



Advancing NIH Research on the Health of Women: A 2021 Conference

Clinical Trials in Cervical Cancer – Can they be all we want them to be?

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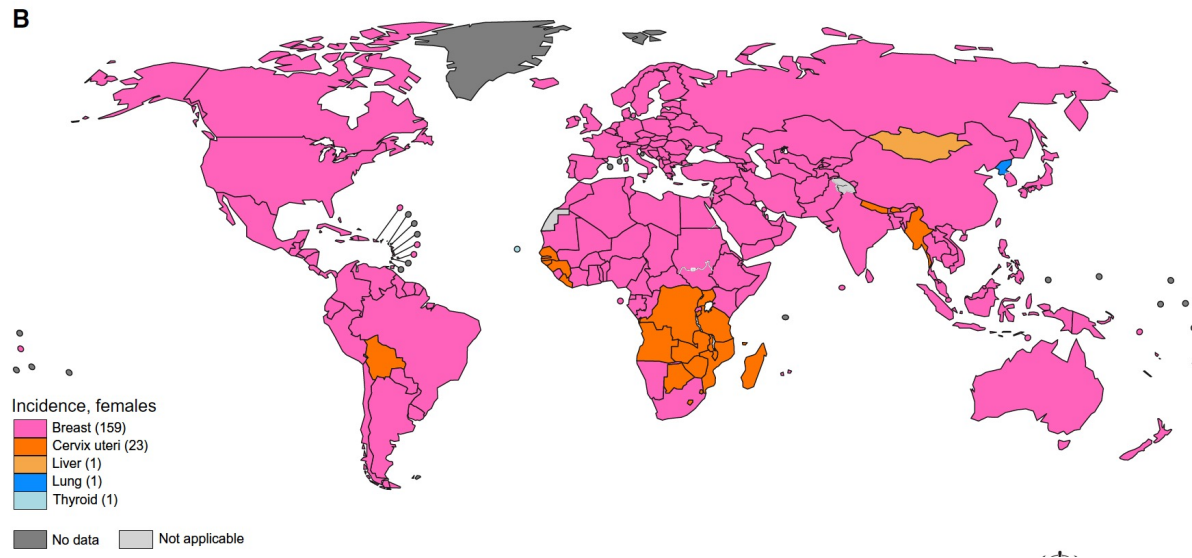
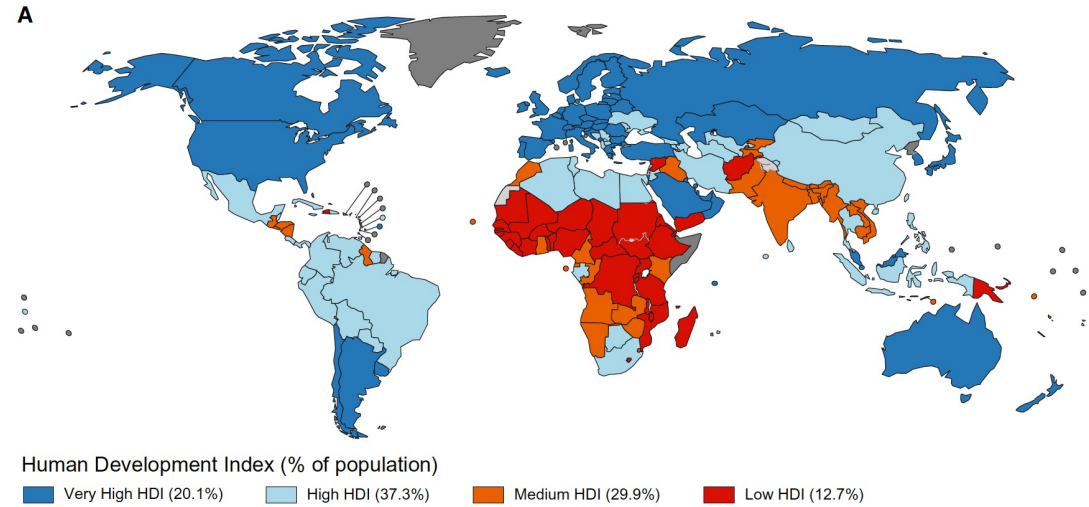
October 21, 2021

