Saitama Medical University International Medical Center, Hidaka, Saitama, Japan; [4]Integra Cancer Institute, Edificio Integra Medical Center, Guatemala City, Guatemala; [5]Hospital de Alta Complejidad de La Libertad Virgen de La Puerta, Trujillo, Peru; [6]Oncocentro, Valparaiso, Chile; [7]Instituto Brasileiro de Controle do Câncer, São Paulo, Brazil; [8]Chelyabinsk Regional Clinical Center of Oncology and Nuclear Medicine, Chelyabinsk, Russia; [9]University of Debrecen, Faculty of Medicine, Department of Obstetrics and Gynecology, Debrecen, Hungary; [10]Sheba Medical Center, Tel Aviv University Faculty of Medical and Health Sciences, Ramat Gan, Israel; [11]Charite Universitaetsmedizin, Berlin, Germany and North-Eastern German Society of Gynecological Oncology (NOGGO); [12]Alexandra Hospital, Athens, Greece; [13]Asan Medical Center, University of Ulsan, Seoul, South Korea; [14]Merck & Co., Inc., Rahway, NJ, USA; [15]Department of Urology and Gynecology, Istituto Nazionale Tumori IRCCS Fondazione G. Pascale, Napoli, Italy; [16]Gynaecology Oncology Unit, Fondazione Policlinico Universitario A Gemelli IRCCS, Rome and Humanitas San Pio X, Milan, Italy

2025 ASCO ANNUAL MEETING

The Phase III FIRST/ENGOT-OV44 Trial: Dostarlimab and Niraparib in First-Line Advanced Ovarian Cancer

Presentation LBA5506

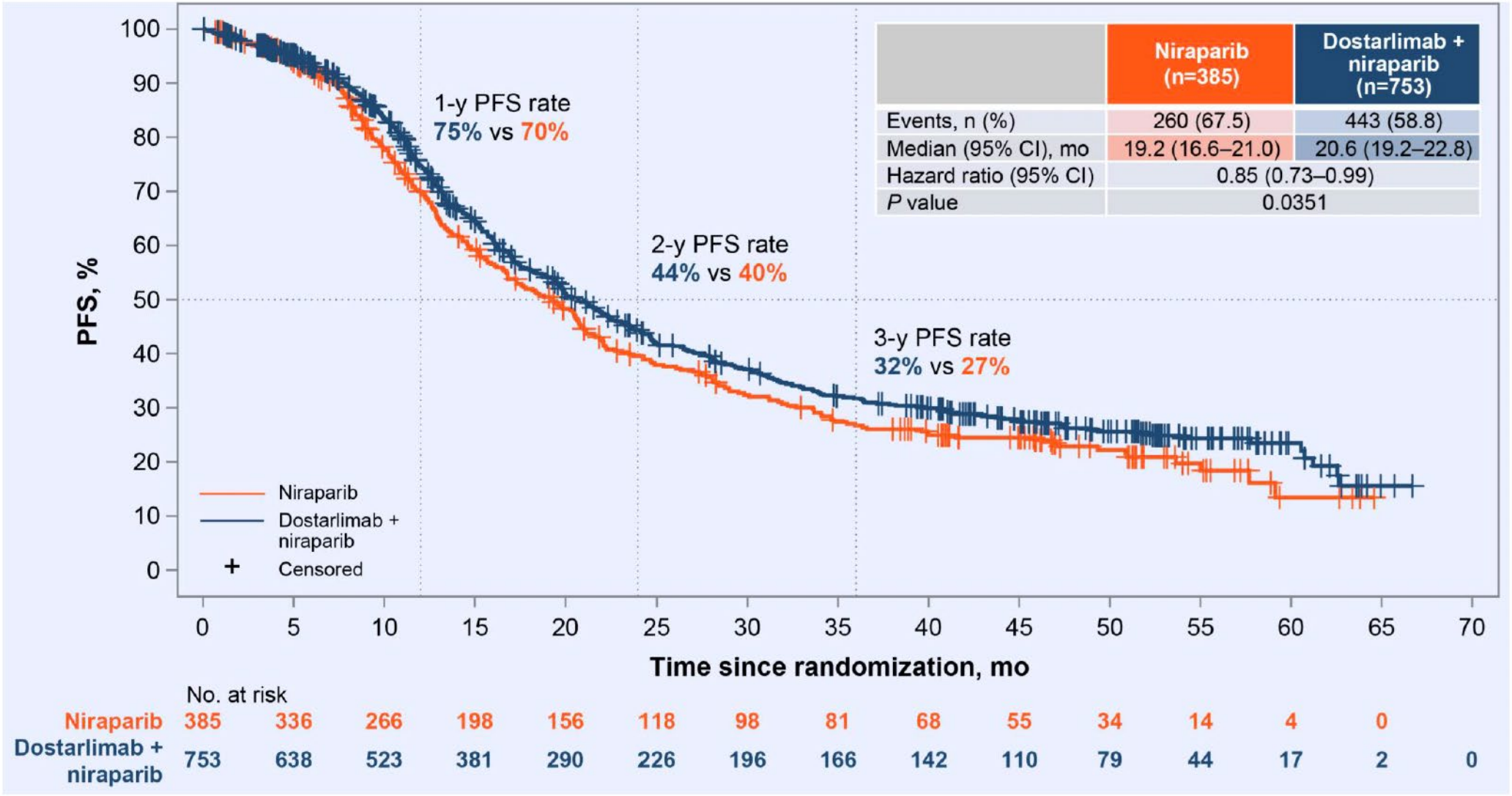
Anne-Claire Hardy-Bessard,[1] Eric Pujade-Lauraine,[2] Richard G. Moore,[3] François Montestruc,[4] Andrés Redondo,[5] Mansoor R. Mirza,[6] Nataliya Volodko,[7] Tudor-Eliade Ciuleanu,[8] Lucy Gilbert,[9] Ram Eitan,[10] Flora Zagouri,[11] Sandro Pignata,[12] Rosalind Glasspool,[13] Jacobus Pfisterer,[14] Rébécca Phaëton,[15] Charles K. Anderson,[16] Manuel Rodrigues,[17] Fernanda B. Musa,[18] Isabelle Ray-Coquard,[19] Kathleen N. Moore[20]

[1]Centre Armoricain d'Oncologie, CARIO-HPCA and GINECO, Plérin, France; [2]ARCAGY-GINECO, Paris, France; [3]Wilmot Cancer Institute, University of Rochester, Rochester, NY, USA; [4]Statistician GINECO Committee, Paris, France; [5]Hospital Universitario La Paz and GEICO, Madrid, Spain; [6]Rigshospitalet – Copenhagen University Hospital, Department of Cancer Treatment, Copenhagen, Denmark; [7]Department of Oncology and Radiology, Danylo Halytsky Lviv National Medical University, Lviv, Ukraine; [8]Institutul Oncologic Prof. Dr. Ion Chiricuță, Cluj-Napoca, Romania; [9]Division of Gynecologic Oncology, Research Institute, McGill University Health Centre, Gerald Bronfman Department of Oncology, McGill University, Montréal, Québec, Canada; [10]Rabin Medical Center, Tel Aviv University, Tel Aviv, Israel; [11]Alexandra Hospital, Athens, Greece; [12]Istituto Nazionale Tumori di Napoli, IRCCS - Fondazione G. Pascale and MITO, Napoli, Italy; [13]Beatson West of Scotland Cancer Centre and School of Cancer Sciences, University of Glasgow, Scottish Gynaecological Cancer Trials Group, Glasgow, UK; [14]AGO Study Group, Wiesbaden, Germany & Gynecologic Oncology Center, Kiel, Germany; [15]GSK, Collegeville, PA, USA; [16]Willamette Valley Cancer Institute and Research Center, Eugene, OR, USA; [17]Institut Curie and GINECO, Paris, France; [18]Providence-Swedish Cancer Institute, Seattle, WA, USA; [19]Centre Léon Bérard and GINECO, Lyon, France; [20]Stephenson Cancer Center at the University of Oklahoma Health Sciences Center, Oklahoma City, OK, USA

PRESENTED BY: Anne-Claire Hardy-Bessard, MD

FIRST: PFS per RECIST v1.1 in the ITT Population

Median duration of follow-up was 53.1 mo (IQR, 47.5–59.7 mo).

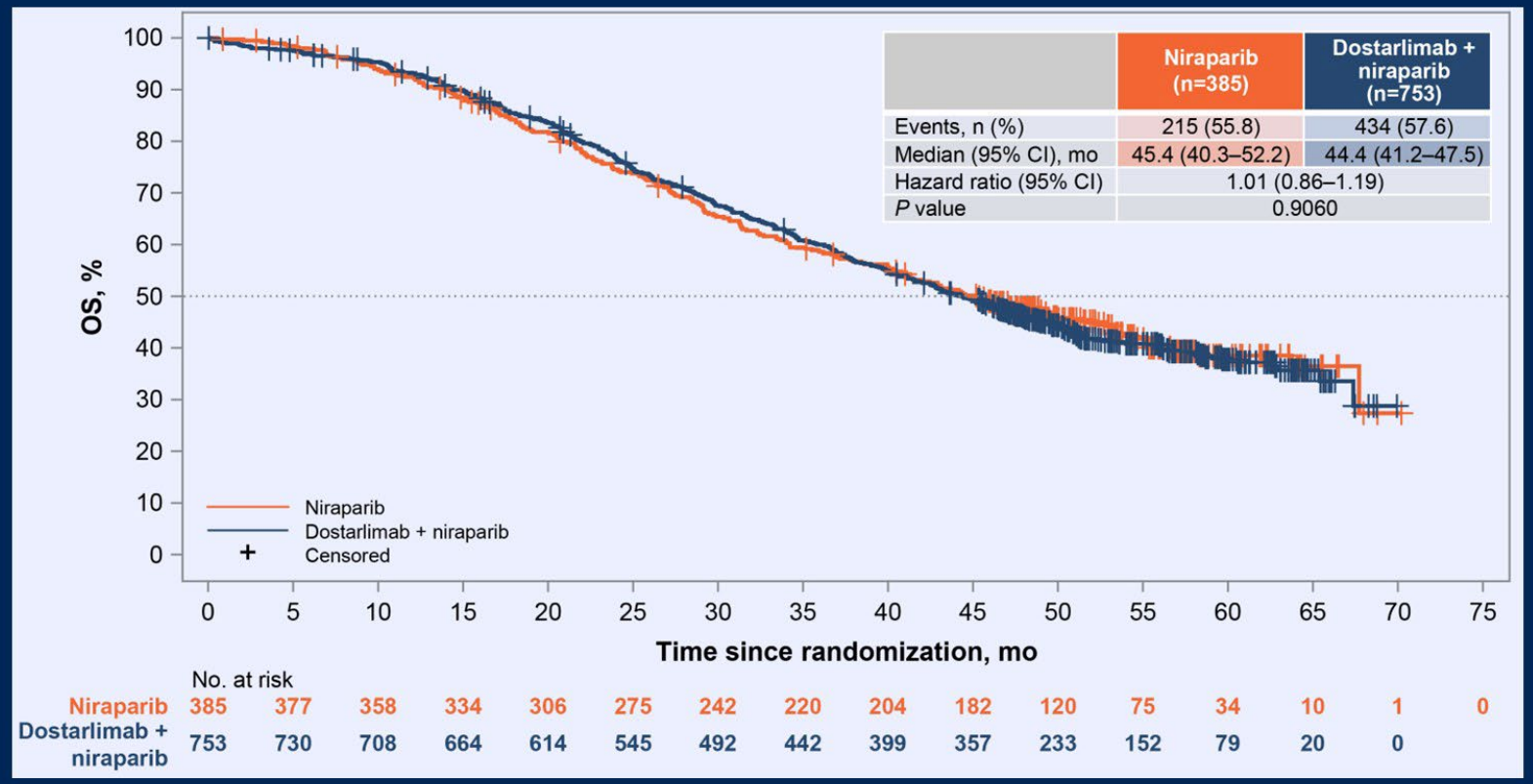


	Niraparib (n=385)	Dostarlimab + niraparib (n=753)
Events, n (%)	260 (67.5)	443 (58.8)
Median (95% CI), mo	19.2 (16.6–21.0)	20.6 (19.2–22.8)
Hazard ratio (95% CI)	0.85 (0.73–0.99)	
P value	0.0351	

* Hardy-Bessard AC, et al. Annals Oncol 2025

OS in the ITT Population

OS had reached 57% maturity.



	Niraparib (n=385)	Dostarlimab + niraparib (n=753)
Events, n (%)	215 (55.8)	434 (57.6)
Median (95% CI), mo	45.4 (40.3–52.2)	44.4 (41.2–47.5)
Hazard ratio (95% CI)	1.01 (0.86–1.19)	
P value	0.9060	

Data cutoff date: October 31, 2024. The curves were estimated with Kaplan–Meier analyses. The hazard ratio and *P* value are from a stratified Cox proportional hazards model and log-rank test (2-sided), with treatment as the only covariate, adjusted for randomization stratification factors. CI, confidence interval; ITT, intention-to-treat; OS, overall survival.

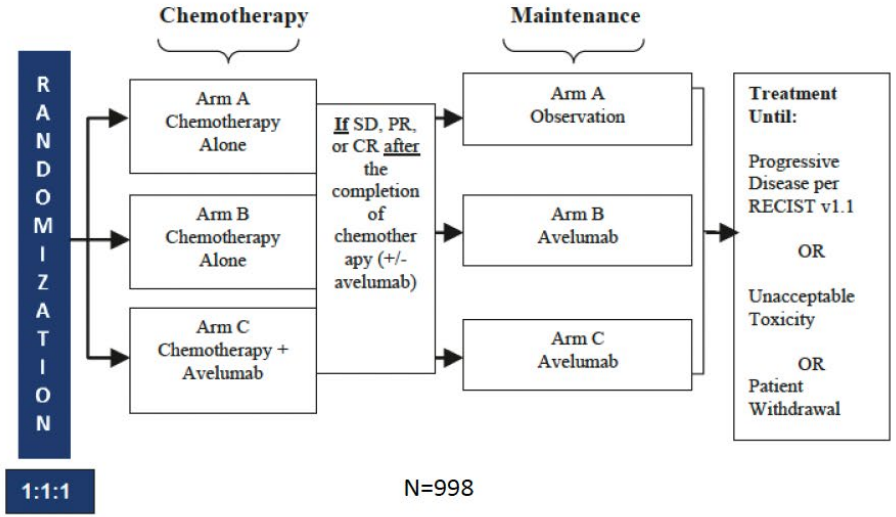
* Hardy-Bessard AC, et al. Annals Oncol 2025

Chemia +						
BEV		+ BEV		+ BEV	± BEV	± BEV
PARPi			+ PARPi	vs PARPi	+ PARPi	vs PARPi
CPI	vs CPI	vs CPI	vs CPI	vs CPI	vs CPI	vs CPI
1 linia						
Wznowa platynowrażliwa						
Wznowa platynooporna						

Chemia +						
BEV		+ BEV		+ BEV	± BEV	± BEV
PARPi			+ PARPi	vs PARPi	+ PARPi	vs PARPi
CPI	vs CPI	vs CPI	vs CPI	vs CPI	vs CPI	vs CPI
1 linia						
Wznowa platynowrażliwa		ALATLANTE	ANITA			
Wznowa platynooporna	JAVELIN 200	AGO-OVAR2.29				

Chemia +						
BEV		+ BEV		+ BEV	± BEV	± BEV
PARPi			+ PARPi	vs PARPi	+ PARPi	vs PARPi
CPI	vs CPI	vs CPI	vs CPI	vs CPI	vs CPI	vs CPI
1 linia	JAVELIN 100	IMAGYN 050	ATHENA COMBO	DUO-O	FIRST	KEYLYNK
Wznowa platynowrażliwa		ALATLANTE	ANITA			
Wznowa platynooporna	JAVELIN 200	AGO-OVAR2.29				

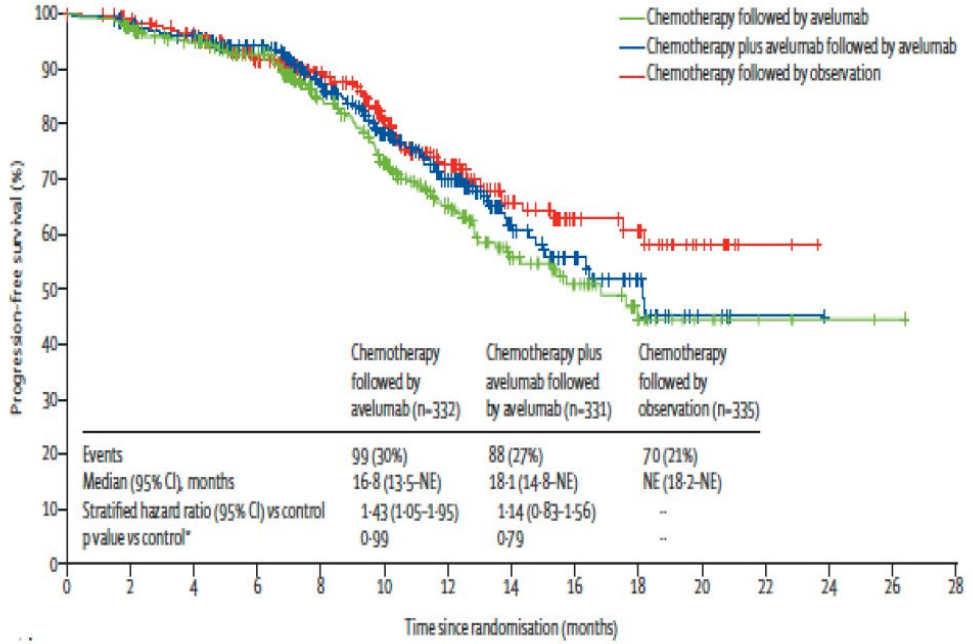
JAVELIN100 did not demonstrate improvement in PFS with avelumab



- Stage III/IV frontline ovarian cancer
- Patients were randomized after surgery/planned for IDS

- PD-L1 status was not predictive for response
- BRCA not systematically collected so unknown relationship
- No HRD testing in this trial

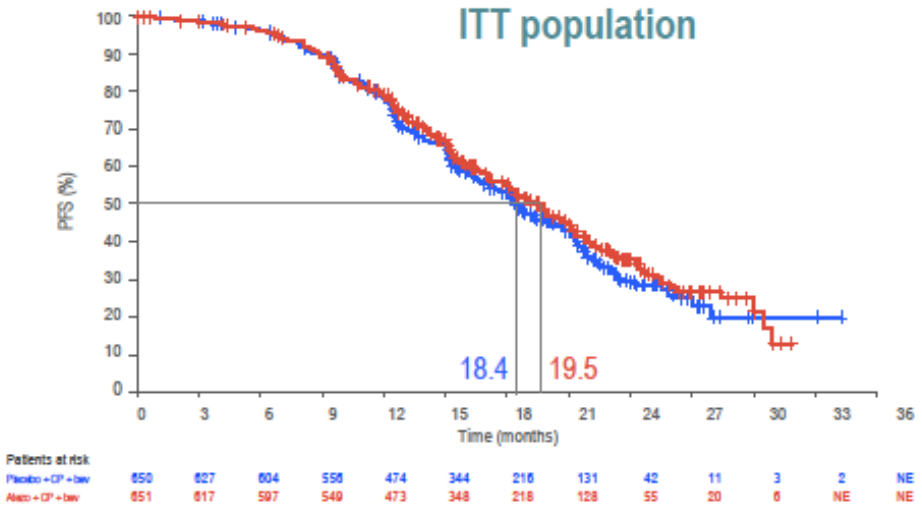
PFS
HR 1.43 for IO maintenance
HR 1.14 for IO combination and maintenance

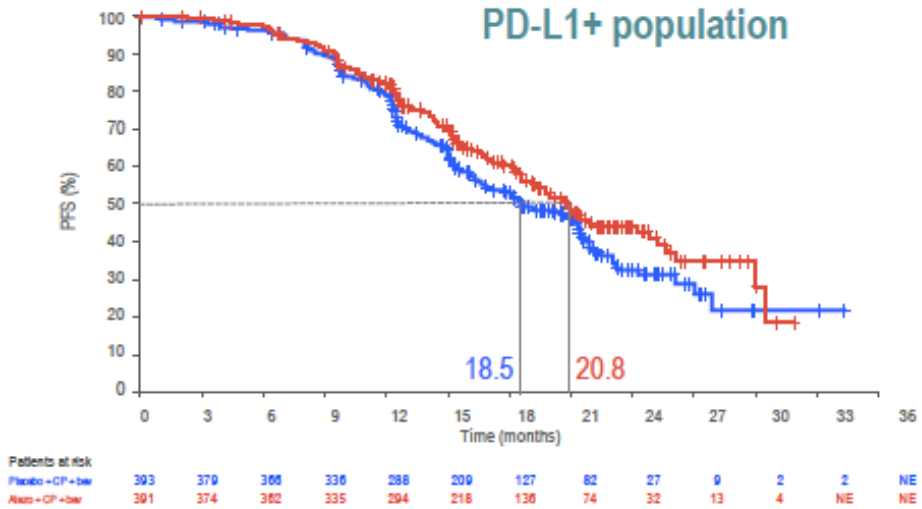


Trial was terminated early after 16/12 as deleterious effect, no FU – mPFS not reached for control

