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GYNAECOLOGICAL CANCERS

805O ICON8: Overall survival results in a GCIG phase III randomised controlled trial of weekly dose-dense chemotherapy in first line epithelial ovarian, fallopian tube or primary peritoneal carcinoma treatment

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Background: ICON8 investigated the safety and efficacy of weekly dose dense chemotherapy (q1w) in patients with epithelial ovarian cancer (EOC) compared to standard three weekly chemotherapy (q3w). ICON8 had co-primary outcomes of progression free (PFS) and overall survival (OS). Mature OS and updated PFS results are reported here.

Methods: Eligible women with FIGO stage IcG3-IV EOC were randomised 1:1:1 to arm 1 standard chemotherapy (q3w carboplatin AUC5/6 + q3w paclitaxel 175mg/m^2); arm 2 weekly paclitaxel (q3w carboplatin AUC5/6 + q1w paclitaxel 80mg/m^2); arm 3 weekly carboplatin-paclitaxel (q1w carboplatin AUC2 + q1w paclitaxel 80mg/m^2). Patients received immediate primary surgery (IPS) prior to entering ICON8 or neo-adjuvant chemotherapy with planned delayed primary surgery (DPS) during chemotherapy. Analyses are performed on an intention to treat basis, comparing arms 2v1 and 3v1.

Results: From Jun 2011 - Nov 2014, 1566 patients were randomised, 522, 523, 521 in arms 1, 2, 3 respectively. Baseline characteristics were well-balanced — median age 62 years; serous histology 72%; stage Ic-II 19%, IIIa-IIIb 10%, IIIc-IV 72%. 48% patients had IPS, 50% planned DPS and 2% inoperable. At 1st Oct 2019, 923 deaths had been reported, arm 1 319 (61%); arm 2 300 (57%); arm 3 304 (58%). No significant improvement in OS was observed in either comparison: arm 2v1 log rank p=0.14, hazard ratio (HR) = 0.88 (97.5% confidence interval (CI) 0.74, 1.06); arm 3v1 log rank p=0.27, HR = 0.91 (97.5% CI 0.76, 1.09). Median OS was 47.4, 54.1 and 53.4 months in arms 1, 2, 3 respectively. No heterogeneity in treatment effect was noted on subgroup analysis by surgical approach (IPS vs DPS). Updated PFS was also analysed. As in the primary analysis, no significant difference in PFS was observed with either weekly treatment (log-rank arm 2v1 p=0.37, arm 3v1 p=0.48; restricted mean PFS time 25, 25.5, 25.9 months in arms 1, 2, 3 respectively).

Conclusions: The final analysis for ICON8 confirms that, although weekly dose-dense chemotherapy is a safe alternative to q3w chemotherapy and can be delivered successfully in first-line EOC treatment, it does not significantly improve PFS or OS.

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806O Radical hysterectomy in cervical cancer patients with intraoperatively detected positive lymph node: ABRAX multicentric retrospective cohort study (ENGOT-Cx3/CEEGOG CX2)

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Background: The management of patients with intraoperatively detected positivity of pelvic lymph nodes (LN) remains controversial. Namely, a combination of extensive surgical dissection in the pelvis followed by pelvic radiotherapy is associated with higher morbidity. Goal of ABRAX multicentric, retrospective, cohort study was to determine whether the completion of radical hysterectomy improves oncological outcome of such patients.

Methods: A total of 515 cervical cancer patients, who intraoperatively turned to be LN positive, referred for primary surgery with a curative intent between 2005 and 2015 (stage IA-IIB, common tumour types) were retrospectively analysed in 51 institutions from 19 countries. LNs with metastasis ≥2 mm were considered positive (N1). Completion (COMPL group, n=361) or abandonment (ABAND group, n=154) of planned uterine surgery stratified the cohort in two subgroups in which oncological outcomes and major prognostic factors were evaluated. 91.4% of COMPL group underwent adjuvant chemoradiation, 100% of ABAND group were treated with primary chemoradiation.

Results: Disease free survival reached 74% (381/515) in the whole cohort with the median follow-up of 48.9 months. Both groups (ABAND and COMPL) were balanced in main prognostic factors (tumour size, tumour type, stage of disease). No significant difference was found between the groups in the risk of recurrence (HR=1.154; p=0.446), local recurrence (HR=0.836; p=0.557), or death (HR=1.064; p=0.779). Subgroup analyses did not identify any cohort with survival benefit from radical surgery completion. Increasing FIGO stage and tumour size ≥4 cm were identified as major prognostic factors for recurrence and survival in the whole cohort.

Conclusions: ABRAX trial revealed that completion of radical hysterectomy in patients with intraoperative detection of positive lymph node does not improve the survival; recurrence risk is not decreased irrespective of tumour size or tumour type. Therefore, if pelvic LN involvement is diagnosed at surgery, abandonment of planned uterine procedure should be considered and the patient should be referred to definitive chemoradiation.

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