Disclosures

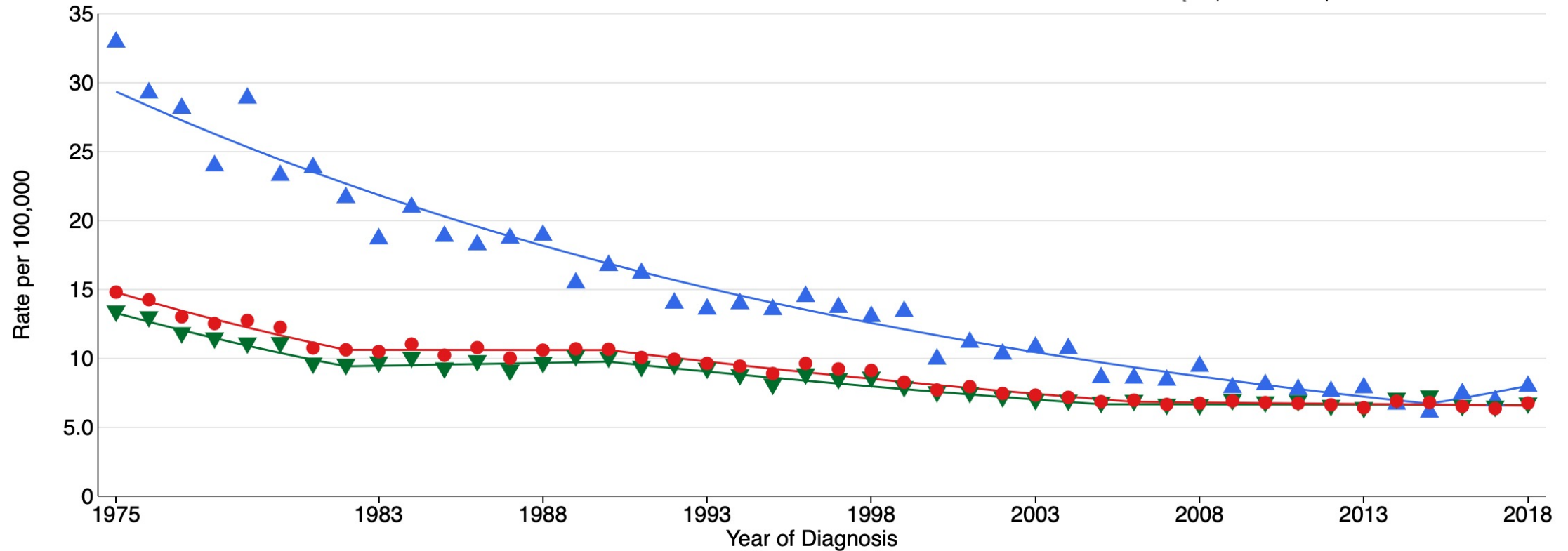
- Grants – NCI - UG1 CA23330, P50 CA 098252
- Contracted Research – Agenus, Seattle Genetics, Rubius Therapeutics
- Scientific Advisory Board – Seattle Genetics

Cervical Cancer – A Global Problem

- 604, 127 (3.1%) cases
- 341, 831 (3.4%) deaths



Four Decades of Cervical Cancer in the US – Why we are here today



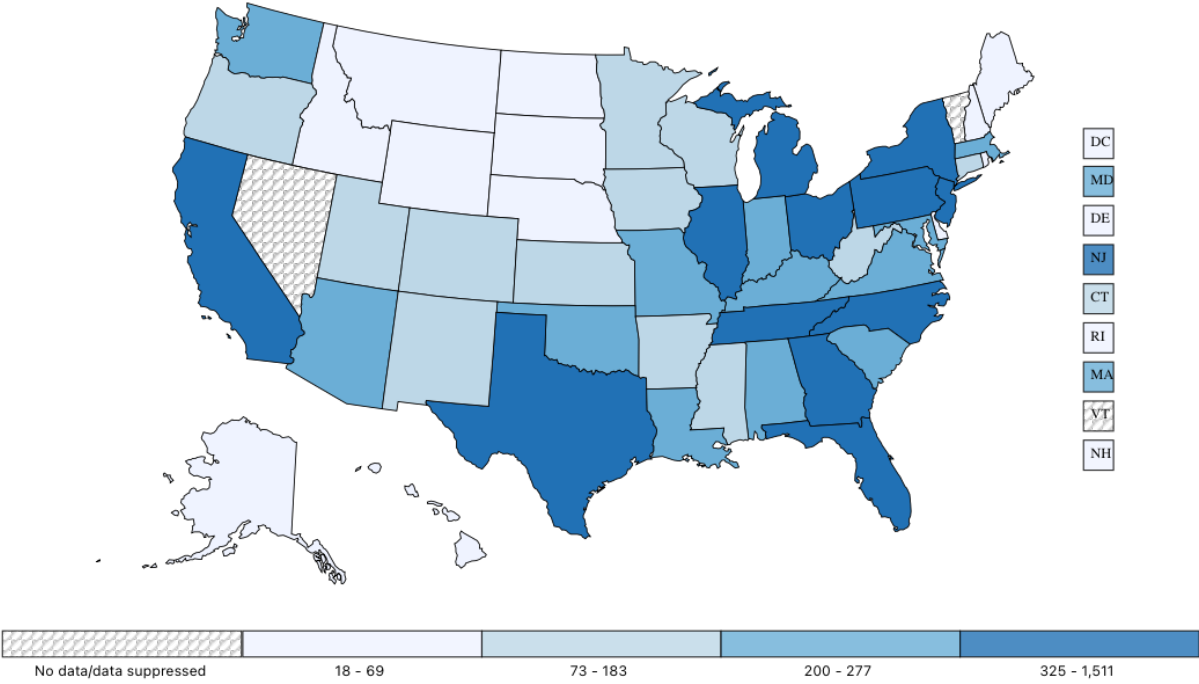
Legend (Race/Ethnicity)