Monk BJ, et al. Annals Oncol Supp 2024

Imagyn-050 did not demonstrate improvement in PFS with atezolizumab + bevacizumab



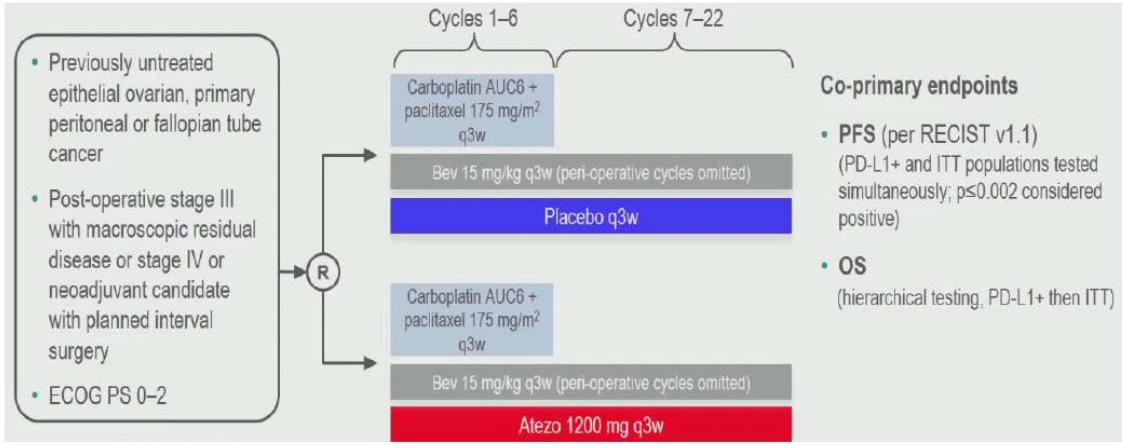


PFS	ITT population		PD-L1+ population	
	Placebo + CP + bev (n=650)	Atezo + CP + bev (n=651)	Placebo + CP + bev (n=393)	Atezo + CP + bev (n=391)
Patients with events, n (%)	341 (52.5)	323 (49.6)	199 (50.6)	167 (42.7)
Median PFS, months (95% CI)	18.4 (17.2–19.8)	19.5 (18.1–20.8)	18.5 (16.6–21.4)	20.8 (19.1–24.2)
Stratified HR (95% CI)	0.92 (0.79–1.07)		0.80 (0.65–0.99)	
Stratified log-rank p-value	0.2785		0.0376	
2-year event-free rate (95% CI)	29.1 (23.9–34.3)	35.1 (30.0–40.3)	32.2 (25.4–39.0)	43.9 (37.2–50.5)

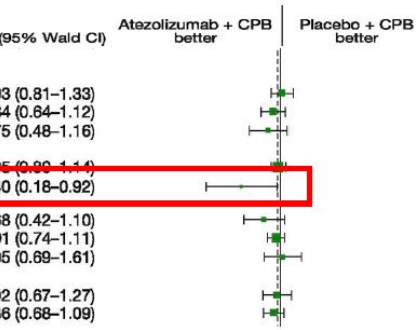
Moore K, et al. ESMO 2020

Imagyn-050 did not demonstrate improvement in PFS with atezolizumab + bevacizumab

Trial discontinued before planned final OS analysis



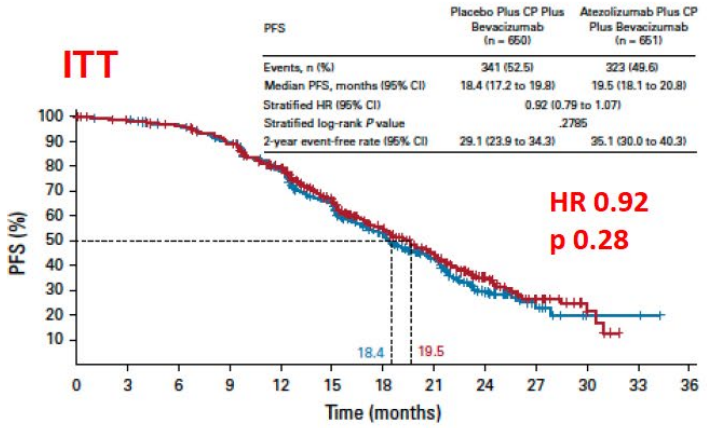
Baseline risk factors	Total n	Placebo + CPB (n = 650) n	Placebo + CPB (n = 650) Median (months)	Atezolizumab + CPB (n = 651) n	Atezolizumab + CPB (n = 651) Median (months)	HR (95% Wald CI)
PD-L1 status						
PD-L1 IC status						
IC <1%	517	257	44.8	260	41.9	1.03 (0.81–1.33)
IC ≥1% to < 5%	524	252	49.1	272	NE	0.84 (0.64–1.12)
IC ≥5%	260	141	47.9	119	NE	0.75 (0.48–1.16)
PD-L1 TC status						
TC <1%	1028	518	46.6	510	50.0	0.95 (0.80–1.14)
TC ≥1%	73	40	41.4	33	NE	0.40 (0.18–0.92)
BRCA1/2 mutation status						
Mutated	234	114	49.7	120	NE	0.68 (0.42–1.10)
Non-mutated	816	399	45.3	417	46.1	0.91 (0.74–1.11)
Not evaluable	251	137	49.1	114	50.8	1.05 (0.69–1.61)
Homologous recombination status						
HRD	446	221	54.6	225	NE	0.92 (0.67–1.27)
HRP	534	257	38.8	277	44.9	0.86 (0.68–1.09)



OS analysis subgroups

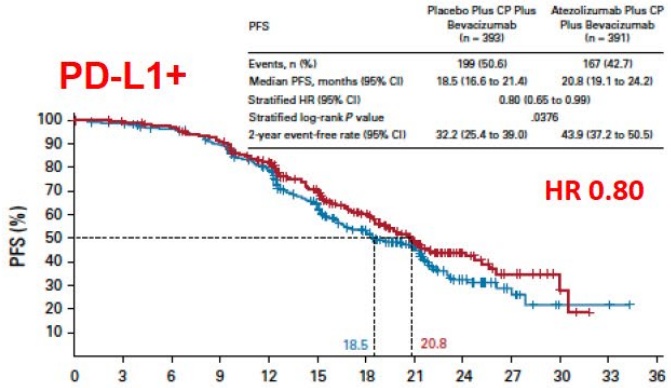
ITT

PFS	Placebo Plus CP Plus Bevacizumab (n = 650)	Atezolizumab Plus CP Plus Bevacizumab (n = 651)
Events, n (%)	341 (52.5)	323 (49.6)
Median PFS, months (95% CI)	18.4 (17.2 to 19.8)	19.5 (18.1 to 20.8)
Stratified HR (95% CI)	0.92 (0.79 to 1.07)	
Stratified log-rank *P* value	.2795	
2-year event-free rate (95% CI)	29.1 (23.9 to 34.3)	35.1 (30.0 to 40.3)



PD-L1+

PFS	Placebo Plus CP Plus Bevacizumab (n = 393)	Atezolizumab Plus CP Plus Bevacizumab (n = 391)
Events, n (%)	199 (50.6)	167 (42.7)
Median PFS, months (95% CI)	18.5 (16.6 to 21.4)	20.8 (19.1 to 24.2)
Stratified HR (95% CI)	0.80 (0.65 to 0.99)	
Stratified log-rank *P* value	.0376	
2-year event-free rate (95% CI)	32.2 (25.4 to 39.0)	43.9 (37.2 to 50.5)



Moore K, et al. J Clin Oncol 2021

ATHENA-COMBO did not demonstrate a PFS benefit for nivolumab + rucaparib

Key Patient Eligibility

- Newly diagnosed, stage III–IV, high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer
- Completed frontline platinum-doublet chemotherapy and surgery
  - Achieved investigator-assessed CR or PR
  - Received cytoreductive surgery (primary or interval; R0/complete resection permitted)
- ECOG PS 0 or 1
- No prior treatment for ovarian cancer, including any maintenance treatment, other than frontline platinum regimen

Randomization 4:4:1:1

- Arm A (n≈400): rucaparib 600 mg BID PO + nivolumab 480 mg IV
- Arm B (n≈400): rucaparib 600 mg BID PO + placebo IV
- Arm C (n≈100): placebo PO + nivolumab 480 mg IV
- Arm D (n≈100): placebo PO + placebo IV

Randomization Stratification Factors

- Tumor HRD test status†
- Disease status post-chemotherapy
- Timing of surgery

Treatment for 24 months*, or until radiographic progression, unacceptable toxicity, or other reason for discontinuation

Primary Endpoint Analyses

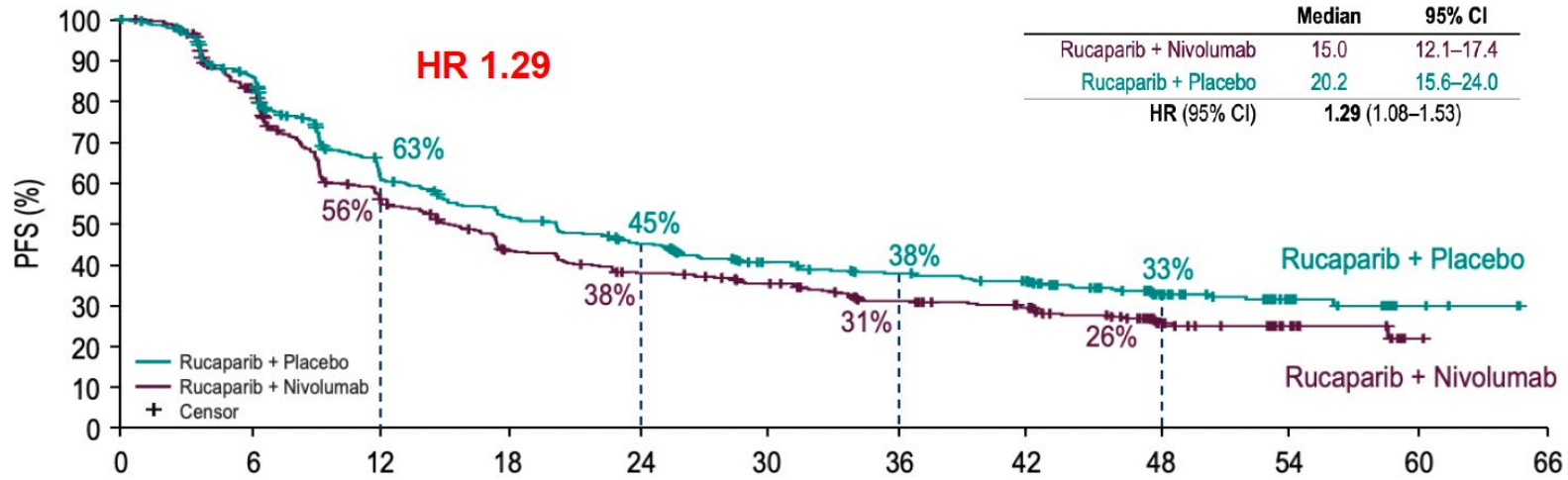
ATHENA–MONO

- Arm B (n≈400): rucaparib 600 mg BID PO + placebo IV
- Arm D (n≈100): placebo PO + placebo IV

ATHENA–COMBO

- Arm A (n≈400): rucaparib 600 mg BID PO + nivolumab 480 mg IV
- Arm B (n≈400): rucaparib 600 mg BID PO + placebo IV

Maintenance only following response
No bevacizumab



	Median	95% CI
Rucaparib + Nivolumab	15.0	12.1–17.4
Rucaparib + Placebo	20.2	15.6–24.0
HR (95% CI)	1.29 (1.08–1.53)	

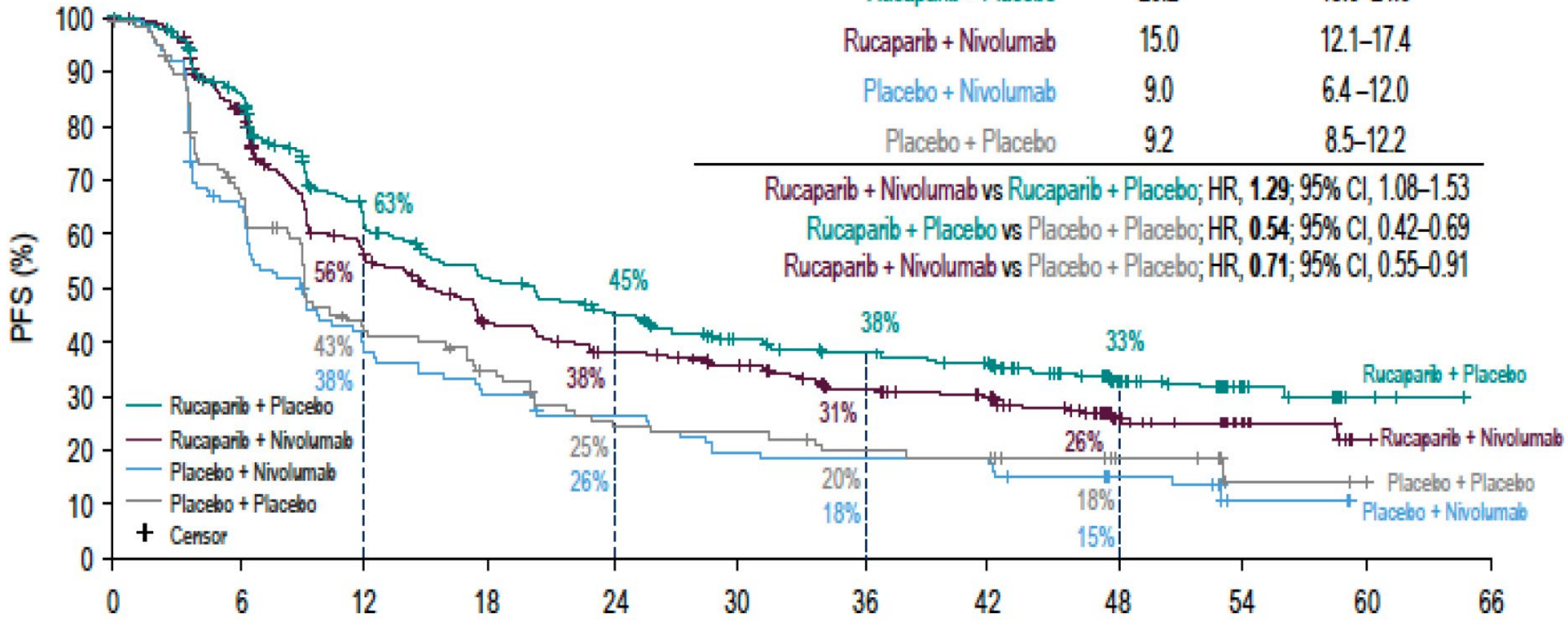
Monk BJ, et al. Annals Oncol Supp 2024

ATHENA-COMBO did not demonstrate a PFS benefit for nivolumab + rucaparib when compared with rucaparib control

In context

	Median	95% CI
Rucaparib + Placebo	20.2	15.6–24.0
Rucaparib + Nivolumab	15.0	12.1–17.4
Placebo + Nivolumab	9.0	6.4–12.0
Placebo + Placebo	9.2	8.5–12.2

Rucaparib + Nivolumab vs Rucaparib + Placebo; HR, **1.29**; 95% CI, 1.08–1.53
Rucaparib + Placebo vs Placebo + Placebo; HR, **0.54**; 95% CI, 0.42–0.69
Rucaparib + Nivolumab vs Placebo + Placebo; HR, **0.71**; 95% CI, 0.55–0.91

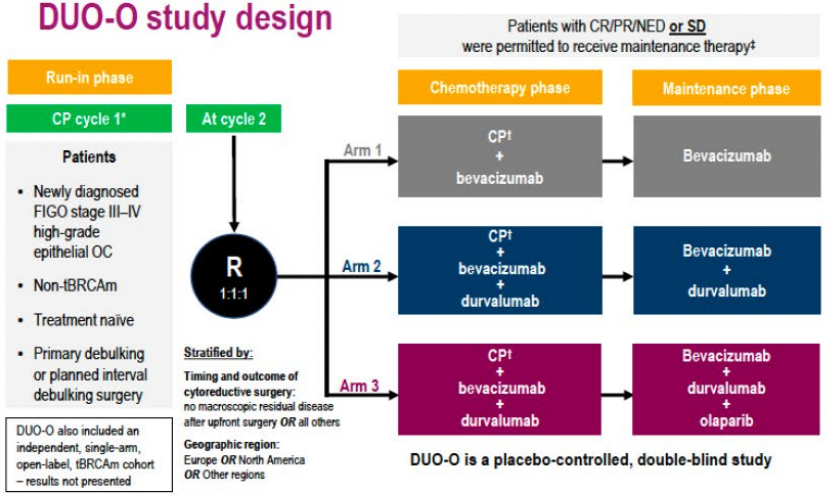


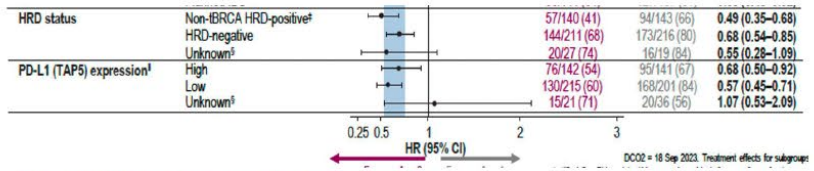
Monk et al ESMO 2024, Fehm et al Charite Berlin Conference 2025

DUO-O shows improved PFS with Olaparib + Durvalumab + Bevacizumab

Bevacizumab mandated, PD-L1 inhibitor

DUO-O study design

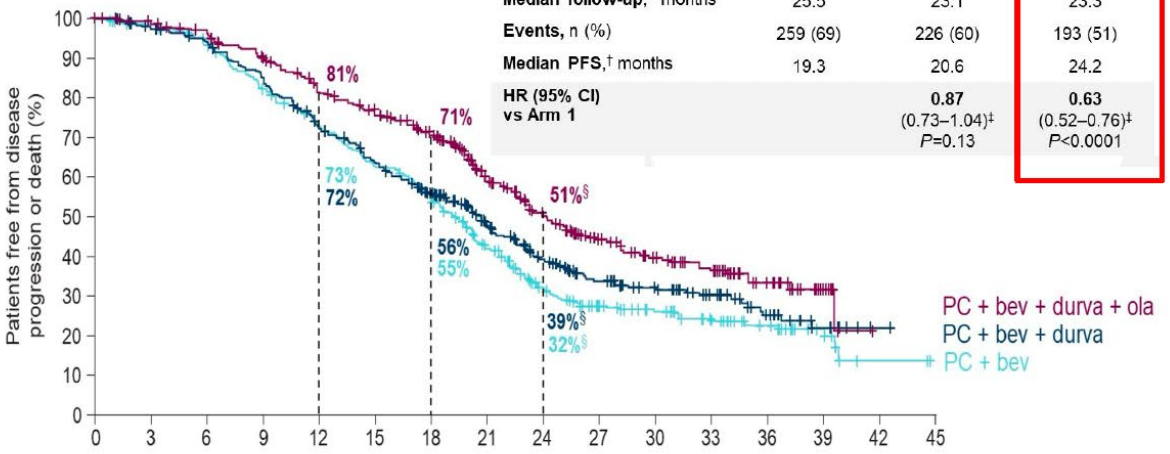




Final PFS analysis (subgroups)

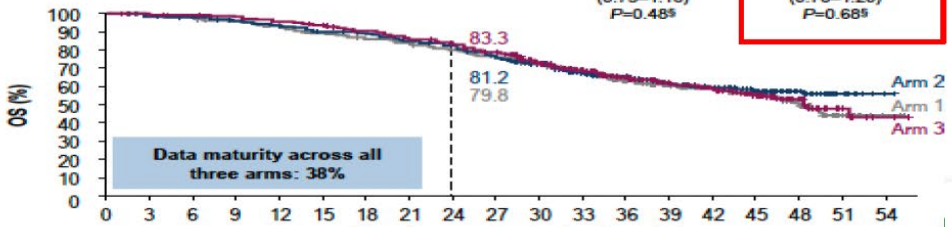
PFS non-tBRCAm ITT

	Arm 1 PC + bev N=378	Arm 2 PC + bev + durva N=374	Arm 3 PC + bev + durva + ola N=378
Median follow-up,* months	25.5	23.1	23.3
Events, n (%)	259 (69)	226 (60)	193 (51)
Median PFS,† months	19.3	20.6	24.2
HR (95% CI) vs Arm 1		0.87 (0.73–1.04)‡ P=0.13	0.63 (0.52–0.76)‡ P<0.0001



