Conclusion We present 2 cases of an extremely rare presentation of SCNCC with multiple cutaneous metastasis. In this aggressive subtype, meticulous physical exam is paramount and any abnormal finding should prompt further investigation.

2022-RA-1548-ESGO TRIAL IN PROGRESS UPDATE ON ENGOT-CX8/GOG-3024/INNOVATV 205: ADDITION OF A NEW COHORT USING FIRST-LINE TISOTUMAB VEDOTIN + PEMBROLIZUMAB + CARBOPLATIN ± BEVACIZUMAB IN RECURRENT/METASTATIC CERVICAL CANCER

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Introduction/Background Despite approval of pembrolizumab + chemotherapy ± bevacizumab as first-line treatment for patients with recurrent/metastatic cervical cancer (r/mCC) whose tumours express PD-L1 (CPS ≥1) and accelerated approval of tisotumab vedotin (TV) monotherapy for patients with r/mCC following disease progression on/after chemotherapy, there remains a need for more effective treatment options. We investigated TV combined with agents with known activity in cervical cancer. A 2-part, multi-cohort phase 1b/2 trial, ENGOT-cx8/GOG-3024/innovaTV 205 (NCT03786081), established the recommended phase 2 dose (RP2D) and the feasibility of TV combined with bevacizumab, pembrolizumab, or carboplatin (Monk et al. IGCS 2021). The current report describes the design of a new ongoing dose-expansion cohort in the innovaTV 205 study evaluating the combinations of TV, pembrolizumab, and carboplatin ± bevacizumab.

Methodology The new cohort in the innovaTV 205 study will comprise adult patients with recurrent or stage IVb squamous carcinoma, adenosquamous carcinoma, or adenocarcinoma of the cervix who had no prior systemic therapy and an Eastern Cooperative Oncology Group performance status of 0/1. Patients will be treated with the RP2D of TV (2.0 mg/kg) + carboplatin (AUC 5 mg/mL), pembrolizumab (200 mg), and bevacizumab (15 mg/kg) every 3 weeks or with TV + carboplatin (AUC 5 mg/mL) and pembrolizumab (200 mg). To assess the regimen's initial tolerability, a dose-limiting toxicity evaluation period will consist of completion of 1 treatment cycle of 21 days for 6 patients enrolled to receive the quadruplet combination. The primary end point of this dose-expansion phase is confirmed objective response per RECIST v1.1; secondary end points include duration of response, time to response, progression-free survival, overall survival, and safety. Enrolment is ongoing in the United States and Europe, with additional sites planned globally.

2022-RA-1556-ESGO UTERINE CERVIX CLEAR CELL ADENOCARCINOMA: TUNISIAN EXPERIENCE IN POST DIETHYLBOESTROL ERA

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Introduction/Background Clear cell adenocarcinoma of the cervix (CCCC) is a rare form of cervical cancer. Historically, it affected women of reproductive age who were exposed to Diethylboestrol (DES), the major risk factor. However, since the prohibition on DES, the majority of CCCC cases have occurred in older women who were not exposed to DES, suggesting that additional risk factors are involved in the carcinogenesis of CCCC.

Methodology We retrospectively analyzed clinical data of 17 patients with CCCC who were treated from January 2012 to december 2020 in our institute.

Results The median age was 57.82 years. Twelve patients were menopausal. The mean age of first sexual intercourse was 24 years. The most common symptom was vaginal bleeding. In all cases, there was no evidence of DES exposure. The tumor was ulcerating in ten cases, budding in five cases, and destroying the cervix in one case. On average, clinical tumor size was 3.73 cm. 41.17% patients were stage I, 52.9% were stage II, 52.9% were stage III. Neoadjuvant treatment including concomitant radio-chemotherapy was performed in7 cases, external pelvic radiation combined with utero-vaginal-brachytherapy in3 cases, and exclusive vaginal-brachytherapy in5 cases. Radical-hysterectomy was performed on 12 patients (83% PIVER III, 16% PIVER II). Pelvic-lymphadenectomy was performed in all cases. Only 2 cases had a lumbo-aortic-lymphadenectomy. The mean histological size was 0.9 cm (0–3 cm). Lymph-node involvement was noted in2 patients. Four patients had adjuvant treatment: pelvic radiation (1/4), chemotherapy (1/4), vaginal-brachytherapy (1/4) and combination of chemotherapy and brachytherapy (1/4). after a median follow-up of 55 months, 4 patients were alive and in remission, 11 were still evolving and 3 were lost to follow-up.

Conclusion In the absence of traditional risk factors, CCCC does not have a poorer prognosis than squamous cell carcinoma. Treatment is based on concomitant radiochemotherapy followed by radical surgery.