● All Races (includes Hispanic)

▲ Black (includes Hispanic)

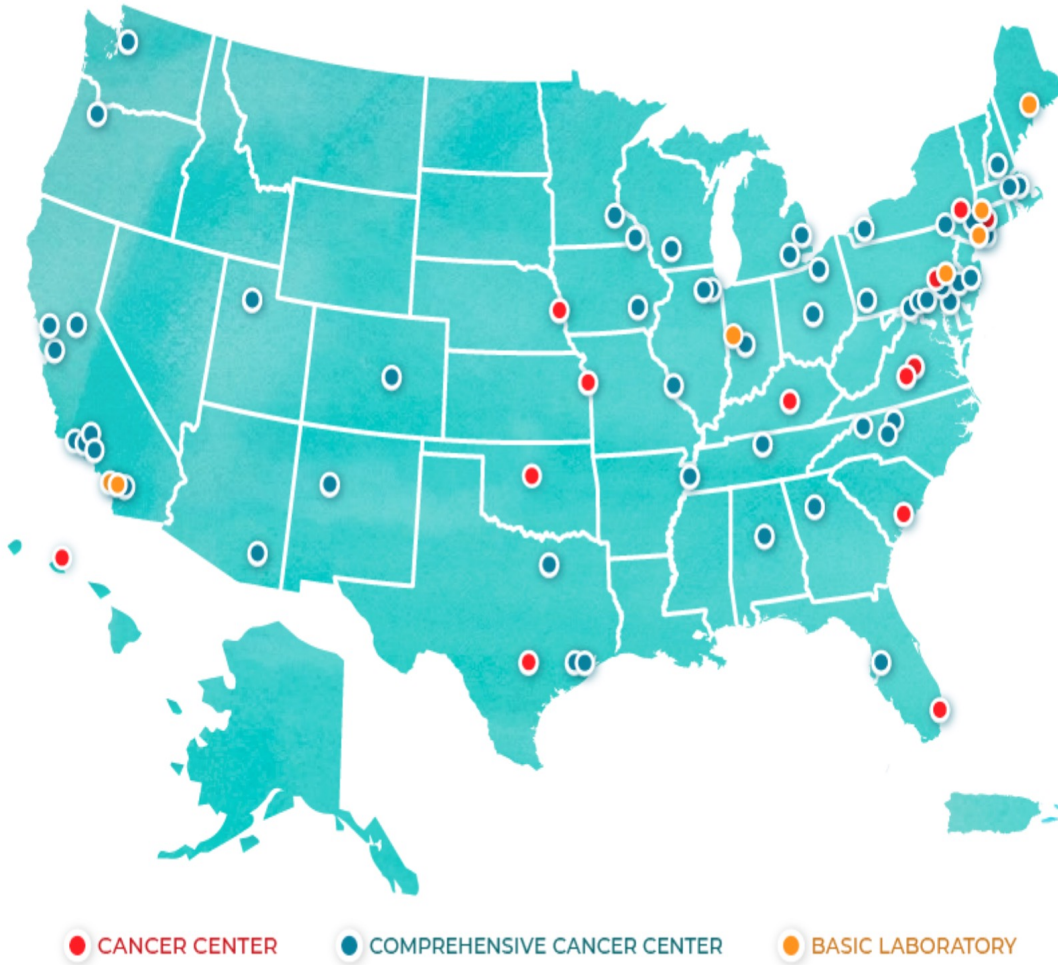
▼ White (includes Hispanic)

Access to care – Where are the majority of patients?