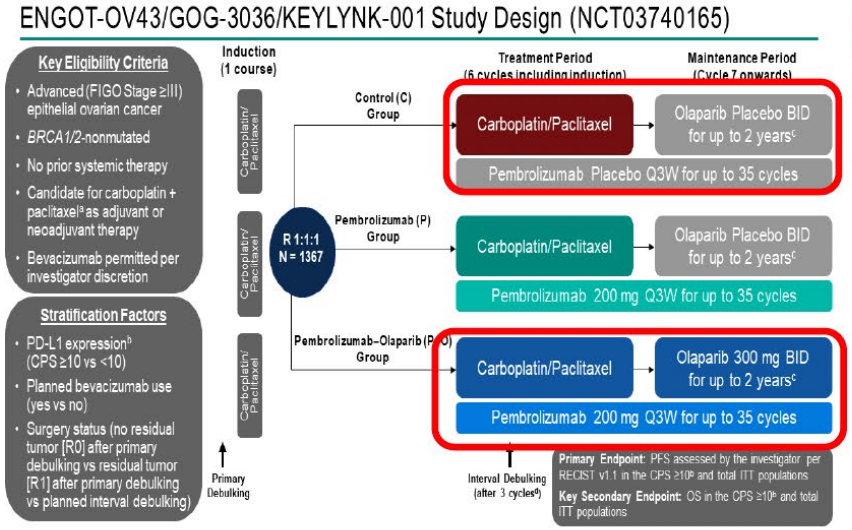
Non-tBRCAm ITT Interim OS

	Arm 1 CP + B N=378	Arm 2 CP + B + D N=374	Arm 3 CP + B + D + O N=378
Median follow-up,* months	38.7	37.8	37.6
Events, n (%)	150 (40)	137 (37)	145 (38)
mOS,† months	48.0	NR	48.5
HR (95% CI) vs Arm 1‡		0.92 (0.73–1.16) P=0.48§	0.95 (0.76–1.20) P=0.68§

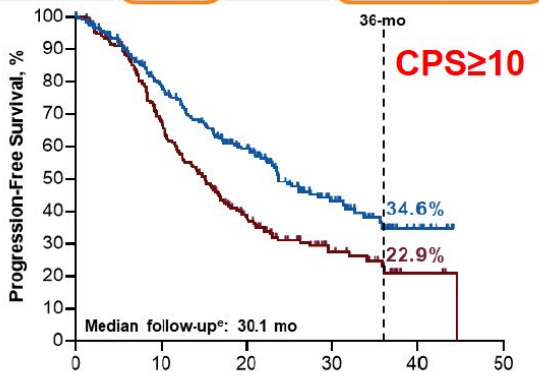


Harter P, et al. SGO.LBA. 2024

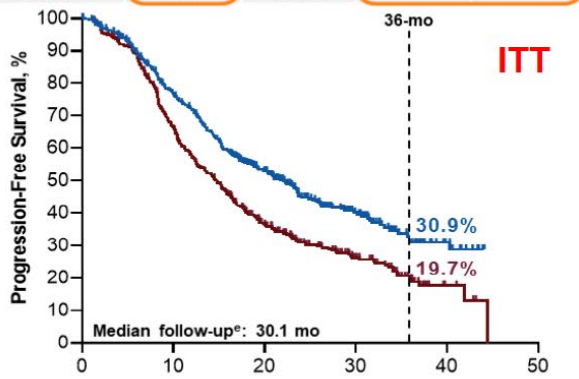
KEYLYNK-001 shows improved PFS with Olaparib + Pembrolizumab (+/- bevacizumab)

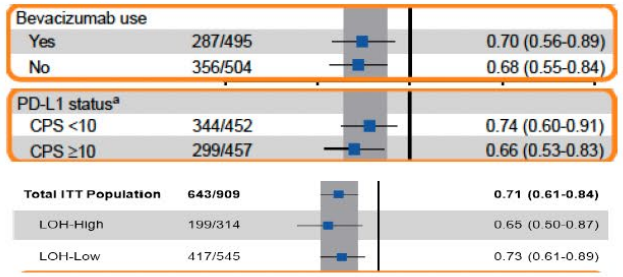


IA1[a]	Median, months	Events	HR (95% CI)	*P*-value
P–O Group	23.7	48.9%	0.63[c] (0.49-0.80)	<0.0001[d]
C Group	15.2	66.2%		



IA1[a]	Median, months	Events	HR (95% CI)	*P*-value
P–O Group	22.1	53.0%	0.68[c] (0.58-0.81)	<0.0001[d]
C Group	14.6	69.2%		

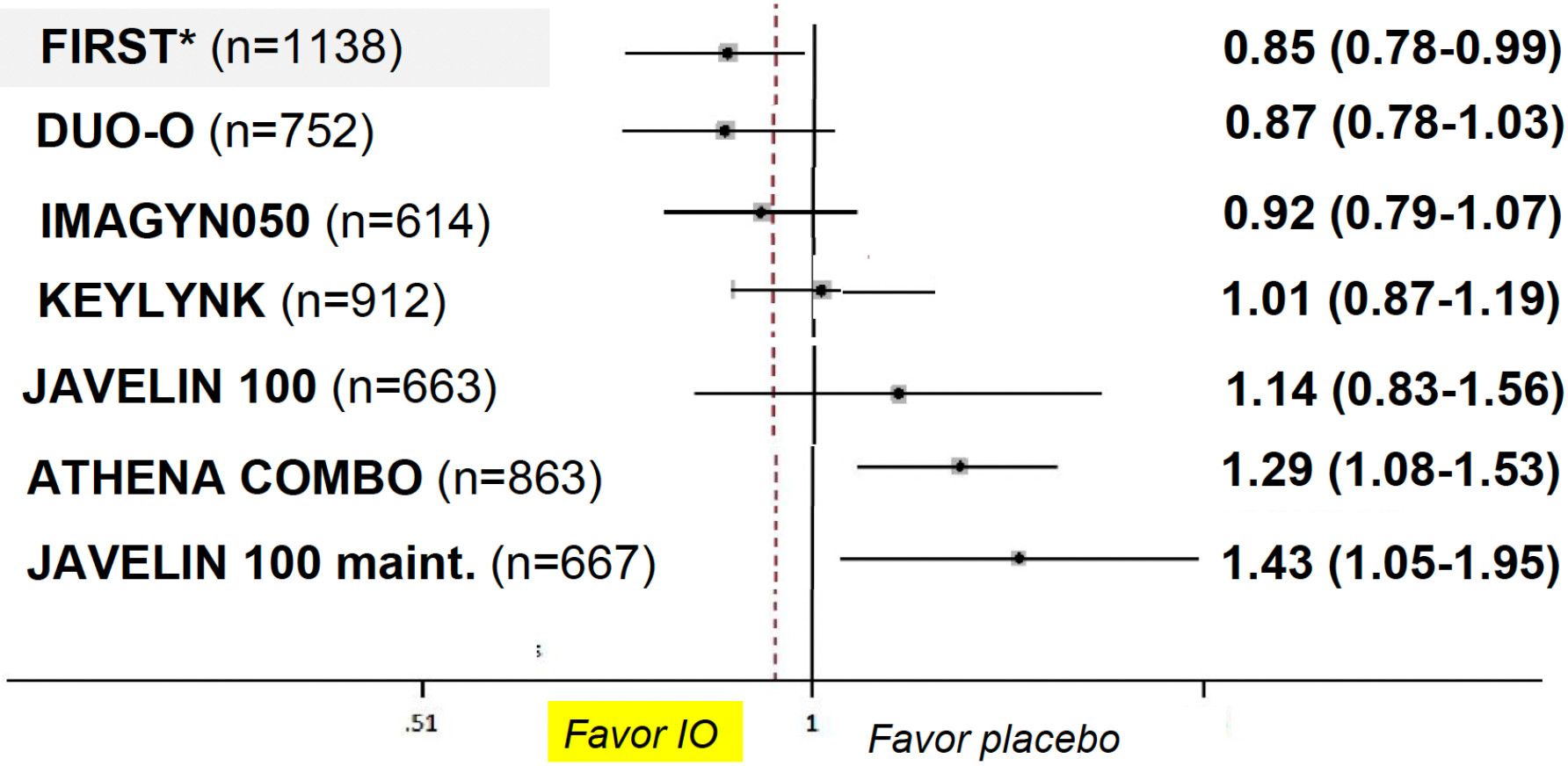




Overall Survival	P–O Group	C Group
CPS ≥10 Population		
Median, mo	50.2	51.6
HR (95% CI)	0.98 (0.75-1.27)	
Total ITT Population		
Median, mo	47.7	47.1
HR (95% CI)	1.04 (0.87-1.25)	

Monk BJ, et al. Annals Oncol Supp 2024

PFS hazard ratio IO vs placebo



FIRST* (n=1138)	**0.85 (0.78-0.99)**	* Hardy-Bessard AC, et al. Annals Oncol 2025
DUO-O (n=752)	**0.87 (0.78-1.03)**	Harter P, et al. SGO.LBA. 2024
IMAGYN050 (n=614)	**0.92 (0.79-1.07)**	Moore K, et al. J Clin Oncol 2021
KEYLYNK (n=912)	**1.01 (0.87-1.19)**	Powel M, et al. SGO. LBA7, 2025
JAVELIN 100 (n=663)	**1.14 (0.83-1.56)**	Monk BJ, et al. Lancet Oncology 2021
ATHENA COMBO (n=863)	**1.29 (1.08-1.53)**	Monk BJ, et al. Annals Oncol Supp 2024
JAVELIN 100 maint. (n=667)	**1.43 (1.05-1.95)**	Monk BJ, et al. Annals Oncol Supp 2024

Pujade-Lauraine ESMO Gyn 2025

Chemia +						
BEV		+ BEV		+ BEV	± BEV	± BEV
PARPi			+ PARPi	vs PARPi	+ PARPi	vs PARPi
CPI	vs CPI	vs CPI	vs CPI	vs CPI	vs CPI	vs CPI
1 linia	JAVELIN 100	IMAGYN 050	ATHENA COMBO	DUO-O	FIRST	KEYLYNK
Wznowa platynowrażliwa		ALATLANTE	ANITA			
Wznowa platynooporna	JAVELIN 200	AGO-OVAR2.29				

2025 ASCO ANNUAL MEETING

ROSELLA: A Phase 3 Study of Relacorilant in Combination with Nab-Paclitaxel versus Nab-Paclitaxel Monotherapy in Patients with Platinum-Resistant Ovarian Cancer

(GOG-3073, ENGOT-ov72, APGOT-Ov10, LACOG-0223, and ANZGOG-2221/2023)

Alexander Olawaiye,[1] Laurence Gladieff, Lucy Gilbert, Jae-Weon Kim, Mariana Scaranti, Vanda Salutari, Elizabeth Hopp, Linda Mileshkin, Alix Devaux, Michael McCollum, Ana Oaknin, Aliza L. Leiser, Nicoletta Colombo, Andrew Clamp, Boglárka Balázs, Giuseppa Scandurra, Emilie Kaczmarek, Hristina I. Pashova, Sachin G. Pai, and Domenica Lorusso

[1]University of Pittsburgh School of Medicine and UPMC Magee-Women's Hospital, Gynecologic Oncology Group, Pittsburgh, PA, USA.

In collaboration with:

GOG FOUNDATION Transforming the standard of care

ENGOT European Network of Gynaecological Oncological Trial groups

APGOT Asia-Pacific Gynecologic Oncology Trials Group

LACOG LATIN AMERICAN COOPERATIVE ONCOLOGY GROUP

ANZGOG

Opcje terapii tu i teraz

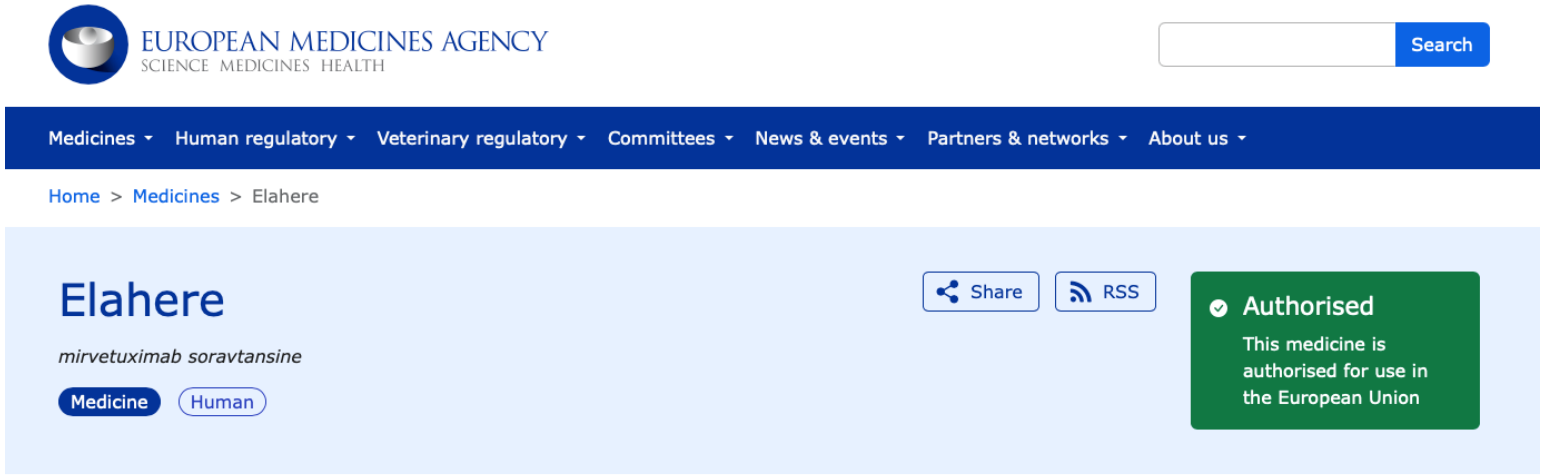
Trial	Schemat	PFS (weeks)	P	OS (weeks)	p
ten Bokkel Huinink W et al. 1997	Topotecan	19	0,002	63	0,0515
	Paclitaxel	15		53	
Gordon AN, et al. 2001	Topotecan	13,6	0,733	41,3	0,455
	PLD	9,1		35,6	
Mutch D, et al. 2006	Gemcitabine	15,6	0,87		
	PLD	13,3			
Pujade Lauraine E AURELIA JCO 2014	Chemo + PL	16,6 (3,4 m)	0,001	53,2 (13,3 m)	0,174
	Chemo + Bewacyzumab	26,8 (6,7 m)		66,4 (16,6 m)	

Pujade – Lauraine E et al. JCO 2014

MIR / WE / TU / KSY / MAB SO / RAW / TAN / ZYNY

2023 ASCO ANNUAL MEETING

Phase III MIRASOL (GOG 3045/ENGOT-ov55) Study: Mirvetuximab Soravtansine vs. Investigator's Choice of Chemotherapy in Platinum-Resistant, Advanced High-Grade Epithelial Ovarian, Primary Peritoneal or Fallopian Tube Cancers with High Folate Receptor-Alpha (FRα) Expression



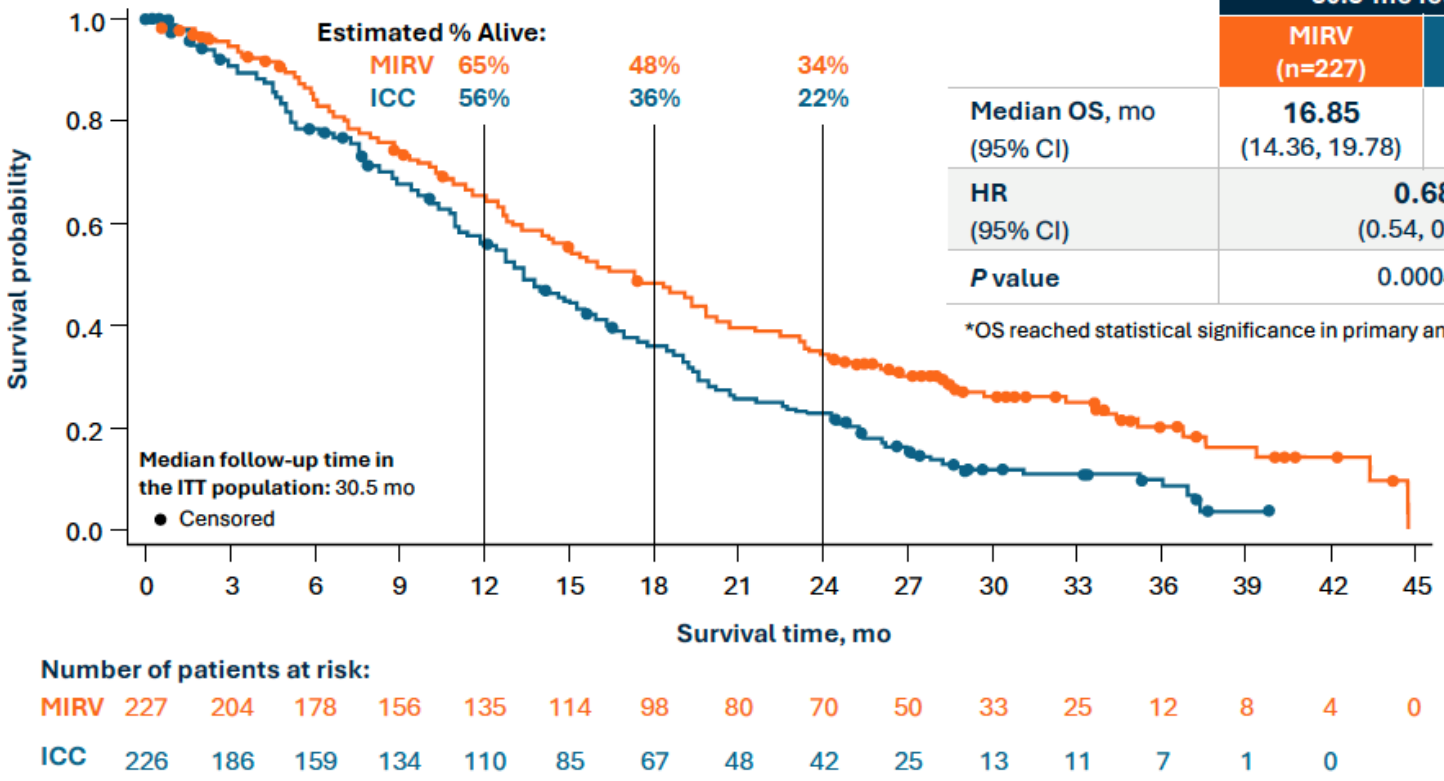
Elahere (mirvetuximab soravtansine) został zarejestrowany w Europie przez Komisję Europejską 14 listopada 2024 roku. Zezwolenie to obowiązuje na terenie całej Unii Europejskiej. Lek jest wskazany do leczenia dorosłych pacjentów z zaawansowanym rakiem jajnika, jajowodu lub otrzewnej, który jest oporny na platynę i wykazuje ekspresję receptora kwasu foliowego alfa (FRα).

Final Overall Survival Analysis Among Patients With FRα-Positive, Platinum-Resistant Ovarian Cancer (PROC) Treated With Mirvetuximab Soravtansine (MIRV) vs Investigator's Choice Chemotherapy (ICC) in the Phase 3 MIRASOL (GOG 3045/ENGOT-ov55) Study

Toon Van Gorp[1*], Antoine Angelergues[2], Gottfried Konecny[3], Yolanda García-García[4], Susana Banerjee[5], John W. Moroney[6],

Final Overall Survival

ANNUAL MEETING ON WOMEN'S CANCER SEATTLE, WA • 2025



	Final analysis[a] 30.5-mo follow-up		Primary analysis[b] 13.1-mo follow-up	
	MIRV (n=227)	ICC (n=226)	MIRV (n=227)	ICC (n=226)
Median OS, mo (95% CI)	**16.85** (14.36, 19.78)	**13.34** (11.37, 15.15)	16.46 (14.46, 24.57)	12.75 (10.91, 14.36)
HR (95% CI)	**0.68** (0.54, 0.84)		0.67 (0.50, 0.89)	
P value	0.0004*		0.0046	

*OS reached statistical significance in primary analysis. The *P* value at the final analysis is descriptive.

