

# BEATcc Trial: ENGOT-Cx10 / GEICO 68-C / JGOG1084 GCI Meeting

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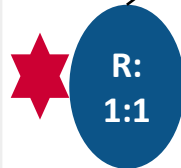
Barcelona, Spain

# BEATcc: Study Design

This is a phase III, randomized, open-label, multi-center study to assess the efficacy of **Atezolizumab** administered concurrent to the combination of **Cisplatin and Paclitaxel plus Bevacizumab** in previously untreated patients with metastatic (stage IVB), persistent, or recurrent carcinoma of the cervix.

**Study Population:** 404 patients

- Primary Stage IVB, persistent or recurrent carcinoma of the cervix
- Measurable disease by RECIST v1.1
- ECOG-PS: 0-1
- No previous systemic chemotherapy for advanced or recurrent disease
- N=404 pts



## Control Arm

**Cisplatin + paclitaxel + bevacizumab (GOG#240)** until disease progression, unacceptable toxicity, death or withdrawal of consent

## Experimental Arm

**Cisplatin + paclitaxel + bevacizumab + atezolizumab** until disease progression, unacceptable toxicity, death or withdrawal of consent

**Safety run-in cohort: 12 pts after 2 cycles of treatment**

- Primary Endpoints:**  
Overall survival (OS)
- Secondary Endpoints:**
- PFS
  - ORR
  - DOR
  - Safety
  - HR-QOL

- Stratification Factors:**
- Prior concurrent Cisplatin-RDT
  - Histology: SCC vs ADK( including AdenoSquamous)
  - Chemotherapy Backbone: Cisplatin vs Carboplatin



A tumor specimen is mandatory at study entry. This may be an archival biopsy or, in its absence, a tumor biopsy obtained within 3 months of randomization from a non-irradiated lesion.

# ENGOT-Cx10/GEICO 68-C / BEAT cc Trial:

## Background

- First line standard treatment in most cervical cancer patients is based on **Platinum/Paclitaxel/Bevacizumab** with a median overall survival of 16,8 months.
- Human papillomavirus (HPV) infection is the cause of more than 90% of cervical cancers
  - PD-L1 has been shown to be a biomarker of HPV infection of the cervix and is significantly up-regulated in cervical cancer
  - This suggests that anti-PD-L1 therapy may have a role in the treatment of cervical cancer
- Currently, Nivolumab and Pembrolizumab have shown interesting activity in metastatic and/or recurrent cervical cancer previously pretreated with ORR of 26,33% and 12% respectively.
  - **Remarkably, Nivolumab, in chemo-naïve patients, achieves an ORR of 28.6% (95% CI, 3.7, 71.0). These responses were observed regardless of PD-L1 or HPV status.**
- Given that both VEGF and PD-L1 are important in cervical cancer pathogenesis, this study is designed to test the hypothesis that breaking of immune tolerance by PD-1/PD-L1 blockade will enhance the efficacy of anti-VEGF therapy in the treatment of patients with metastatic, persistent or recurrent cervical cancer.

# BEATcc Trial: Study Population:

## Main Inclusion Criteria:

### Inclusion Criteria

- **ECOG- Performance Status of 0-1**
- **Stage IVB, persistent or recurrent cervical cancer** not amenable for curative treatment with surgery and/or radiation therapy
- Histologies: **squamous cell, adenocarcinoma, or adenosquamous**
- **No prior systemic anti-cancer therapy** for metastatic, persistent or recurrent disease.
  - Concurrent chemo-radiotherapy treatment with curative intent or adjuvant chemo-radiotherapy must have been completed  $\geq 3$  months (90 days) prior to enrollment.
  - Palliative radiation therapy (e.g., for pain or bleeding) 6 weeks prior enrollment is allowed as long as this does not affect measurable disease and patients are recovered from its symptoms.
- **Measureable disease** by RECIST v1.1 criteria
- **A tumour specimen is mandatory** at study entry
- Adequate organ function

# BEATcc Trial: Study Population:

## Main Exclusion Criteria:

### □ Exclusion Criteria

- Prior radiotherapy delivered using **cobalt** (rather than a linear accelerator)
- Patients with **Stage IVA not amenable to concurrent chemo-radiation** as primary treatment.
- Ongoing disease **involving the bladder or rectum** at screening/baseline:
  - In patients with pelvic disease, absence of tumor in the bladder or rectal mucosa must be demonstrated by MRI (preferred method, or endoscopy/cystoscopy if MRI is not easily accessible) within 28 days before enrolment
- Patients **previously treated with chemotherapy** except when used concurrently with radiation therapy. Patients who have received either **concurrent paclitaxel with radiation** therapy or **carboplatin/paclitaxel as adjuvant** therapy **are ineligible** for the study
- Evidence of **abdominal free air**
- **Bilateral hydronephrosis**, unless it can be alleviated by ureteral stent(s) or percutaneous drainage
- General Exclusion Criteria for Bevacizumab use
- General Exclusion Criteria for Atezolizumab use