Number of New Cancers in the United States, 2018
Cervix, All Ages, All Races and Ethnicities, Female

NCI Designated Comprehensive Centers / NCCN Sites



Locally Advanced Cervical Cancer

- Whole pelvic radiation and brachytherapy was the standard of care
- Then 1999 came along....
- FIVE Practice changing publications referenced by the FDA
GOG 85 (SWOG 8695), GOG 109 (SWOG/RTOG), GOG 120, GOG 123, and RTOG 90-01

NCI Urges Chemo-RT Combination for Invasive Cervical Cancer

March 31, 1999

Oncology NEWS International, Oncology NEWS International Vol 8 No 4, Volume 8, Issue 4



BETHESDA, Md-The National Cancer Institute (NCI) has recommended that oncologists use a combination of chemotherapy and radiation instead of radiation alone to treat invasive cervical cancer.

Again, how often does this happen?

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NCCN Cervical Cancer Guidelines – NCI Investment

Clinical Stage (CERV-1)

Stage IA1 (no LVSI), Stage IA1 (with LVSI) and Stage IA2, Stage IB1 and Select IB2 (Fertility Sparing) (CERV-2) **GOG 278***

Stage IA1 (no LVSI), Stage IA1 (with LVSI) and Stage IA2 (Non-Fertility Sparing) (CERV-3)

Stage IB1, IB2 and Stage IIA1 (Non-Fertility Sparing) (CERV-4) **GOG 92, 109 → 263*, 274***

Stage IB3 and Stage IIA2 (Non-Fertility Sparing) (CERV-4) **GOG 85, 120, 123, 165, 191,**

Stage IB3, Stage IIA2, and Stages IIB, III, and IVA (CERV-6) **219, 9929, GY006*, GY017***

Incidental Finding of Invasive Cancer After Simple Hysterectomy (CERV-9)

Surveillance (CERV-10)

Local/Regional Recurrence (CERV-11)

Stage IVB or Distant Metastases (CERV-12) **GOG 43, 110, 149, 169, 179, 204, 240, 265**

Principles of Pathology (CERV-A) **GOG 49**

Principles of Imaging (CERV-B) **GOG 233**

Principles of Evaluation and Surgical Staging (CERV-C)

Principles of Radiation Therapy (CERV-D)

Sedlis Criteria for External Pelvic Radiation After Radical Hysterectomy In Node-Negative,

Margin-Negative, Parametria-Negative Cases (CERV-E)

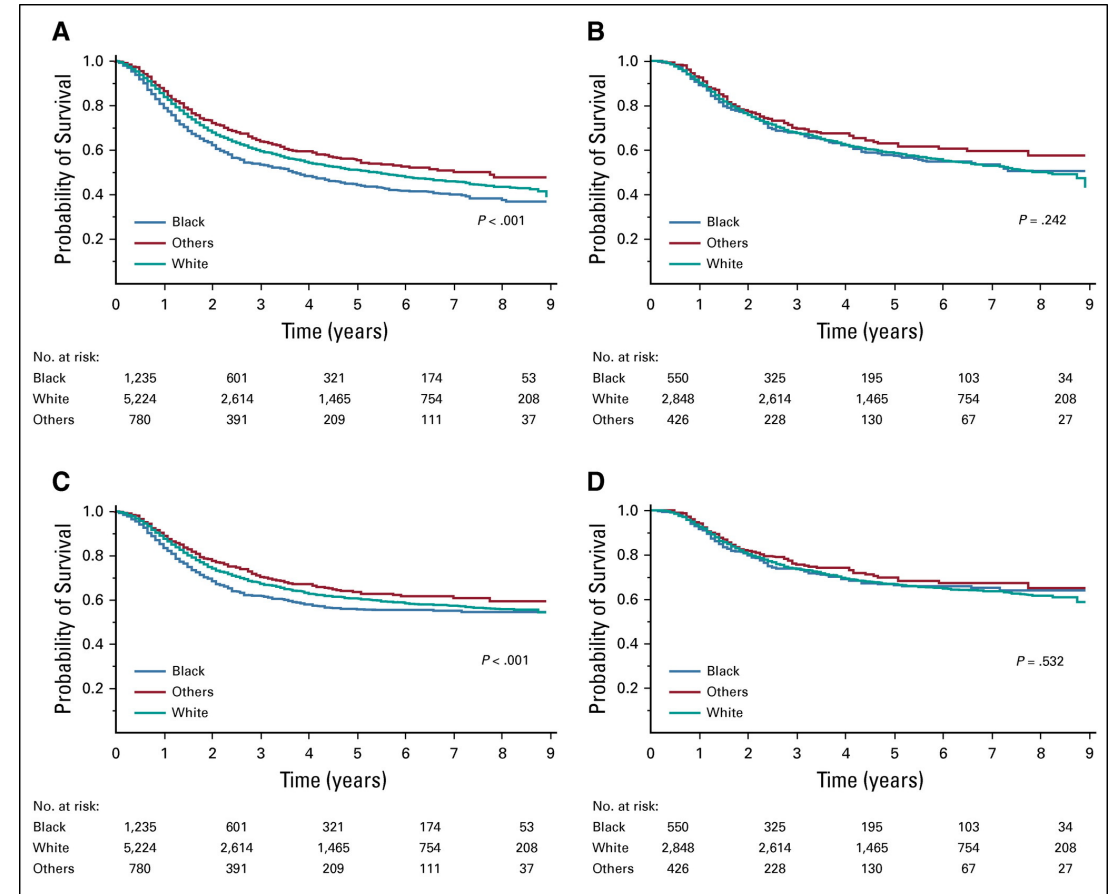
Systemic Therapy Regimens for Cervical Cancer (CERV-F)