At the final analysis, the HR for OS (0.68) **continued to favor MIRV** over ICC, with patients treated with MIRV exhibiting a **32% reduction in risk of death**

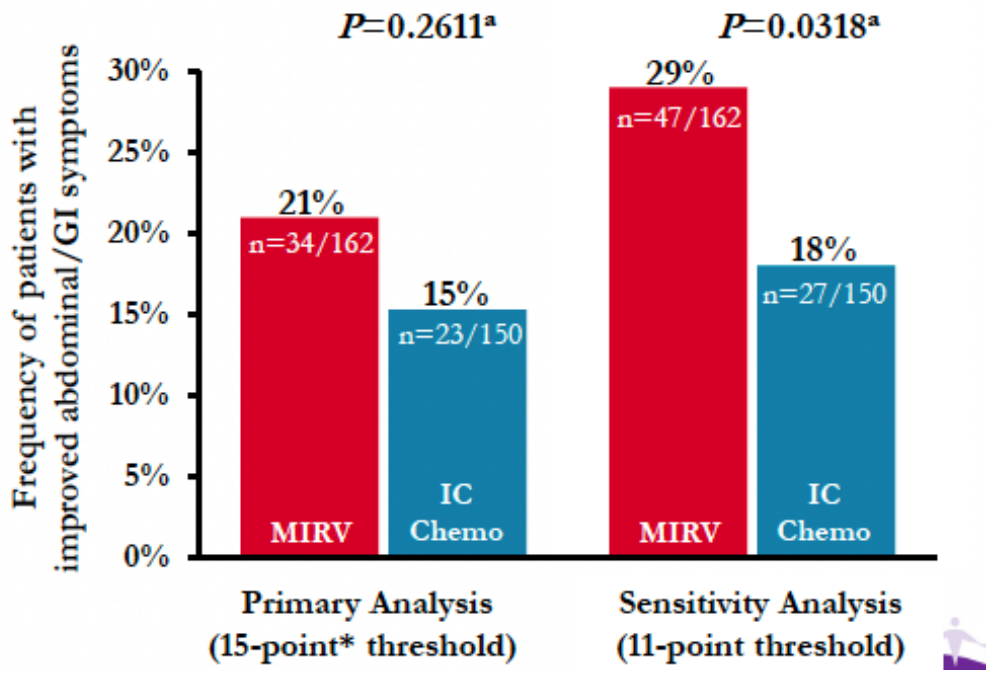
HR, hazard ratio; ICC, investigator's choice chemotherapy; ITT, intent-to-treat; MIRV, mirvetuximab soravtansine-gynx; OS, overall survival; PFS, progression-free survival.
[a]Data cutoff: September 26, 2024. [b]Data cutoff: March 6, 2023.

Van Gorp T et al. SGO 2025

Patient-Reported Outcome Results from Phase III MIRASOL Trial of Mirvetuximab Soravtansine vs. Investigator's Choice of Chemotherapy in FRα Positive Platinum-Resistant Ovarian Cancer

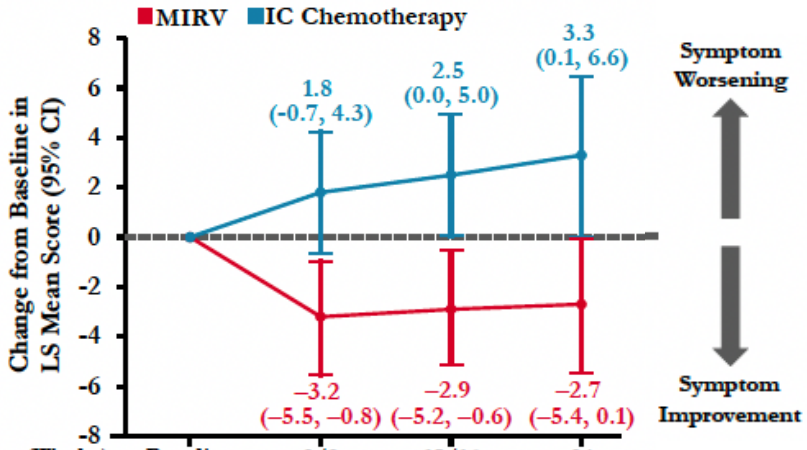
Gottfried E. Konecny[1], Kathleen N. Moore[2], Coriolan Lebreton[3], Saravut Weroha[4], Margarita Romeo[5], Lucy McAvan[6], Nicoletta Colombo[7], David M. O'Malley[8], Lan Coffman[9], Andrzej Roszak[10], Ronnie Shapira-Frommer[11], Roy Lalisang[12], David Cibula[13], Aranzazu Barquin[14], Ros Glasspool[15], James Stec[16], Lingling Li[16], Michael Method[16], Anne-Claire Hardy-Bessard[17], Toon Van Gorp[18]

Figure. Responder Analysis for OV28 abdominal/GI symptom subscale scores by treatment group at week 8/9



ments

Figure†. Change from baseline in EORTC QLQ-OV28 Abdominal/GI scale – ITT Population

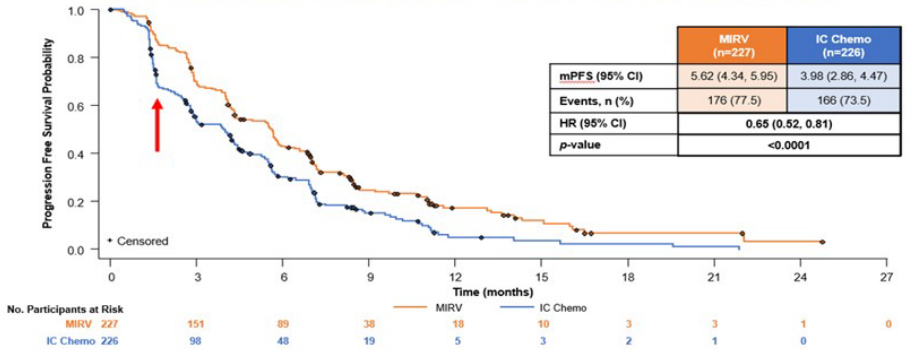


MIRV, n	185	141	93	53
IC Chemotherapy, n	180	123	54	37
Treatment difference[a]	-	−5.0	−5.4	−6.0
(95% CI)	-	(−8.3, −1.6)	(−8.9, −2.0)	(−10.2, −1.8)
P-value	-	0.0041	0.0020	0.0056

Konecny G et al. SGO 2024

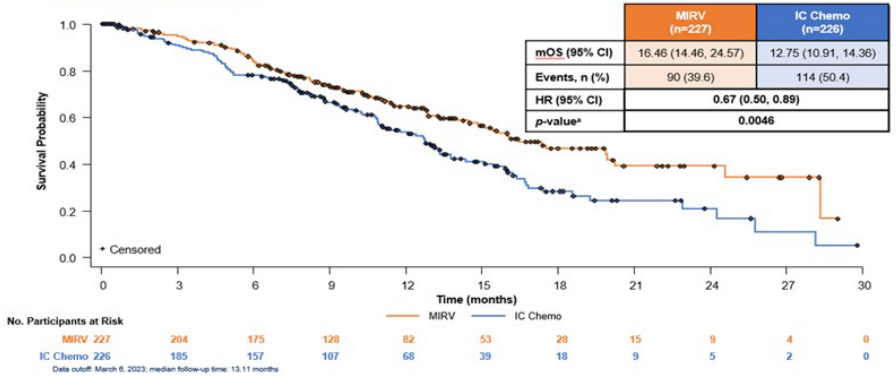
MIRASOL

Primary Endpoint: Progression-Free Survival by Investigator



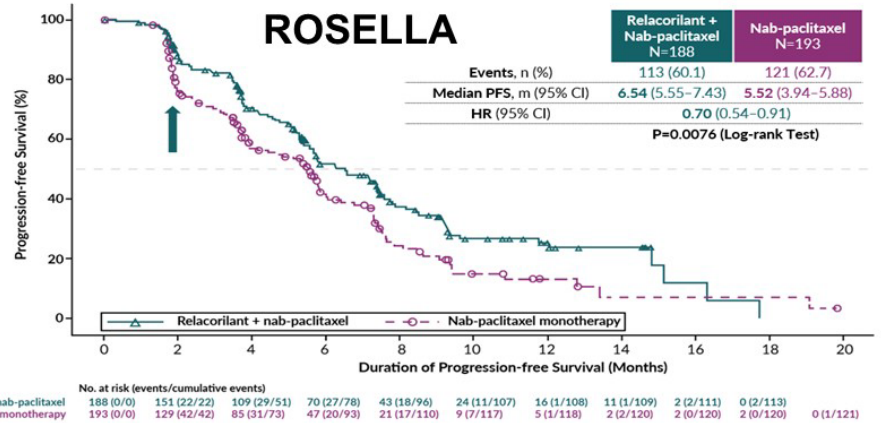
	MIRV (n=227)	IC Chemo (n=226)
mPFS (95% CI)	5.62 (4.34, 5.95)	3.98 (2.86, 4.47)
Events, n (%)	176 (77.5)	166 (73.5)
HR (95% CI)	0.65 (0.52, 0.81)	
p-value	<0.0001	

Overall Survival

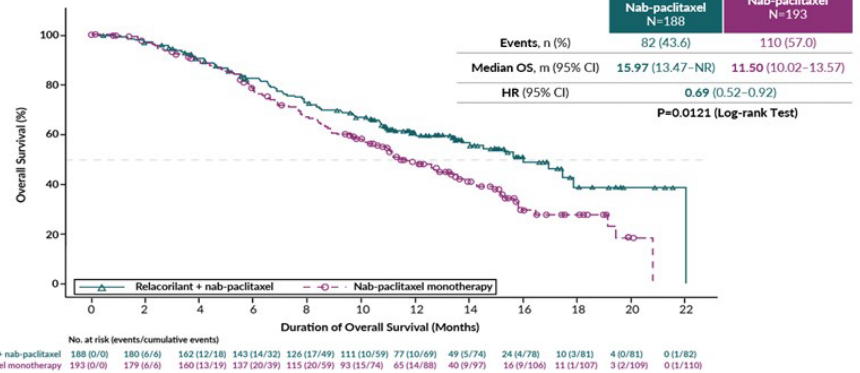


	MIRV (n=227)	IC Chemo (n=226)
mOS (95% CI)	16.46 (14.46, 24.57)	12.75 (10.91, 14.36)
Events, n (%)	90 (39.6)	114 (50.4)
HR (95% CI)	0.67 (0.50, 0.89)	
p-value[a]	0.0046	

ROSELLA



	Relacorilant + Nab-paclitaxel N=188	Nab-paclitaxel N=193
Events, n (%)	113 (60.1)	121 (62.7)
Median PFS, m (95% CI)	6.54 (5.55–7.43)	5.52 (3.94–5.88)
HR (95% CI)	0.70 (0.54–0.91)	
	P=0.0076 (Log-rank Test)	



	Relacorilant + Nab-paclitaxel N=188	Nab-paclitaxel N=193
Events, n (%)	82 (43.6)	110 (57.0)
Median OS, m (95% CI)	15.97 (13.47–NR)	11.50 (10.02–13.57)
HR (95% CI)	0.69 (0.52–0.92)	
	P=0.0121 (Log-rank Test)	

PRESENTED BY: Debra L. Richardson MD

Richardson DL ASCO 2025

A Phase 3, Randomized, Double-Blind Study of Pembrolizumab versus Placebo in Combination With Paclitaxel With or Without Bevacizumab for the Treatment of Platinum-resistant Recurrent Ovarian Cancer (KEYNOTE-B96 / ENGOT-ov65

KEYNOTE-B96

May 15, 2025: Phase 3 KEYNOTE-B96 Trial Met Primary Endpoint of Progression-Free Survival (PFS) in Patients With Platinum-Resistant Recurrent Ovarian Cancer Whose Tumors Expressed PD-L1 and in All Comers

Study also met secondary endpoint of overall survival (OS) for patients whose tumors express PD-L1

Richardson DL ASCO 2025

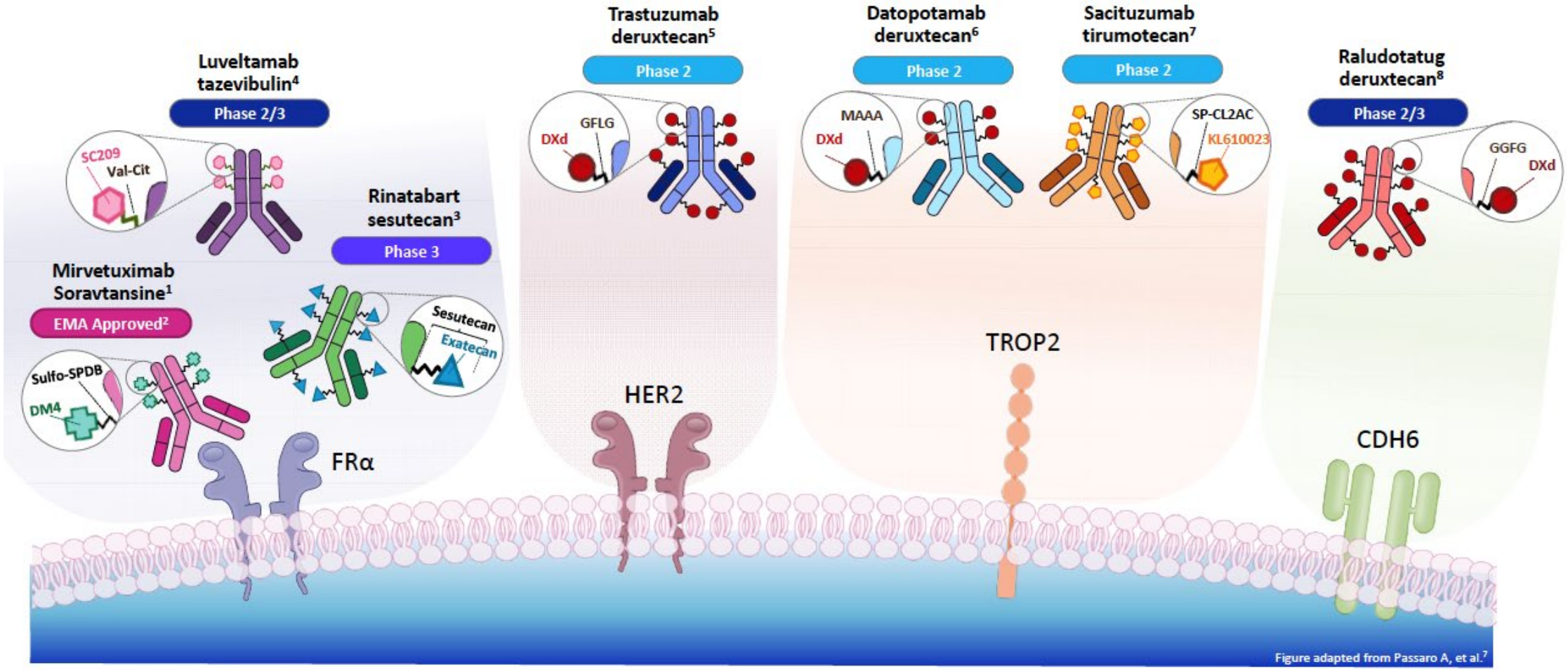
Opcje terapii 2025+

Trial	Schemat	PFS (weeks)	P	OS (weeks)	p
ten Bokkel Huinink W et al. 1997	Topotecan	19	0,002	63	0,0515
	Paclitaxel	15		53	
Gordon AN, et al. 2001	Topotecan	13,6	0,733	41,3	0,455
	PLD	9,1		35,6	
Mutch D, et al. 2006	Gemcitabine	15,6	0,87		
	PLD	13,3			
Pujade Lauraine E AURELIA JCO 2014	Chemo + PL	16,6 (3,4 m)	0,001	53,2 (13,3 m)	0,174
	Chemo + Bewacyzumab	26,8 (6,7 m)		66,4 (16,6 m)	

Mirvetuximab
Relacorilant
Pembro + Pacli + Bev
ADC

Pujade – Lauraine E et al. JCO 2014

Several ADCs are in late-stage development for the treatment of PROC, which may increase treatment options in the future



2025 ASCO ANNUAL MEETING

AGO STUDY GROUP

TRUST: Trial of Radical Upfront Surgical Therapy in Advanced Ovarian Cancer
(ENGOT ov33 / AGO-OVAR OP.7)

Sven Mahner[1], Florian Heitz[2], Sahar Salehi[3], Alexander Reuss[4], Frederic Guyon[5], Andreas du Bois[2], Philipp Harter[2], Christina Fotopoulou[6], Denis Querleu[7], Berit Jul Mosgard[8], Bernhard Krämer[9], Francesco Raspagliesi[10], Björn Lampe[11], Alexander Burges[1], Barbara Schmalfeldt[12], Pauline Wimberger[13], Holger Bronger[14], Dennis Chi[15], Jalid Sehouli[16], Giovanni Aletti[17] and the TRUST investigators

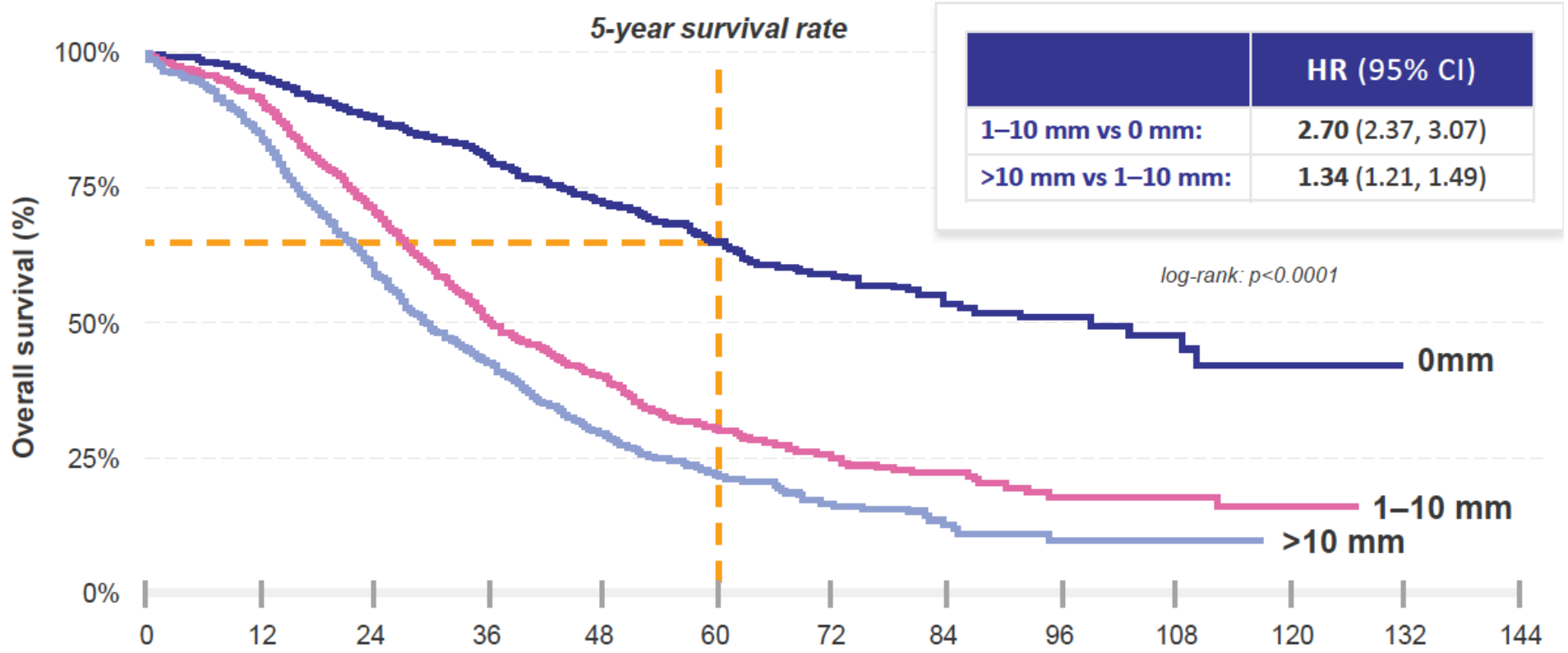
[1]AGO Study Group & Department of Obstetrics and Gynecology, LMU University Hospital, Munich, Germany; [2]AGO Study Group & Department for Gynecology and Gynecologic Oncology; Kliniken Essen Mitte, Essen, Germany; [3]NSGO & Department of Women's and Children's Health, Karolinska Institutet and Department of Pelvic Cancer, Theme Cancer, Karolinska University Hospital, Stockholm, Sweden; [4]AGO Study Group & KKS Marburg, Marburg, Germany; [5]GINECO & Institut Bergonié Bordeaux, Bordeaux, France; [6]AGO Study Group & Division of Cancer, Department of Surgery and Cancer, Imperial College London, London, UK; [7]GINECO & UOC ginecologia oncologica, dipartimento di scienze della donna, del bambino e di sanità pubblica, Fondazione Policlinico Universitario A. Gemelli, IRCCS, Rome, Italy; [8]NSGO & Copenhagen University Hospital Rigshospitalet, Copenhagen, Denmark; [9]AGO Study Group & University Hospital Tuebingen, Tuebingen, Germany; [10]MaNGO & Istituto Tumori di Milano, Milano, Italy; [11]AGO Study Group & Kaiserswerther Diakonie, Duesseldorf, current address: Staedtische Kliniken, Moenchengladbach, Germany; [12]AGO Study Group & University Medical Center Hamburg Eppendorf, Hamburg, Germany; [13]AGO Study Group & Dresden University Hospital, Dresden, Germany; [14]AGO Study Group & TUM School of Medicine and Health, Technical University of Munich (TUM), Munich, Germany; [15]AGO Study Group & MSKCC, New York, USA; [16]AGO Study Group & Charite University Hospital, Berlin, Germany; [17]MaNGO & Istituto Europeo di Oncologia, IRCCS, Milano, Italy

