EORTC GCG 55994
Randomized phase III study of neoadjuvant CT followed by surgery vs. concomitant RTX+CT in FIGO stage Ib2, IIa > 4 cm or IIb cervical cancer.

Trial setting: FIGO stage Ib2, IIa > 4 cm or IIb cervical cancer
Study Design: Randomized unblinded 2-arm randomized phase III
Sponsor(s): EORTC GCG
Planned No. of patients: 626 pts (reached in June 2014)

Other important information:

• Primary end-point: OS at 5 years → study closure foreseen at June 2019.
• Data collection and cleaning ongoing.
• No interim analysis foreseen.
• Early publications on trial and treatment characteristics (not related to efficacy):
  • Short term toxicity (presented at IGCS 2016, updated for BGCS 2017)
  • Treatment characteristics (presented at IGCS 2016, updated for BGCS 2017)
  • Further planned abstracts under consideration.
Ongoing Trials – status update

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SHORT TERM TOXICITY and PRELIMINARY RESULTS FROM EORTC 55994 COMPARING NEOADJUVANT CHEMOTHERAPY FOLLOWED BY SURGERY TO CHEMORADIATION FOR LOCALLY ADVANCED (Stage IB2-IIB) CERVICAL CANCER


EORTC Study Coordinators: G. Kenter, F. Landoni, S. Greggi

Lisbon, IGCS, nov 2016
Conclusions from preliminary data

- This is the largest randomized trial in cervical cancer comparing NACT followed by radical hysterectomy with CCRT
- Short term safety is acceptable, mainly due to CT in both arms
- Discontinuation of protocol is high (20-30%)
- Pathological complete/ optimal response in NACT - arm = 37%
- Complete response based on imaging in arm 2 = 49%
- Adjuvant therapy in arm 1 for patients who underwent surgery = 27%
- Survival data will follow mid 2019