Staging (ST-1)

***Ongoing**

Receipt of Guideline Adherent Care – 2021

- 52.7% of ALL patients received standard of care treatment for LACC (SEER 2007-2015)
Older age, public insurance, and Black race were associated with decreased rates of brachytherapy
- When comparing Black and White patients 5-year OS was 44.2% vs. 50.9% ($p < 0.0001$)
- In patients who received brachytherapy there was no survival difference

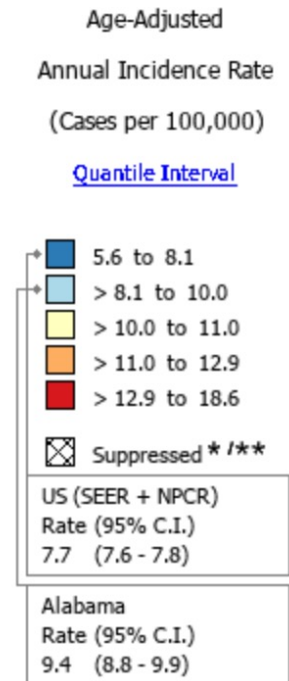
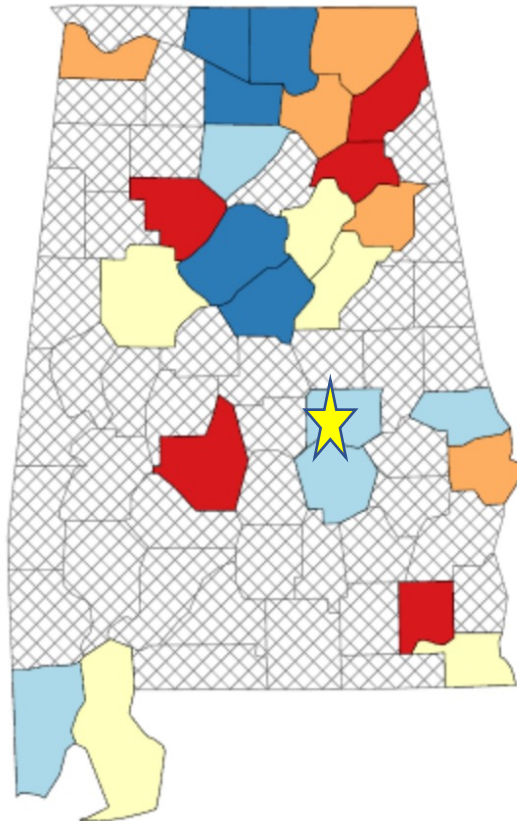




Observations on Cervical Cancer in Alabama

Cervical Cancer in Alabama

Incidence Rates[†] for Alabama by County
Cervix, 2014 - 2018
All Races (includes Hispanic), Female, All Ages



- Highest incidence counties
1. DeKalb 13.1 (NE)
 2. Dale 15.1 (SE)
 3. Etowah 15.6 (NE)
 4. Walker 15.6 (UCen)
 5. Dallas 18.6 (LCen) ★

Does distance from a CCC Matter?