PRESENTED BY: Sven Mahner, MD

Sven.Mahner@med.uni-muenchen.de

ASCO AMERICAN SOCIETY OF CLINICAL ONCOLOGY
KNOWLEDGE CONQUERS CANCER

Wpływ zakresu resekcji na OS



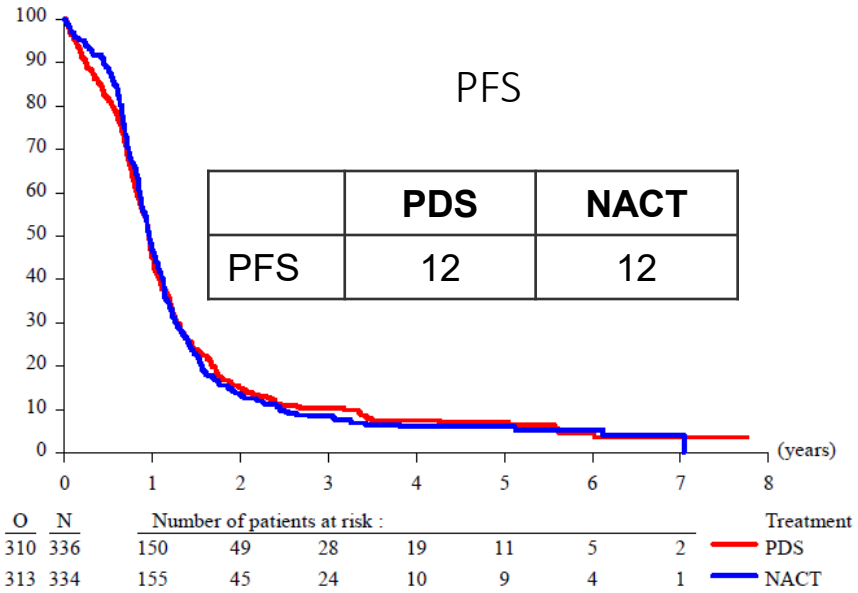
	HR (95% CI)
1–10 mm vs 0 mm:	**2.70** (2.37, 3.07)
>10 mm vs 1–10 mm:	**1.34** (1.21, 1.49)

Du Bois A et al. Cancer 2009

EORTC 55971

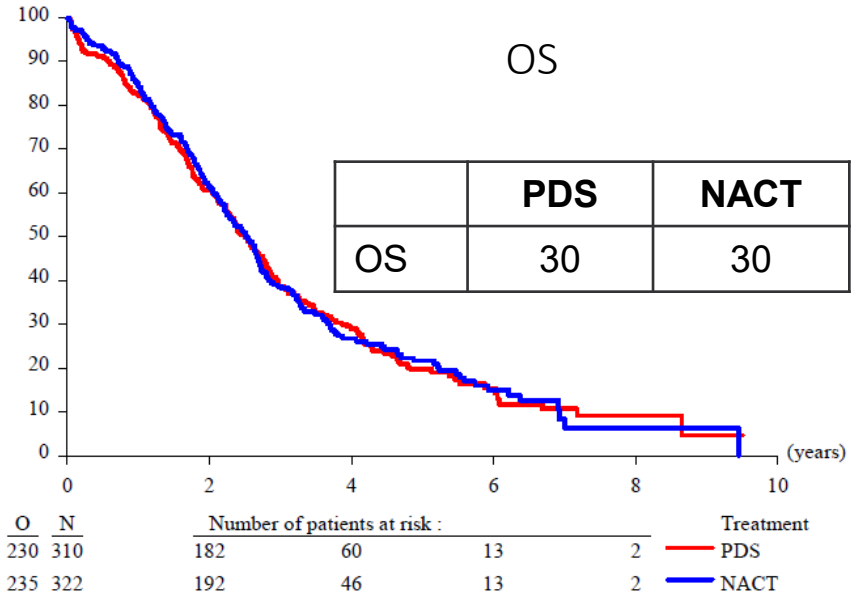
NACT vs PDS

PFS



	PDS	NACT
PFS	12	12

OS



	PDS	NACT
OS	30	30

Primary Debulking Surgery (PDS)
Neoadjuvant Chemotherapy (NACT)

Bez statystycznej istotności

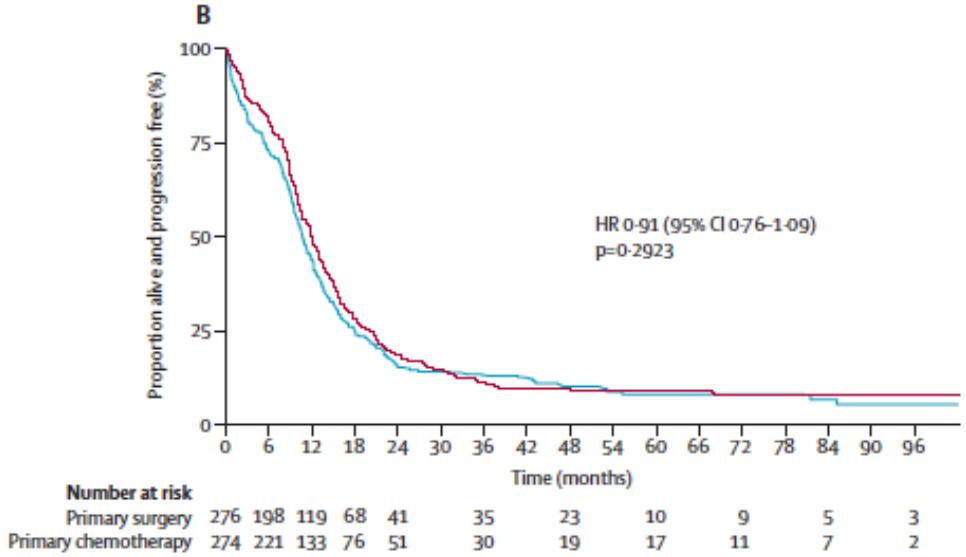
Bez statystycznej istotności

Vegrote I et al. NEJM 2010

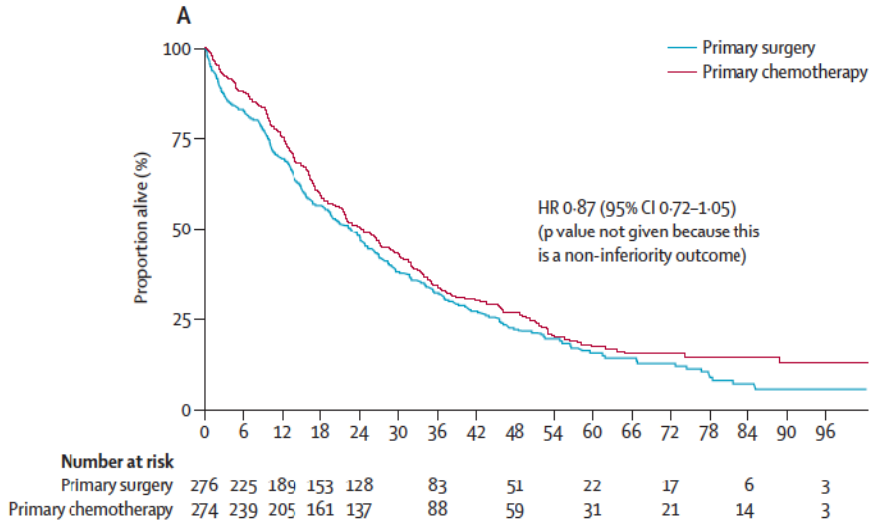
MRC Chorus

NACT vs PDS

PFS



OS



Primary Debulking Surgery (PDS)
Neoadjuvant Chemotherapy (NACT)

Bez statystycznej istotności

Bez statystycznej istotności

Kehoe S et al. Lancet 2015

JCOG0602

NACT vs PDS

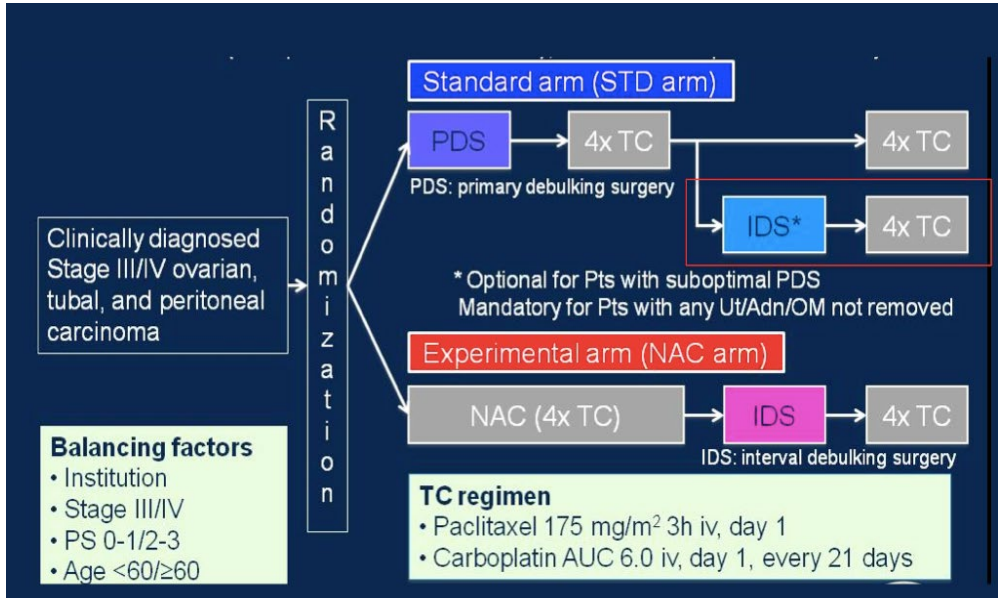
Rak jajnika - neoadiuwant

- Comparison of treatment invasiveness between upfront debulking surgery versus interval debulking surgery following neoadjuvant chemotherapy for stage III/IV ovarian, tubal, and peritoneal cancers in phase III randomized trial: JCOG0602
  - Takashi Onda et al.
  - J Clin Oncol 32:5s, 2014 (suppl; abstr 5508)

ORAL ABSTRACT Session

Presented by: T. Onda et al. 5508

PRESENTED AT: ASCO 50 ANNUAL MEETING SCIENCE & SOCIETY



Onda T. et al. J Clin Oncol 36, 2018 (suppl; abstr 5500)

Selekcja
Personalizowanie leczenia chirurgicznego
Fagotti score

Rates of R0	Pre-implementation	Post-implementation	p-value
Primary TRS	40%	86%	<0.001

Nick AM et al. SGO 2015

SCORPION

NACT vs PDS Fagotto Score ≥ 8

SCORPION trial = Surgical COmplications Related to Primary or Interval debulking in Ovarian Neoplasm

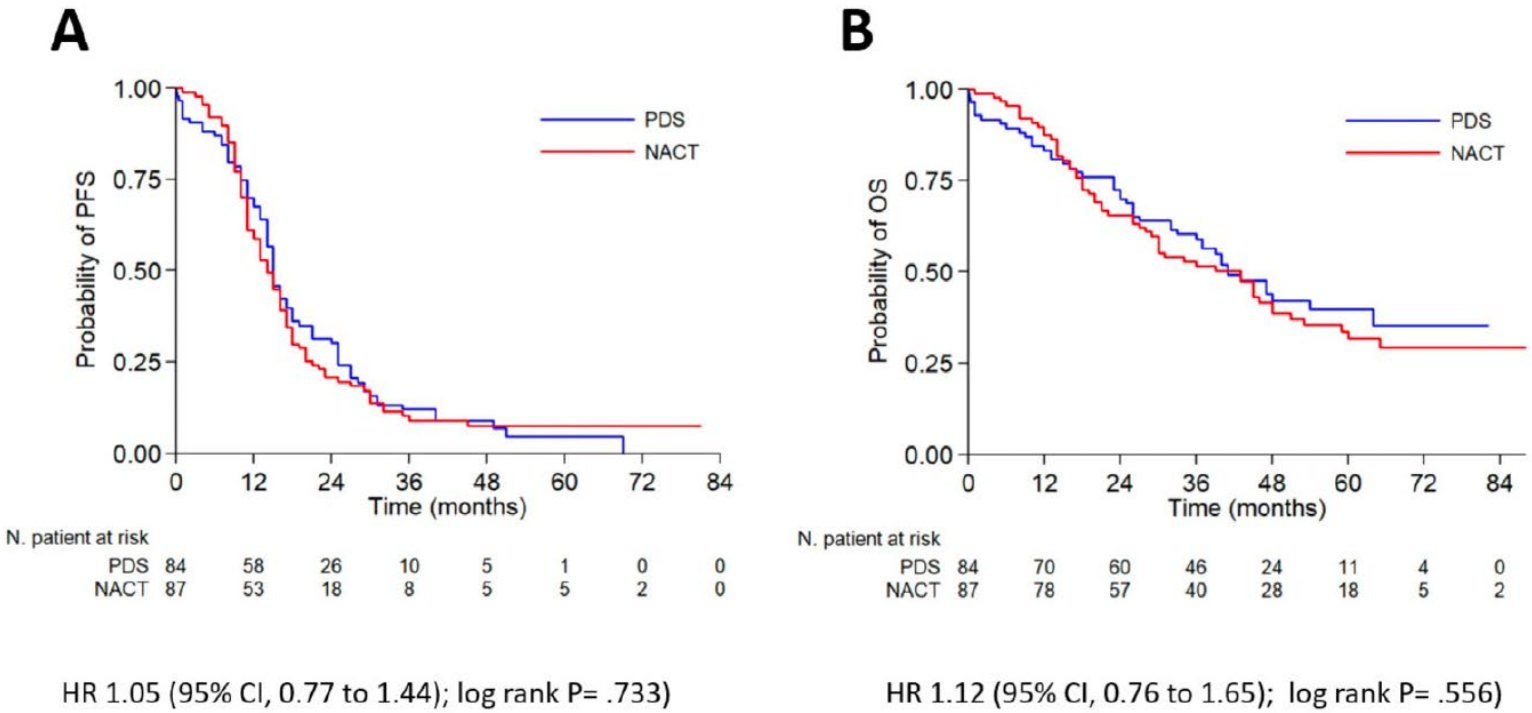


Figure 1 Kaplan-Meyer plots for (A) progression-free survival (PFS) and (B) overall survival (OS) in the intention-to-treat population by study group. PDS, primary debulking surgery; NACT, neoadjuvant chemotherapy.

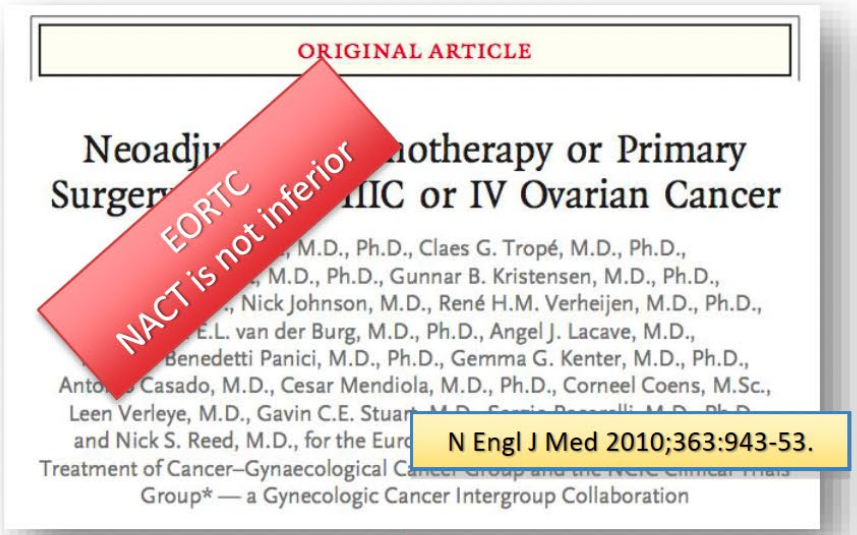
PDS vs NACT (Fagotti score ≥ 8)

Fagotti A et al. IJGC 2020

		EORTC	CHORUS	SCORPION	JCOG0602
No of pts		670 pts	550 pts	171 pts	301 pts
Median age		62y	65y	55y	60y
FIGO Stage IV	PCS	23%	25%	15%	32%
	ICS	24%	25%	9%	30%
Operative time	PCS	180 min	120 min	451 min	240 min
	ICS	165 min	120 min	253 min	302 min
Complete gross resection	PCS	19%	17%	48%	31%
	ICS	51%	39%	77%	64%
PFS	PCS	12 months	10.7 months	15 months	15.1 months
	ICS	12 months	12 months	14 months	16.4 months
OS	PCS	29 months	22.6 months	41 months	49 months
	ICS	30 months	24.1 months	43 months	44.3 months

Vergote et al. N Engl J Med 2011; Kehoe et al. Lancet 2016; Fagotti et al. Int J Gynecol Cancer 2020; Onda et al. Eur J Cancer 2020

PDS or NACT ?

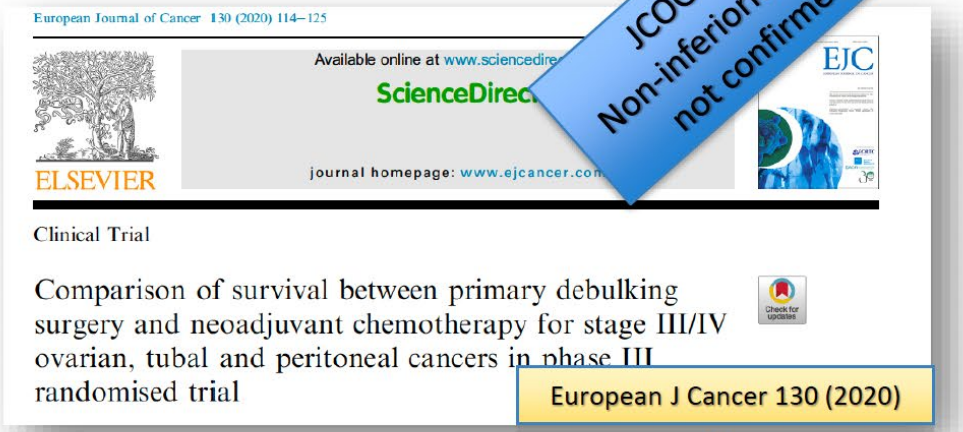

ORIGINAL ARTICLE

Neoadju… …notherapy or Primary Surger… …IIC or IV Ovarian Cancer

…, M.D., Ph.D., Claes G. Tropé, M.D., Ph.D., …, M.D., Ph.D., Gunnar B. Kristensen, M.D., Ph.D., …, Nick Johnson, M.D., René H.M. Verheijen, M.D., Ph.D., …E.L. van der Burg, M.D., Ph.D., Angel J. Lacave, M.D., …Benedetti Panici, M.D., Ph.D., Gemma G. Kenter, M.D., Ph.D., Anto… Casado, M.D., Cesar Mendiola, M.D., Ph.D., Corneel Coens, M.Sc., Leen Verleye, M.D., Gavin C.E. Stuar… and Nick S. Reed, M.D., for the Euro… Treatment of Cancer–Gynaecological C… Group* — a Gynecologic Cancer Intergroup Collaboration

EORTC
NACT is not inferior

N Engl J Med 2010;363:943-53.


European Journal of Cancer 130 (2020) 114–125

Available online at www.sciencedire…

ScienceDirec…

journal homepage: www.ejcancer.com

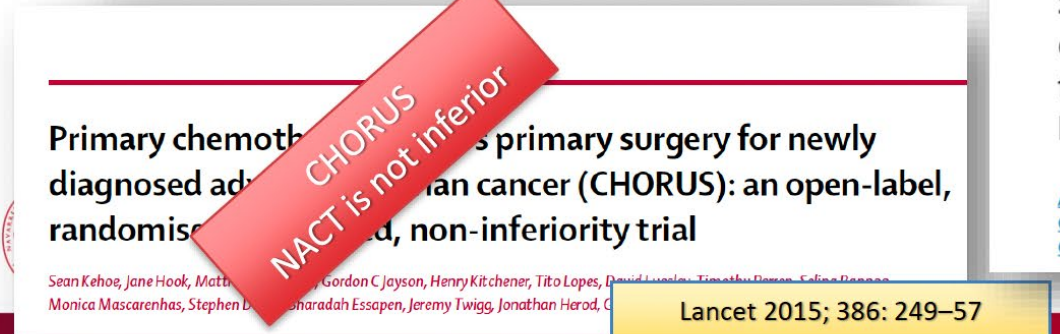
ELSEVIER

Clinical Trial

Comparison of survival between primary debulking surgery and neoadjuvant chemotherapy for stage III/IV ovarian, tubal and peritoneal cancers in phase III randomised trial

JCOG-0602
Non-inferiority NACT
not confirmed

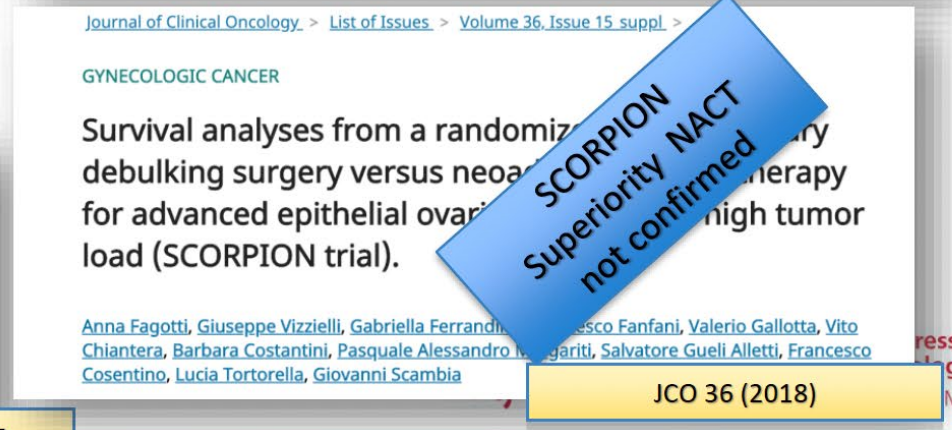
European J Cancer 130 (2020)


Primary chemoth… …s primary surgery for newly diagnosed ad… …an cancer (CHORUS): an open-label, randomis… …d, non-inferiority trial

Sean Kehoe, Jane Hook, Matt… Gordon C Jayson, Henry Kitchener, Tito Lopes, David Luesley, Timothy Perren, Selina Rana… Monica Mascarenhas, Stephen D… Sharadah Essapen, Jeremy Twigg, Jonathan Herod, C…

CHORUS
NACT is not inferior

Lancet 2015; 386: 249–57


Journal of Clinical Oncology > List of Issues > Volume 36, Issue 15_suppl >

GYNECOLOGIC CANCER

Survival analyses from a randomiz… …ry debulking surgery versus neoa… …herapy for advanced epithelial ovari… …high tumor load (SCORPION trial).

