

Advances in Gynecological Cancer Research Could Change the Treatment Landscape

New therapies tested delayed relapse and, in some cases, lengthened survival, for women with cervical, ovarian and endometrial cancers.

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Results from highly anticipated Phase 3 clinical trials in gynecological cancers with, among others, new data that cover the entire spectrum of managing patients with cervical cancer, [were] presented at the ESMO Congress 2023 in Madrid, Spain. The late-breaking studies [were] featured in Presidential and Proffered Paper Sessions, and could change the treatment landscape for women with these cancers. The new therapies tested delayed the time to relapse and, in some cases, lengthened survival.

“These are exciting results that address unmet needs in gynaecological cancers,” said Professor Krishnansu S. Tewari, Director - Gynecologic Oncology Programme, University of California, Irvine, USA.

Novel findings will be revealed across the range of gynecological cancers, including cervical, ovarian, and endometrial cancers. Cervical cancer usually presents as locally advanced disease in women who have not undergone screening. At this stage, the cancer is too large to remove surgically, and the standard treatment is chemotherapy with radiation.

“Cervical cancer occurs in young women who are typically in the midst of their careers and have small children at home,” said Tewari. “Standard treatment does lead to remission, but within two to three years the cancer can come back. Two trials that will be presented at the ESMO Congress 2023 will reveal new ways of treating locally advanced cervical cancer that significantly delay relapse, giving women who are in the prime of their lives more time free of cancer.”

In one study, 68% of women who received the immunotherapy drug pembrolizumab [Keytruda] on top of standard treatment were cancer-free at two years, compared to 57% of women allocated to placebo on top of standard treatment (abstract LBA381).

A second study tested the impact of giving a combination of two different chemotherapy drugs ahead of standard treatment with chemotherapy plus radiation – a strategy called induction

chemotherapy (abstract LBA8). Women with locally advanced cervical cancer who received induction chemotherapy were 35% more likely to be cancer-free at five years and 39% more likely to be alive at five years compared to those who received standard treatment only.

“Induction chemotherapy could be an accessible treatment option because these drugs are available around the world, including in low-resource countries,” noted Tewari.

Also in cervical cancer, trials will be presented showing improvements in survival and delays in relapse with new treatments for women with cancer that has spread to other parts of the body or has come back after initially being treated with chemotherapy plus radiation. One trial tested the novel therapy tisotumab vedotin in women who had already received treatment for their metastatic or relapsed cervical cancer (abstract LBA9). The drug, which combines an antibody and an anti-cancer drug, lengthened survival, delayed relapse, and more often caused tumour shrinkage compared with chemotherapy.

In ovarian cancer, achieving remission is a high unmet need, as approximately 85% of patients experience recurrent disease, with almost no long-term survival after recurrence. At the ESMO Congress 2023, randomized trial data will be discussed showing that a novel targeted therapy, called senaparib, delayed the time to relapse in patients with newly diagnosed advanced disease (abstract LBA36).

Studies will also be presented in endometrial cancer, the most common gynecological cancer in the US and Europe. In Europe, more than 121,000 women were diagnosed with endometrial cancer in 2018 while in the US, it is estimated that over 66,000 women will be diagnosed in 2023. While there is no screening test, there is an early symptom -- post-menopausal bleeding -- which means that most endometrial cancers can be cured with a hysterectomy.

Tewari said: “Unfortunately, for the 15%-20% of patients that have more aggressive disease, treatment options are very limited and that’s why the studies that will be presented at the ESMO Congress are remarkable. Two trials showed that adding immunotherapy to standard chemotherapy treatment significantly delayed relapse of the cancer in women with advanced/recurrent endometrial cancer compared to chemotherapy alone” (abstract LBA40 and LBA41).

Tewari commented that the results that [were] presented at the ESMO Congress 2023 have a very good chance of leading to regulatory approval of new treatments. He said: “These trials have set the stage for women with gynaecological cancers to receive state-of-the-art therapies that delay the time to relapse, allowing women struggling with these cancers to live longer and live better.”

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