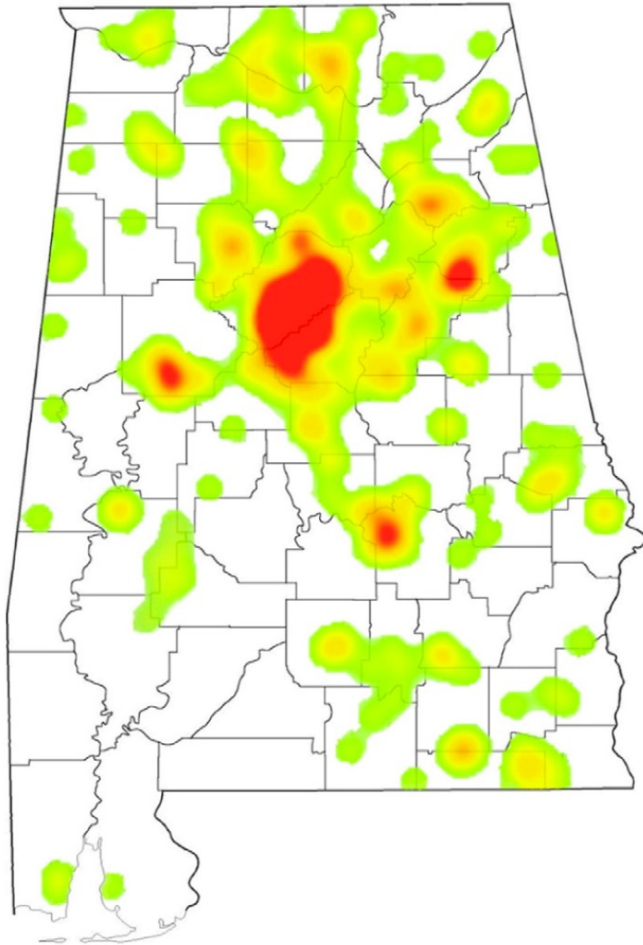
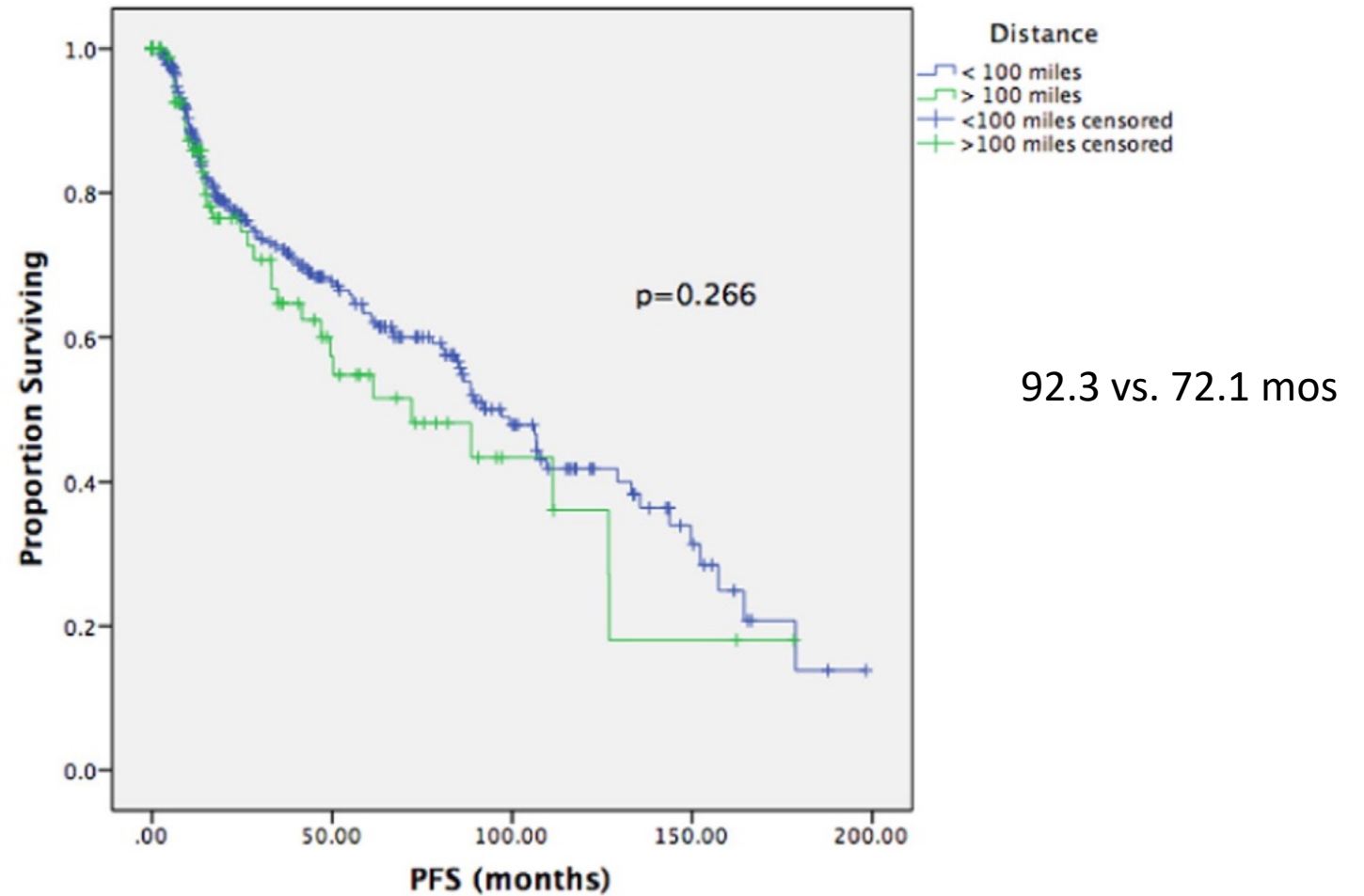


Fig. 1. Geographic distribution heat map of patient residences.