Anna Fagotti, Giuseppe Vizzielli, Gabriella Ferrandi… …esco Fanfani, Valerio Gallotta, Vito Chiantera, Barbara Costantini, Pasquale Alessandro M… …gariti, Salvatore Gueli Alletti, Francesco Cosentino, Lucia Tortorella, Giovanni Scambia

…ress on …gy …ME, ITALY

SCORPION
Superiority NACT
not confirmed

JCO 36 (2018)

TRUST

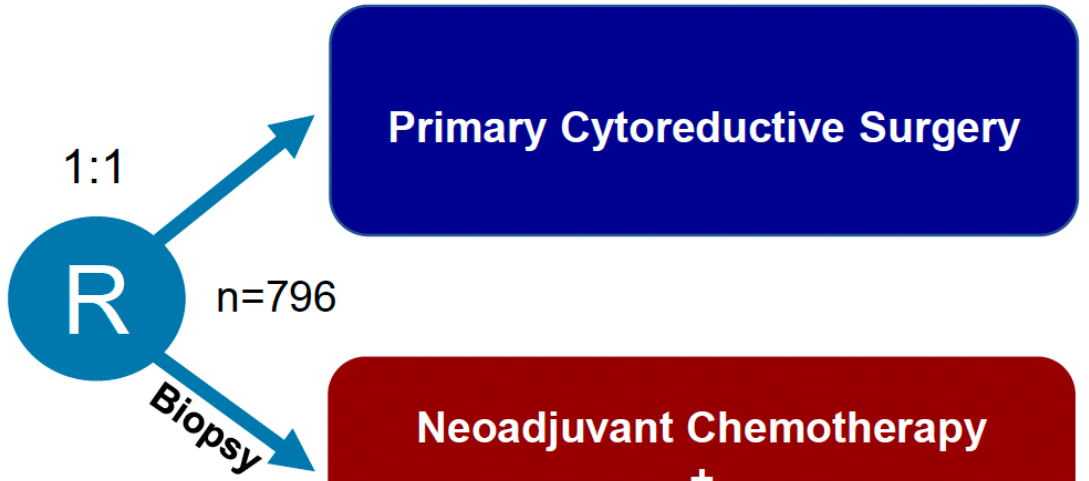
Main Inclusion Criteria

- Epithelial ovarian, fallopian tube or peritoneal cancer
  - FIGO stage IIIB/C, IVA/B
  - Considered resectable
- Fit enough to tolerate radical surgery

Stratification factors

- Center
- Age-ECOG-combination
  ECOG0 and age ≤65y vs.
  ECOG>0 or age >65y

Qualification process for participating centers to ensure surgical quality



Recommended systemic treatment:

- Carboplatin AUC5, Paclitaxel 175mg/m^2 q3w
- Bevacizumab 15mg/kg q3w as indicated
- PARPi as indicated
- Study participation or any other treatment as long as applicable for both study arms

Primary endpoint

- Overall survival

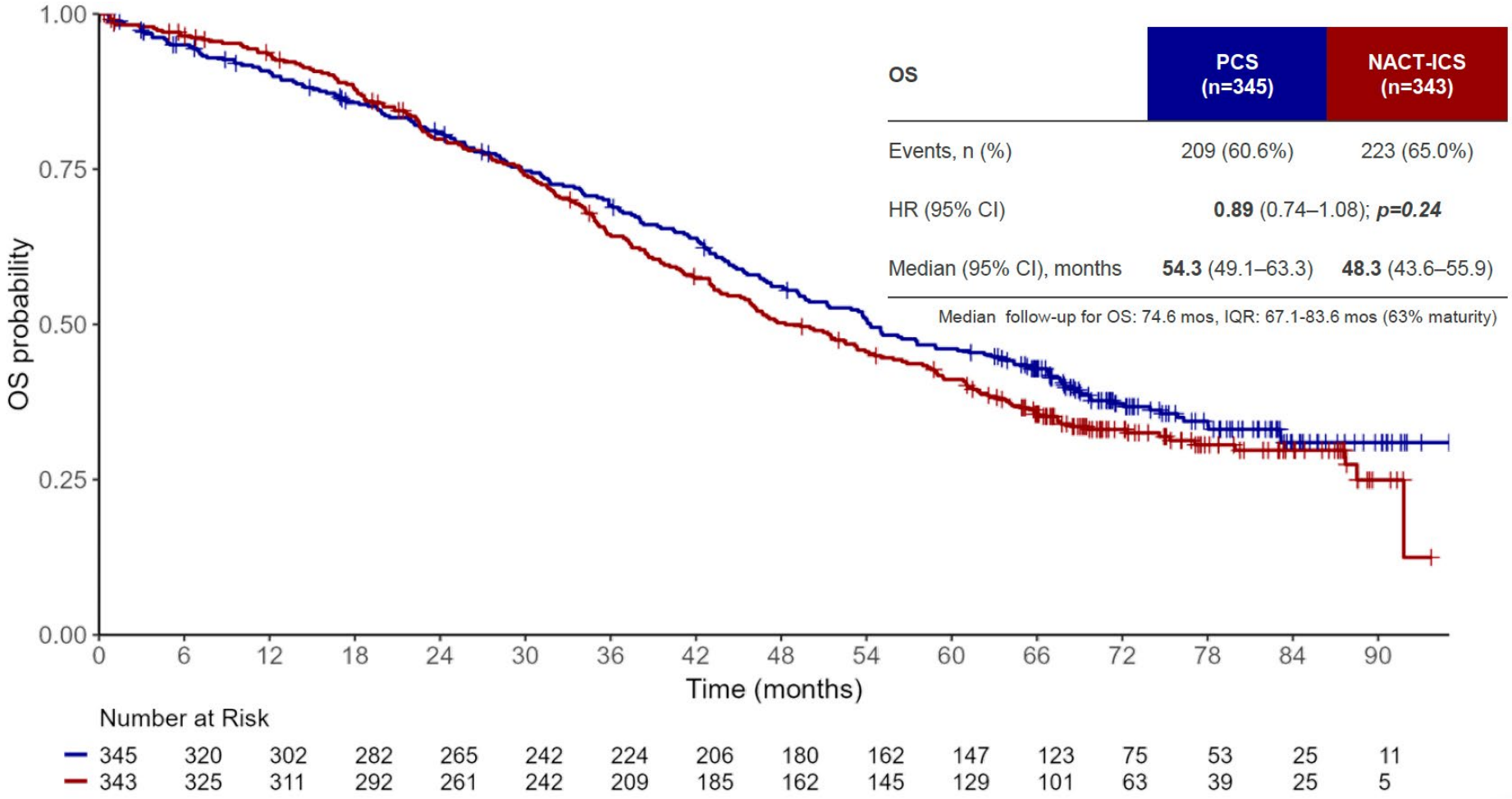
Key secondary endpoints

- Progression-free survival
- Complete resection rate
- Surgical procedures
- Surgical morbidity
- Quality of life

Predefined exploratory and translational endpoints

Mahner S et al. ASCO 2025

TRUST OS



OS	PCS (n=345)	NACT-ICS (n=343)
Events, n (%)	209 (60.6%)	223 (65.0%)
HR (95% CI)	**0.89** (0.74–1.08); ***p=0.24***	
Median (95% CI), months	**54.3** (49.1–63.3)	**48.3** (43.6–55.9)

Median follow-up for OS: 74.6 mos, IQR: 67.1-83.6 mos (63% maturity)

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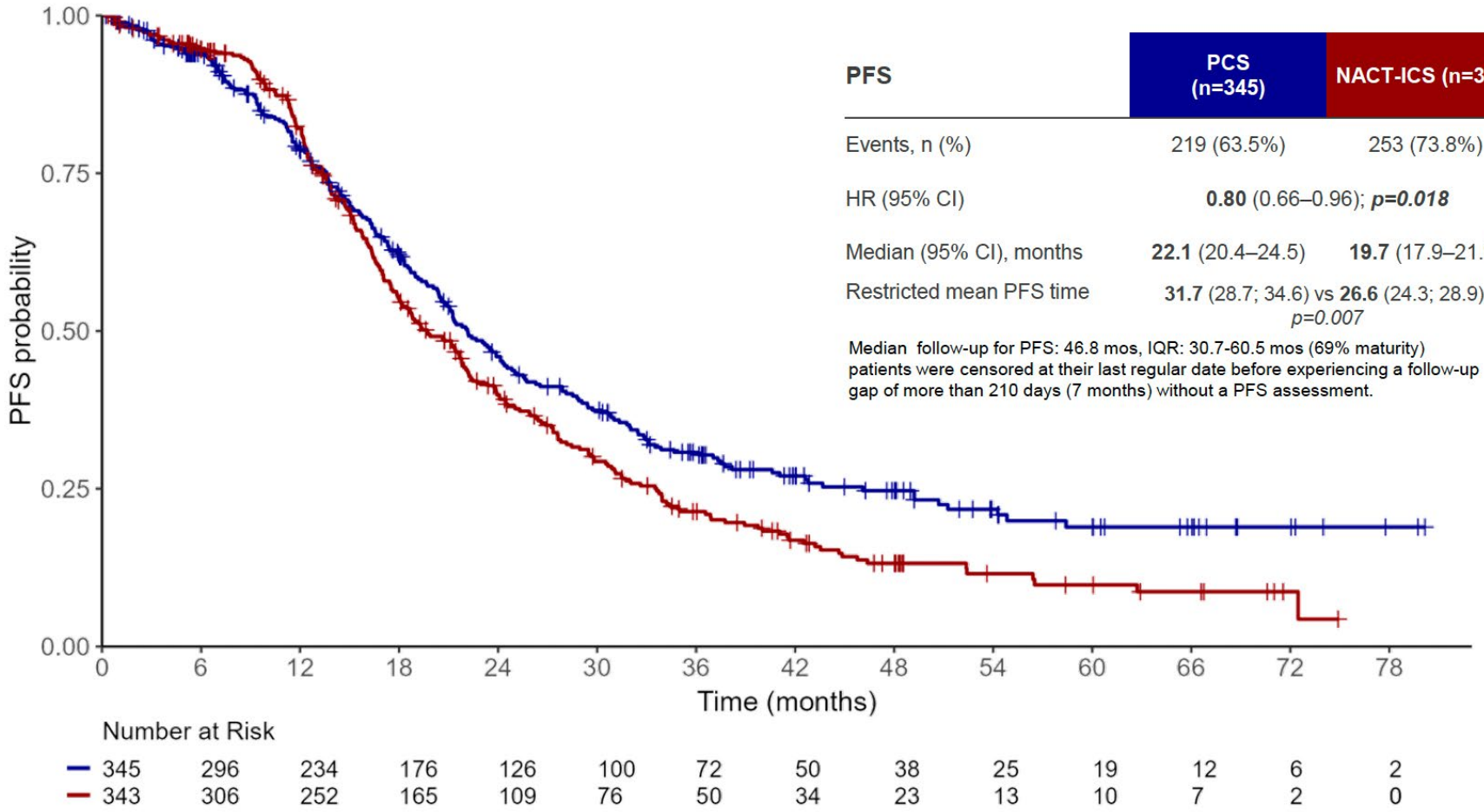
TRUST PFS



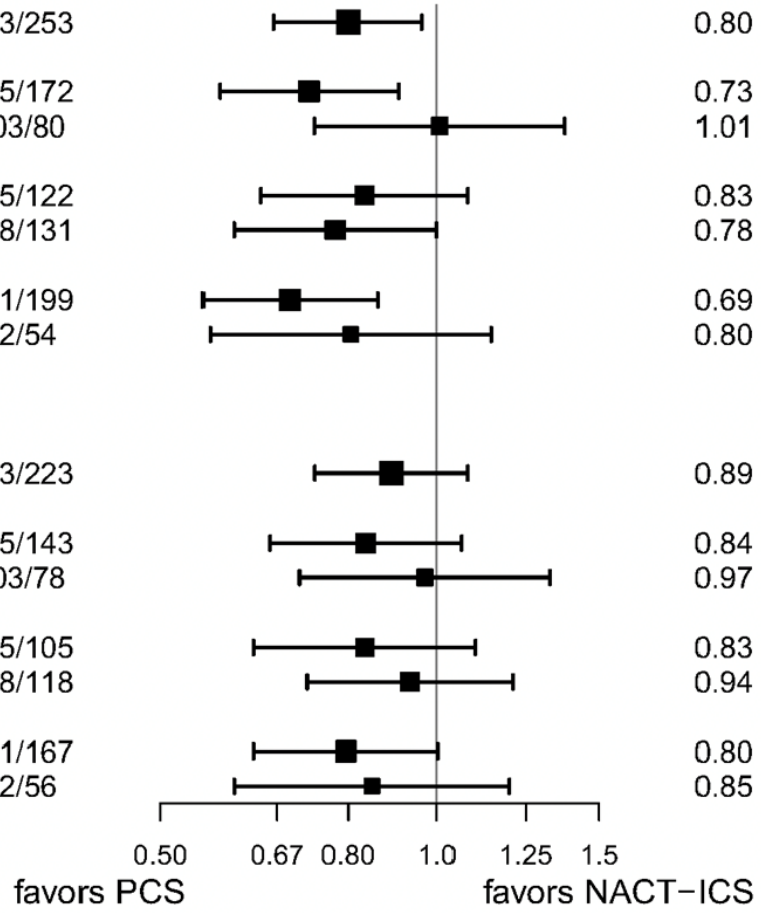
PFS	PCS (n=345)	NACT-ICS (n=343)
Events, n (%)	219 (63.5%)	253 (73.8%)
HR (95% CI)	**0.80** (0.66–0.96); ***p=0.018***	
Median (95% CI), months	**22.1** (20.4–24.5)	**19.7** (17.9–21.9)
Restricted mean PFS time	**31.7** (28.7; 34.6) vs **26.6** (24.3; 28.9); *p=0.007*	

Median follow-up for PFS: 46.8 mos, IQR: 30.7-60.5 mos (69% maturity) patients were censored at their last regular date before experiencing a follow-up gap of more than 210 days (7 months) without a PFS assessment.

Mahner S et al. ASCO 2025

TRUST

	PCS number/events	NACT-ICS number/events	Hazard Ratio	95% CI
PFS				
ITT	345/219	343/253	0.80	(0.66; 0.96)
FIGO III	232/140	235/172	0.73	(0.58; 0.91)
FIGO IV	110/79	103/80	1.01	(0.74; 1.38)
ECOG 0 AND age ≤ 65 yrs	171/110	175/122	0.83	(0.64; 1.08)
ECOG 1 OR age > 65 yrs	174/109	168/131	0.78	(0.60; 1.00)
Complete gross resection	235/137	271/199	0.69	(0.56; 0.86)
Macroscopic residual disease	110/82	72/54	0.80	(0.57; 1.15)
OS				
ITT	345/209	343/223	0.89	(0.74; 1.08)
FIGO III	232/127	235/143	0.84	(0.66; 1.06)
FIGO IV	110/81	103/78	0.97	(0.71; 1.33)
ECOG 0 AND age ≤ 65 yrs	171/95	175/105	0.83	(0.63; 1.10)
ECOG 1 OR age > 65 yrs	174/114	168/118	0.94	(0.72; 1.21)
Complete gross resection	235/126	271/167	0.80	(0.63; 1.00)
Macroscopic residual disease	110/83	72/56	0.85	(0.60; 1.20)

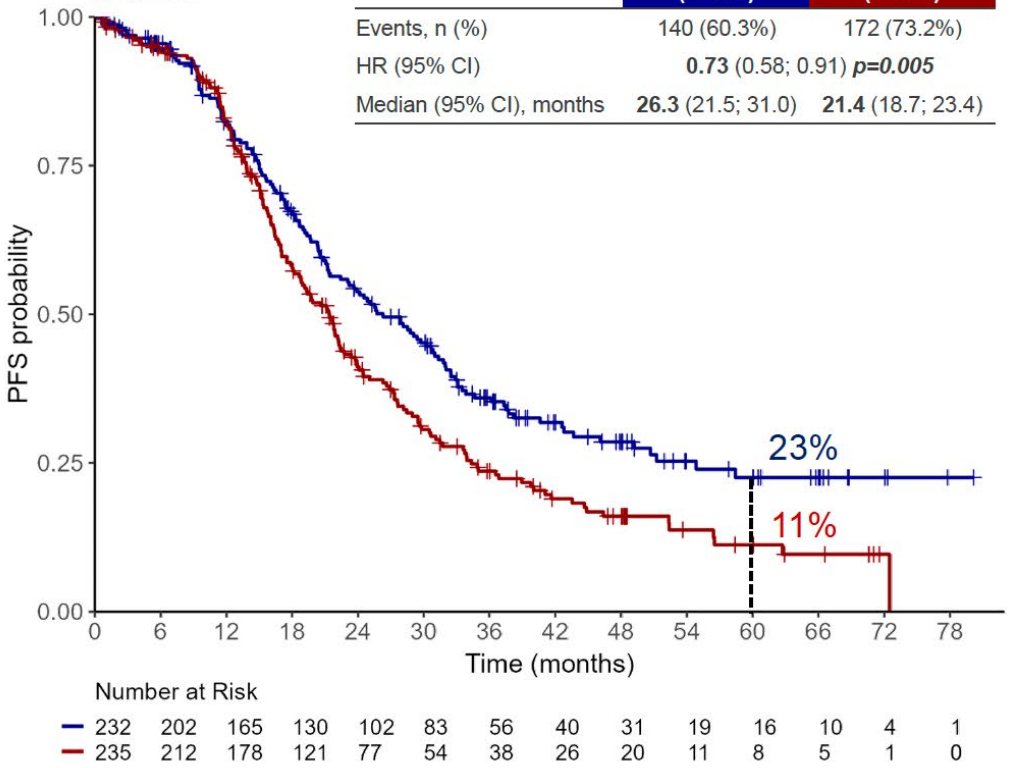


Mahner S et al. ASCO 2025

TRUST Results: Prespecified Exploratory Subgroup Analysis
FIGO Stage III

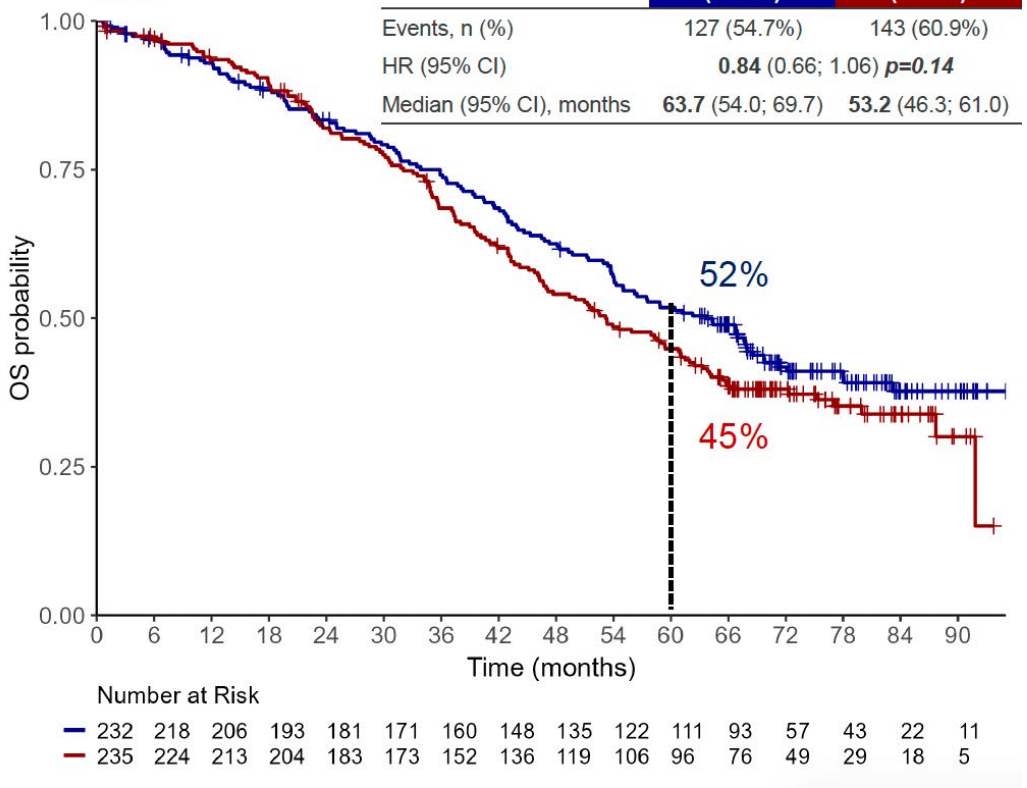
PFS

PFS	PCS (n=232)	NACT-ICS (n=235)
Events, n (%)	140 (60.3%)	172 (73.2%)
HR (95% CI)	**0.73** (0.58; 0.91) ***p=0.005***	
Median (95% CI), months	**26.3** (21.5; 31.0)	**21.4** (18.7; 23.4)