Does distance from a CCC Matter?

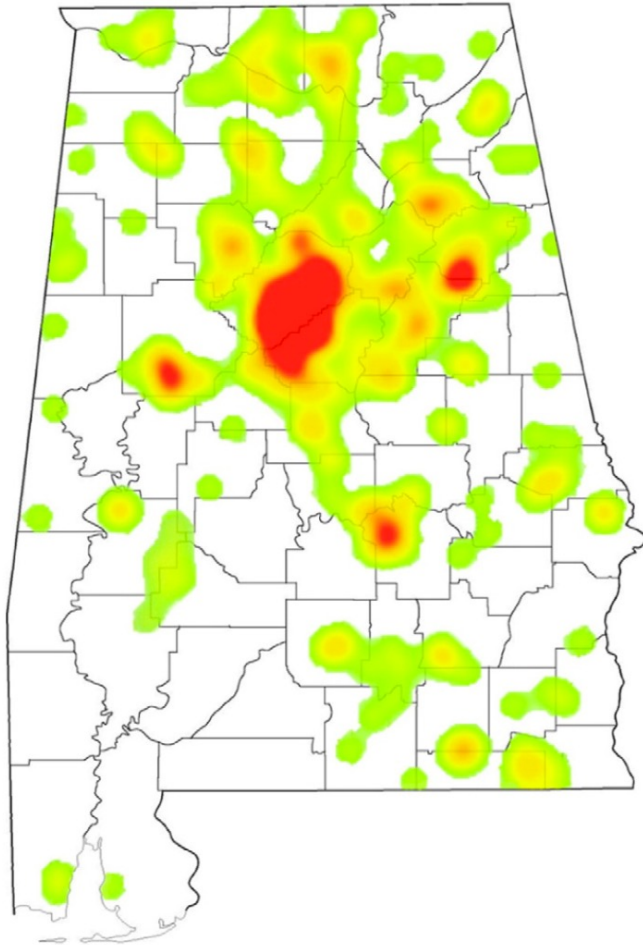
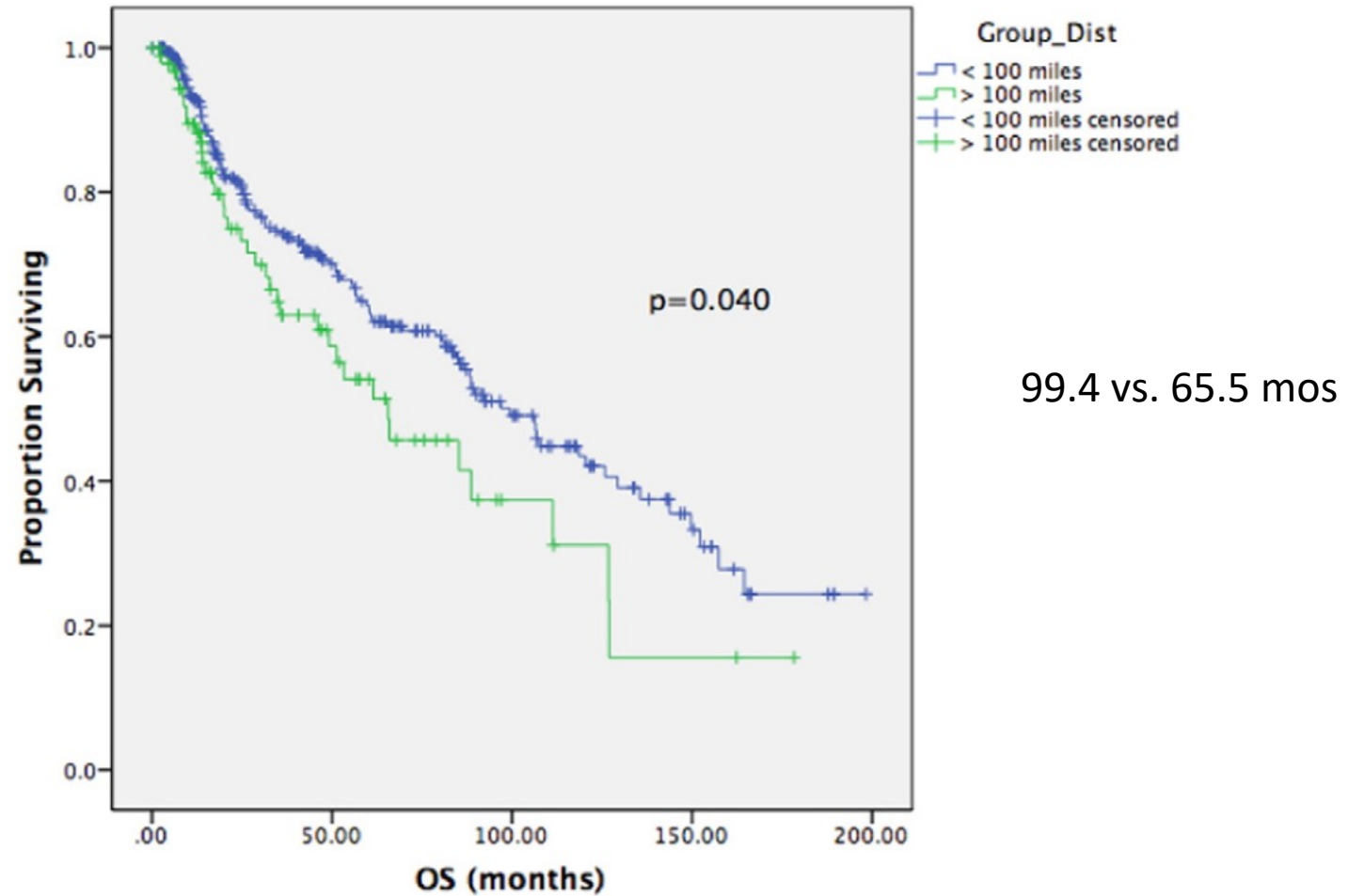


Fig. 1. Geographic distribution heat map of patient residences.



Advanced Stage Cervical Cancer - Race, Geography and Socioeconomic Factors

- Retrospective cohort from 2005-2015
- Variables
 - Race/Ethnicity
 - Geography – Rural, Urban, Black Belt
 - Distance to ACOG provider
 - Insurance



TABLE 3. Odds of Being Diagnosed With AS Cervical Cancer

	Crude OR	95% CI
Age > 65 y vs. ≤50 y	1.95 ^b	1.34–2.84
Black vs. white	1.46 ^c	1.09–1.94
Rural vs. urban	1.19	0.91–1.56
Shorter distance to provider	0.99	0.98–1.01
Uninsured ^a	1.40	0.93–2.10
Public insurance ^a	1.80 ^b	1.35–2.4
Higher income	0.93	0.85–1.03

Source: Center for Business and Economic Research, The University of Alabama

FDA grants accelerated approval to tisotumab vedotin-tftv for recurrent or metastatic cervical cancer

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**

FDA approves pembrolizumab combination for the first-line treatment of cervical cancer

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ORIGINAL ARTICLE

Pembrolizumab for Persistent, Recurrent, or Metastatic Cervical Cancer

N. Colombo, C. Dubot, D. Lorusso, M.V. Caceres, K. Hasegawa, R. Shapira-Frommer, K.S. Tewari, P. Salman, E. Hoyos Usta, E. Yañez, M. Gümüş, M. Olivera Hurtado de Mendoza, V. Samouëlian, V. Castonguay, A. Arkhipov, S. Toker, K. Li, S.M. Keefe, and B.J. Monk, for the KEYNOTE-826 Investigators*

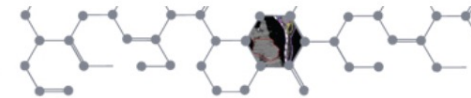
Conclusions

- NCI sponsored research has had a substantial impact on women with cervical cancer
- Novel approaches may be needed in different geographical regions
- More recent paradigm shifting trials have been performed outside of the NCI
- While therapeutic advances remain important, novel approaches to improve primary vaccination and screening should not be forgotten

Improving cervical cancer clinical trials

- Need representative populations enrolled
 - Re-evaluate minimum of different racial & ethnic groups?
- Pursue additional research support for enrollment of underrepresented minorities
 - Bonus credit similar to LAPS versus non-LAPS sites
- “Real world” designs?

NRG Oncology **eNews**



Calling **ALL** Disease Sites!

NRG-GY022 is actively recruiting MALE patients undergoing carboplatin treatment, any cycle!

NRG-GY022, “Assessment of Carboplatin Clearance Predictors: A PK Study on NCI-sponsored Clinical Trials or Standard of Care Treatments Using Carboplatin” opened to enrollment on November 11, 2019. **This study was developed by the Developmental Therapeutics Committee under the GYN committee and it is open to ALL disease sites.**



Thank you!

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NCI Comprehensive
Cancer Center
A Cancer Center Designated by the
National Cancer Institute