OS

OS	PCS (n=232)	NACT-ICS (n=235)
Events, n (%)	127 (54.7%)	143 (60.9%)
HR (95% CI)	**0.84** (0.66; 1.06) ***p=0.14***	
Median (95% CI), months	**63.7** (54.0; 69.7)	**53.2** (46.3; 61.0)

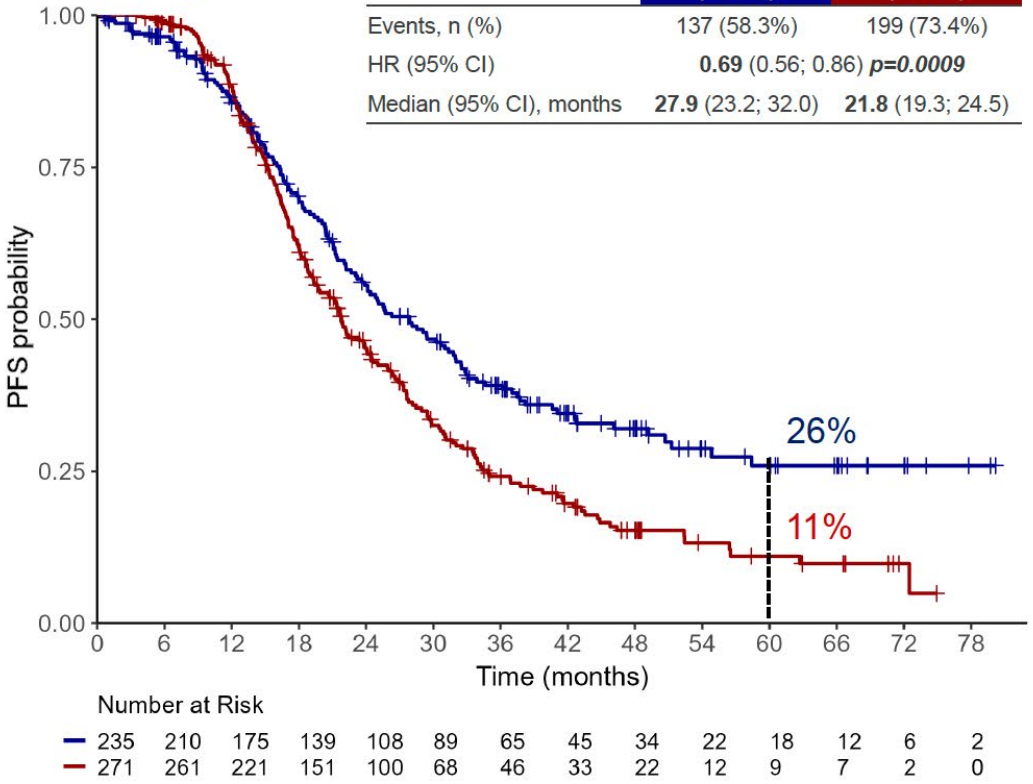


Mahner S et al. ASCO 2025

TRUST Results: Prespecified Exploratory Subgroup Analysis
Complete Gross Resection in All FIGO Stages

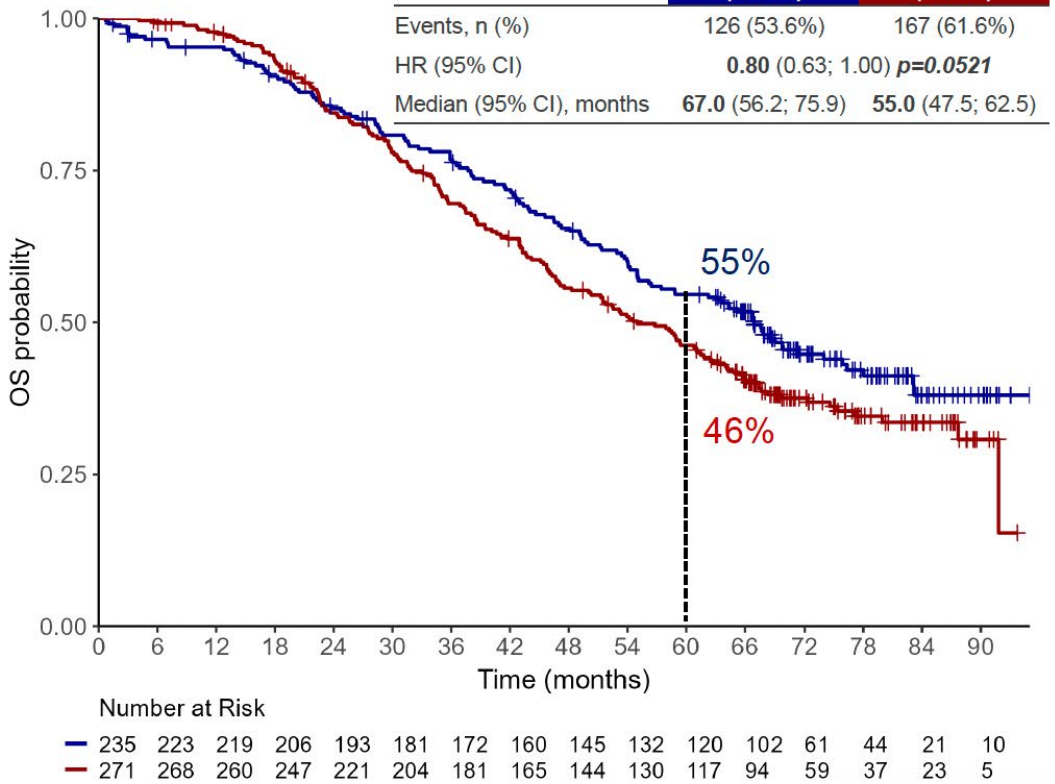
PFS

PFS	PCS (n=235)	NACT-ICS (n=271)
Events, n (%)	137 (58.3%)	199 (73.4%)
HR (95% CI)	**0.69** (0.56; 0.86)	***p=0.0009***
Median (95% CI), months	**27.9** (23.2; 32.0)	**21.8** (19.3; 24.5)



OS

OS	PCS (n=235)	NACT-ICS (n=271)
Events, n (%)	126 (53.6%)	167 (61.6%)
HR (95% CI)	**0.80** (0.63; 1.00)	***p=0.0521***
Median (95% CI), months	**67.0** (56.2; 75.9)	**55.0** (47.5; 62.5)



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TRUST

	PCS (n=345)	NACT-ICS (n=343)
Residual disease, n (%)		
complete gross resection	235 **(68%)**	271 **(79%)**
macroscopic residual disease	99 **(29%)**	49 **(14%)**
0.1-0.5 cm	*39 **(11%)***	*29 **(8.5%)***
0.6-1 cm	*25 **(7.3%)***	*7 **(2.0%)***
> 1 cm	*35 **(10%)***	*13 **(3.8%)***
not operated / not reported	11 **(3.2%)**	23 **(6.7%)**
Documented complete resections in operated patients, n (%)	235/334 **(70%)**	271/320 **(85%)**

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TRUST

Procedure, n* (%)	PCS (n=331)	NACT-ICS (n=328)
Median duration of surgery, minutes (IQR)	**331** (253-432)	**284** (213-360)
Median blood loss, mL (IQR)	**500** (300-800)	**400** (200-600)
Mean number of RBC units transfused (SD)	**0.9** (1.5)	**0.6** (1.1)
Upper abdominal procedures	263 **(79%)**	221 **(67%)**
Splenectomy	91 **(27%)**	42 **(13%)**
Intestinal resections	224 **(68%)**	123 **(38%)**
Colorectal resection	187 **(56%)**	95 **(29%)**
Large bowel resection	135 **(41%)**	74 **(23%)**
Small bowel resection	70 **(21%)**	33 **(10%)**
Stoma formation	66 **(20%)**	27 **(8.2%)**
Lymph node dissection	197 **(60%)**	156 **(48%)**
Pelvic nodes	166 **(50%)**	135 **(41%)**
Paraaortic nodes	172 **(52%)**	134 **(41%)**
Chest procedures	63 **(19%)**	35 **(11%)**
Pericardiophrenic nodes	33 **(10%)**	15 **(4.6%)**
Open assessment of the pleura	47 **(14%)**	23 **(7.0%)**
Pleurectomy	15 **(4.5%)**	5 **(1.5%)**

Mahner S et al. ASCO 2025

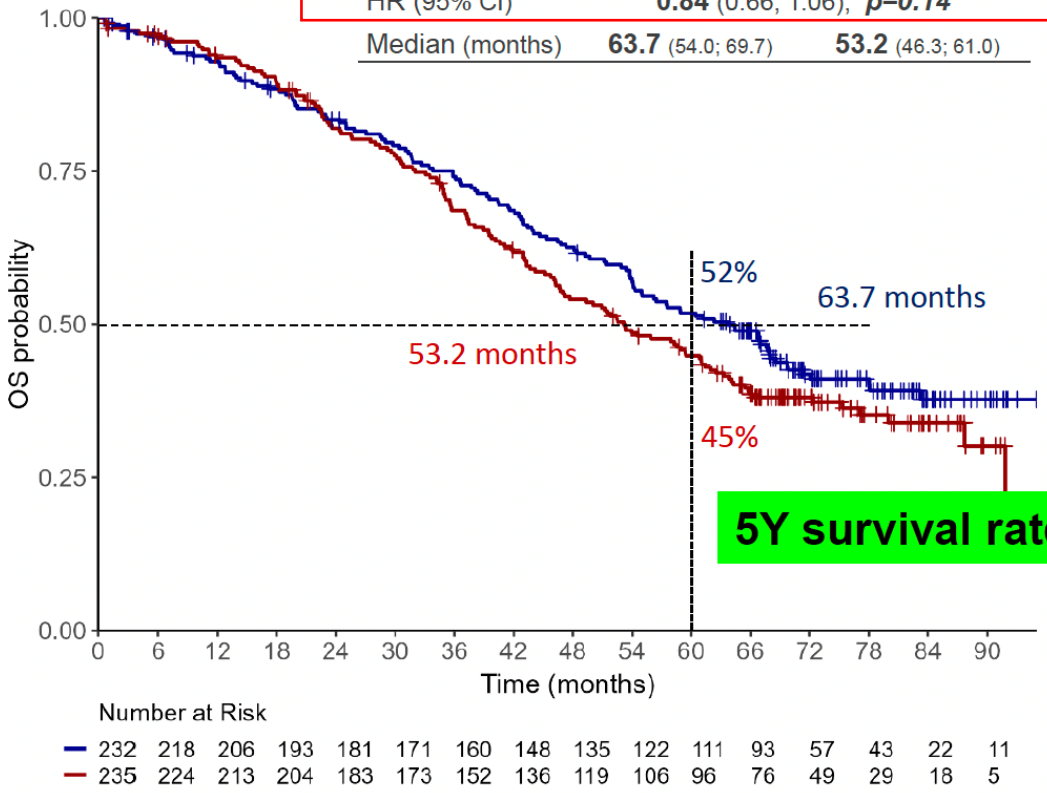
Complication, n* (%)	PCS (n=331)	NACT-ICS (n=328)
Any complication	60 (**18%**)	39 (**12%**)
>10 packed red blood cells within 24h	0	0
30-day post-op mortality	3 (**0.9%**)	2 (**0.6%**)
Re-laparotomy	21 (**6.3%**)	12 (**3.7%**)
Wound breakdown	11 (**3.3%**)	11 (**3.4%**)
Deep venous thrombosis	3 (**0.9%**)	1 (**0.3%**)
Pulmonary embolism	5 (**1.5%**)	3 (**0.9%**)
Sepsis	6 (**1.8%**)	4 (**1.2%**)
Anastomotic leak / fistula	11 (**3.3%**)	7 (**2.1%**)
Intraabdominal abscess	2 (**0.6%**)	1 (**0.3%**)
Nerve damage	1 (**0.3%**)	3 (**0.9%**)
Liver/renal failure	6 (**1.8%**)	2 (**0.6%**)
Serious cardiovascular event	8 (**2.4%**)	1 (**0.3%**)
Readmittance b/o any other complication	11 (**3.3%**)	5 (**1.5%**)

*· patients with documented cytoreductive surgery; analyzed as treated; complications that occurred within 28 days of debulking surgery

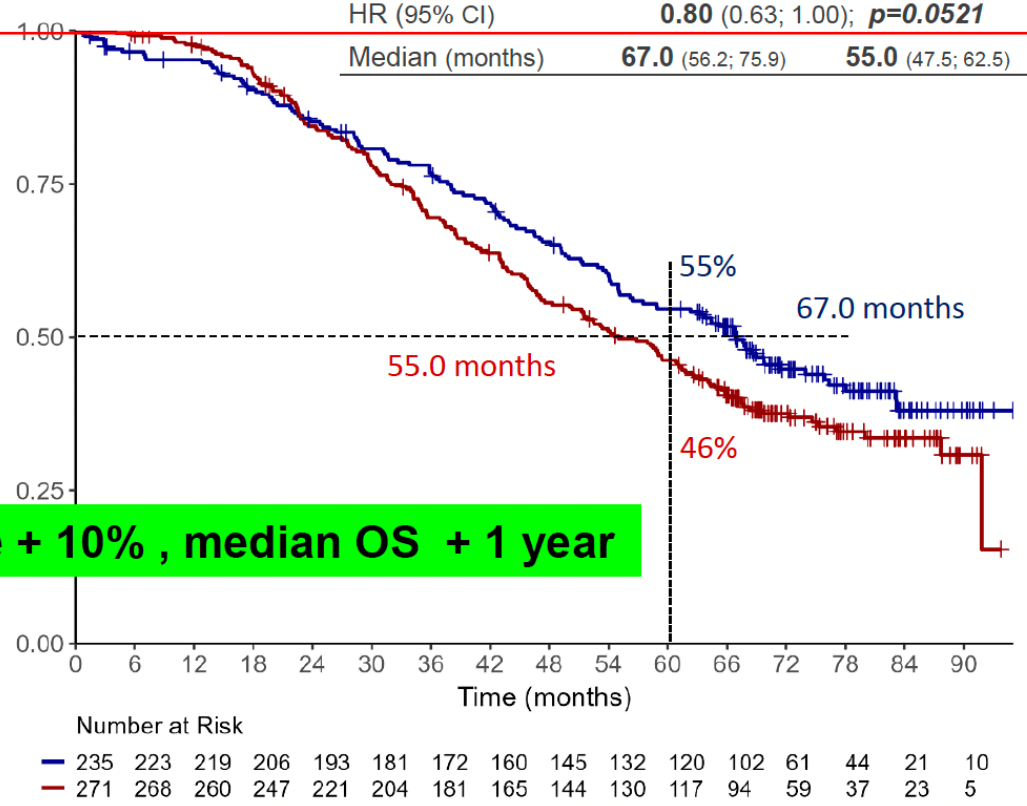
Mahner S et al. ASCO 2025

TRUST Results: Prespecified Exploratory Subgroup Analyses

OS FIGO III	PCS (n=232)	NACT-ICS (n=235)
Events, n (%)	127 (54.7%)	143 (60.9%)
HR (95% CI)	**0.84** (0.66; 1.06); ***p=0.14***	
Median (months)	**63.7** (54.0; 69.7)	**53.2** (46.3; 61.0)



OS macro R_0	PCS (n=236)	NACT-ICS (n=271)
Events, n (%)	126 (53.6%)	167 (61.6%)
HR (95% CI)	**0.80** (0.63; 1.00); ***p=0.0521***	
Median (months)	**67.0** (56.2; 75.9)	**55.0** (47.5; 62.5)



5Y survival rate + 10% , median OS + 1 year

Mahner S ESMO Gyn 2025

		TRUST	EORTC	CHORUS	SCORPION	JCOG0602
No of pts		**688 pts**	670 pts	550 pts	171 pts	301 pts
Median age		**64y**	62y	65y	55y	60y
FIGO Stage IV	PCS	**32%**	23%	25%	15%	32%
	ICS	**30%**	24%	25%	9%	30%
Duration of surgery	PCS	**331 min**	180 min	120 min	451 min	240 min
	ICS	**284 min**	165 min	120 min	253 min	302 min
Complete gross resection	PCS	**70%**	19%	17%	48%	31%
	ICS	**84%**	51%	39%	77%	64%
PFS	PCS	**22.2 months**	12 months	10.7 months	15 months	15.1 months
	ICS	**19.7 months**	12 months	12 months	14 months	16.4 months
OS	PCS	**54.3 months**	29 months	22.6 months	41 months	49 months
	ICS	**48.3 months**	30 months	24.1 months	43 months	44.3 months

Mahner S ESMO Gyn 2025

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Mahner S ESMO Gyn 2025

		EORTC	CHORUS	SCORPION	JCOG0602	TRUST
No of pts		670 pts	550 pts	171 pts	301 pts	**688 pts**
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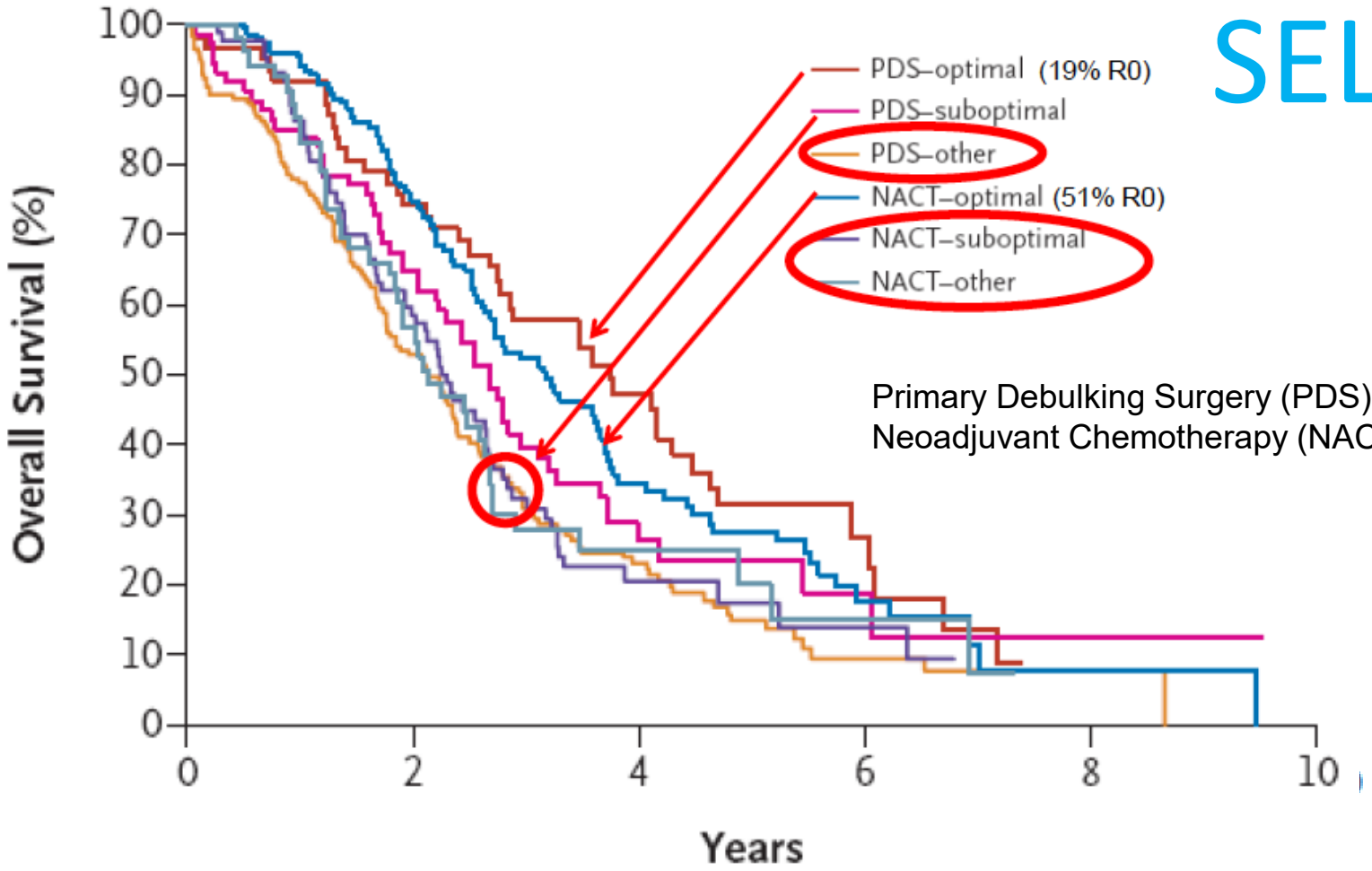
Complete gross resection	PCS	19%	17%	48%	31%	**70%**
	ICS	51%	39%	77%	64%	**84%**
PFS	PCS	12 months	10.7 months	15 months	15.1 months	**22.2 months**
	ICS	12 months	12 months	14 months	16.4 months	**19.7 months**
OS	PCS	29 months	22.6 months	41 months	49 months	**54.3 months**
	ICS	30 months	24.1 months	43 months	44.3 months	**48.3 months**

Mahner S ESMO Gyn 2025

NACT EORTC 55971

NACT vs PDS



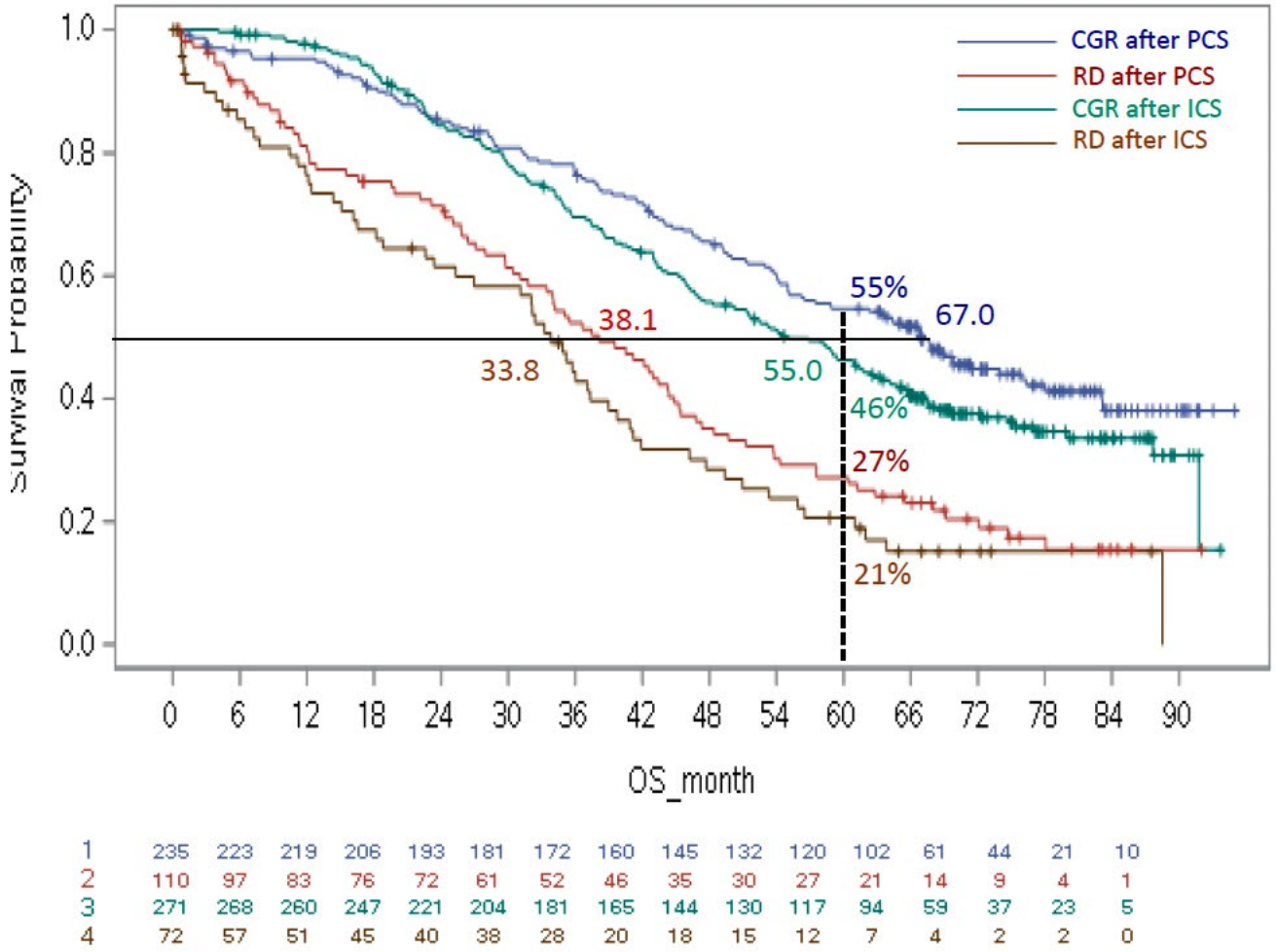
SELEKCJA

Primary Debulking Surgery (PDS)
Neoadjuvant Chemotherapy (NACT)

Vegrote I et al. NEJM 2010

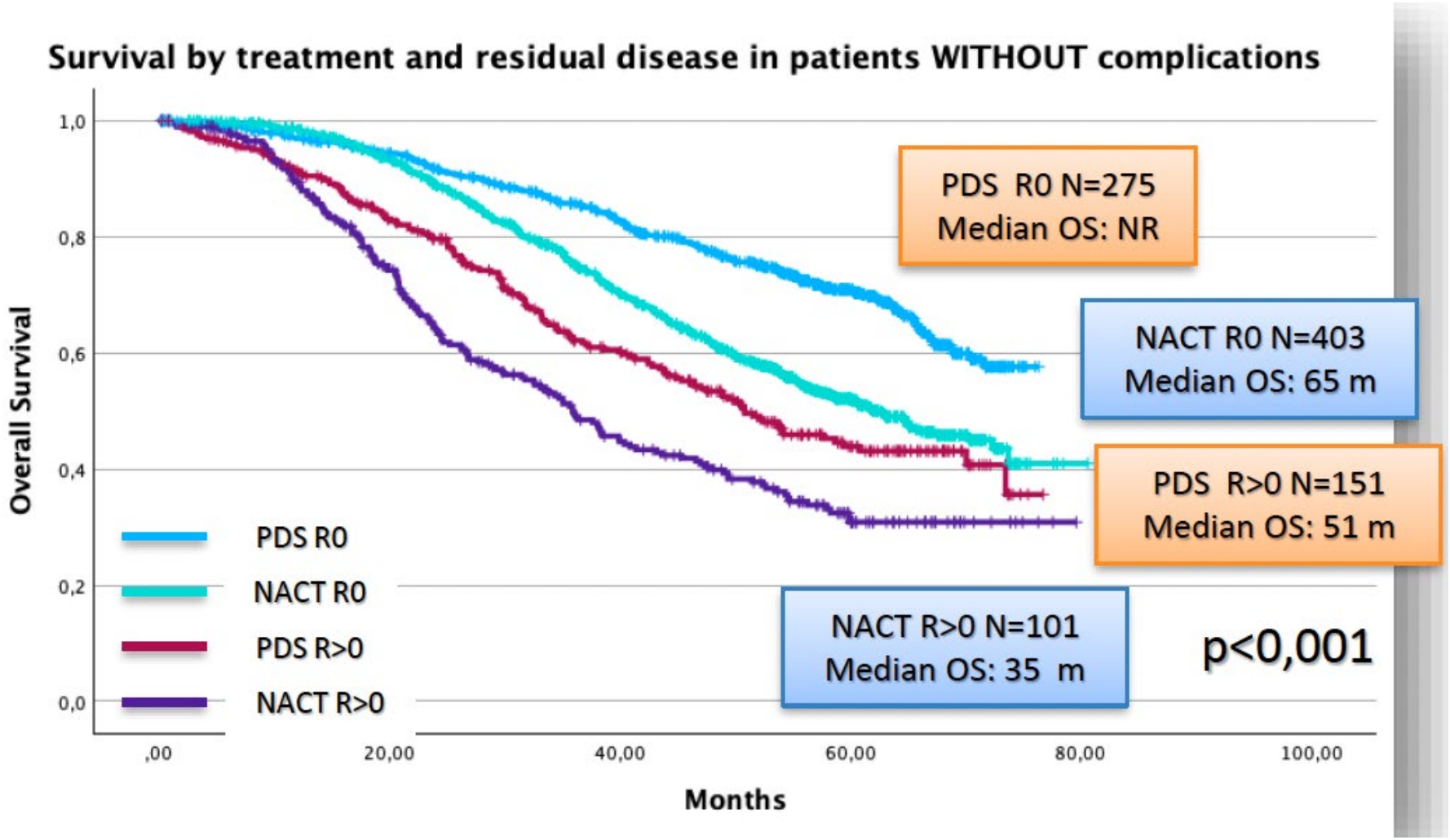
TRUST Results: Prespecified Exploratory Subgroup Analysis by Residual Disease

OS



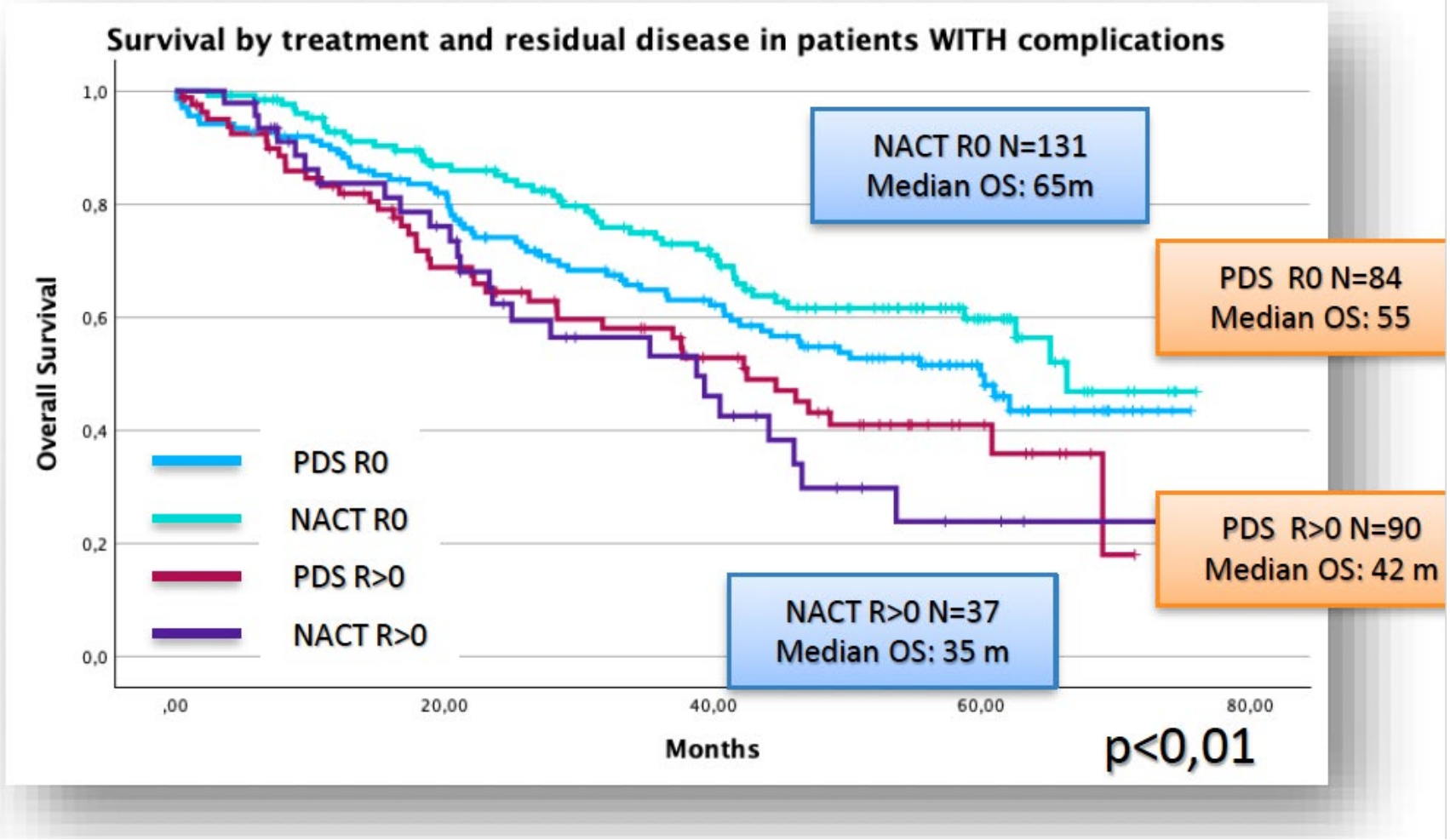
Mahner S ESMO Gyn 2025

The best survival curve in the SUROVA study corresponds to patients who underwent PDS with complete resection and without complications.



Chiva L ESGO 2025

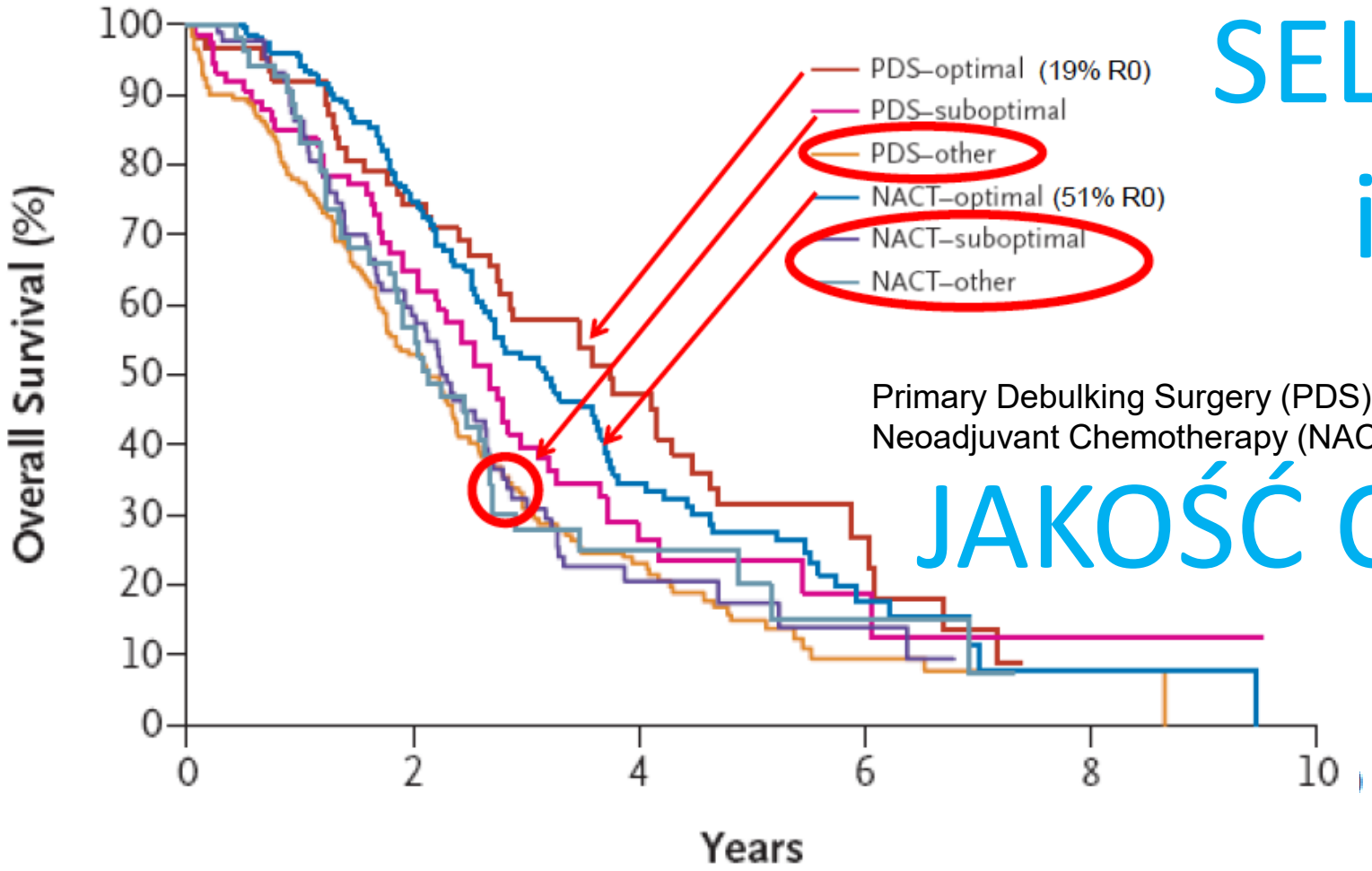
However, in the presence of complications, even after R0, Neoadjuvant therapy achieves better outcomes.



Chiva L ESGO 2025

NACT EORTC 55971

NACT vs PDS



SELEKCJA

i

Primary Debulking Surgery (PDS)
Neoadjuvant Chemotherapy (NACT)

JAKOŚĆ CHIRUGII

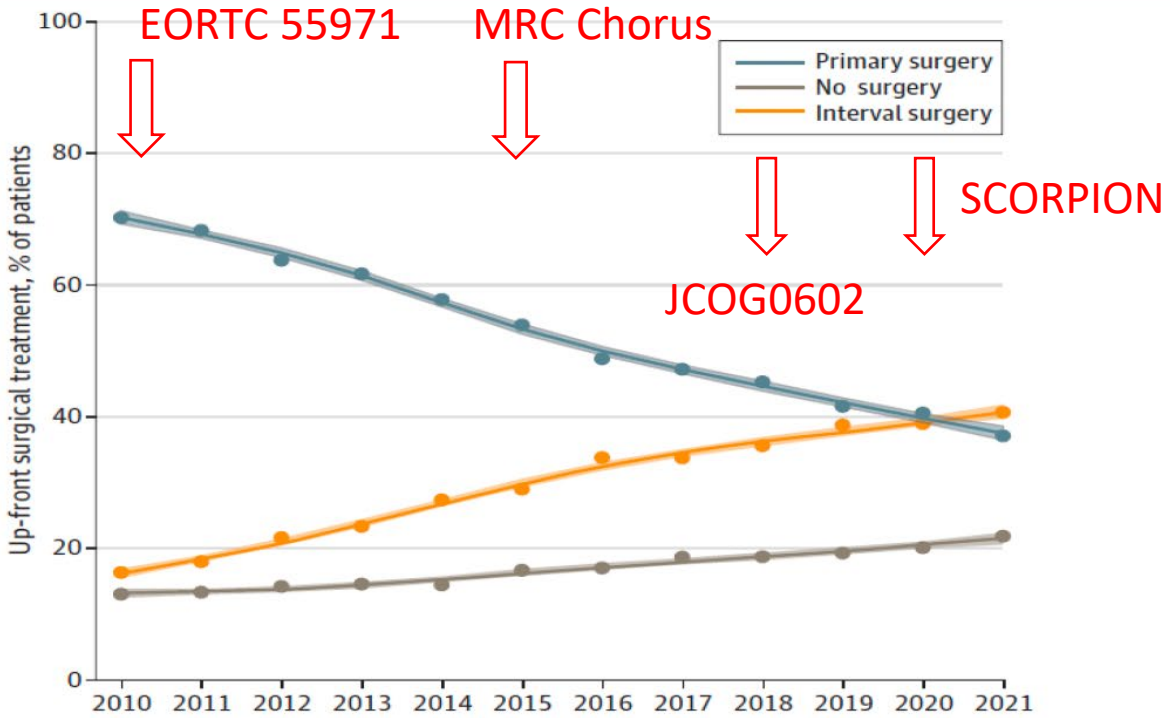
Vegrote I et al. NEJM 2010

JAMA Network Open

Research Letter | Obstetrics and Gynecology

Utilization of Primary Cytoreductive Surgery for Advanced-Stage Ovarian Cancer

Alexandra Bercow, MD; Taylor Stewart, MD; Amy J. Bregar, MD; Allison Gockley, MD; Varvara Mazina, MD; J. Alejandro Rauh-Hain, MD, MPH; Alexander Melamed, MD, MPH



Bercow et al. JAMA Network Open 2024

XXIV SPOTKANIE Po ASCO

radoslaw.madry@usk.poznan.pl

Dziękuje bardzo

Uniwersytecki Szpital Kliniczny w Poznaniu

Ginekologiczno-Położniczy Szpital Kliniczny - Polna

Polska Grupa Onkologii Ginekologicznej PGOG