# BEATcc Review

1. Participant Groups / Countries
2. Sample Size
3. Groups Study Timelines

# BEATcc Review: Participant Groups / Countries

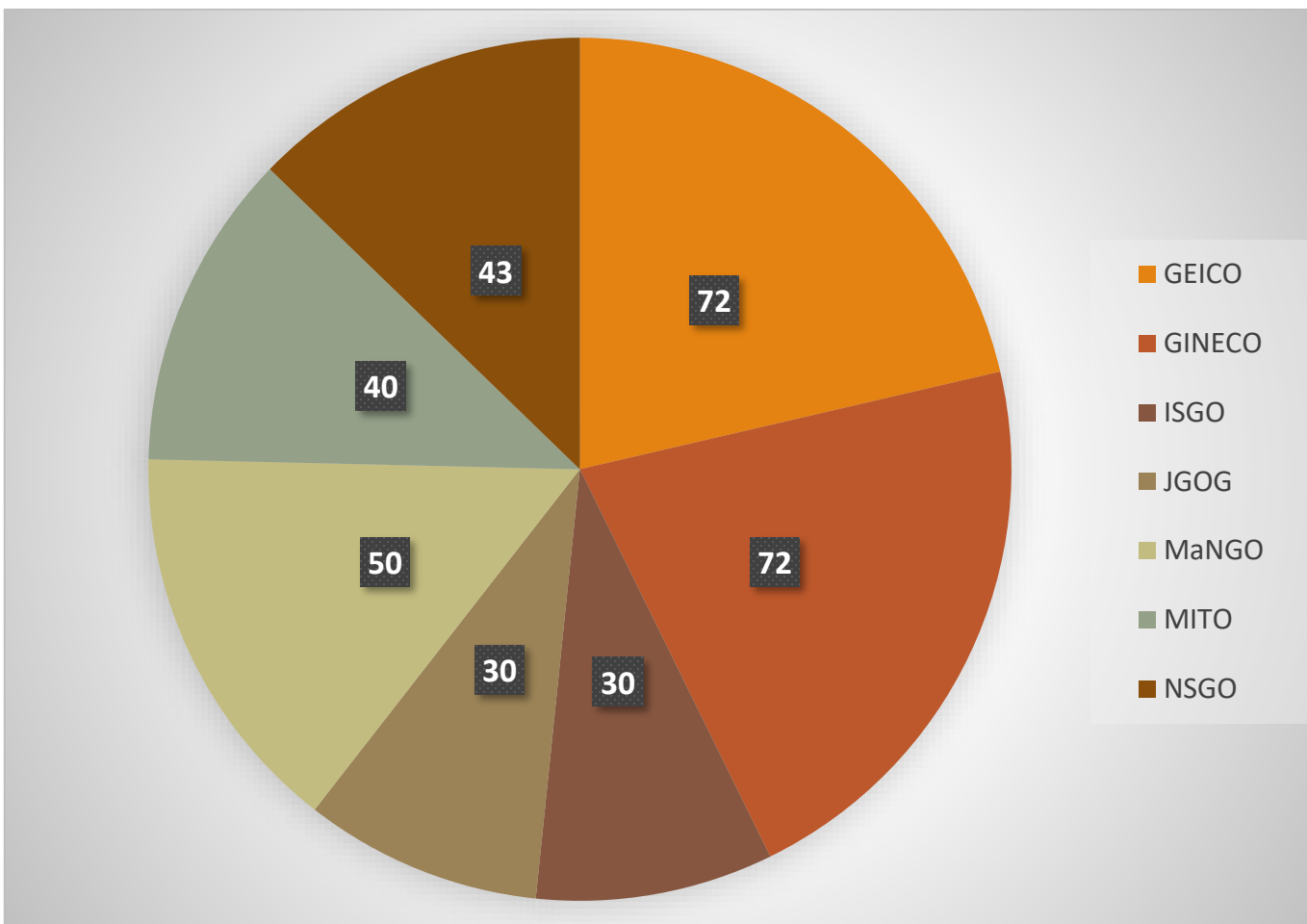
Lead Group	GEICO (Spain), PI Dr. Ana Oaknin
JGOG (Japan)	GINECO (France)
ISGO (Israel)	MaNGO (Italy)
MITO (Italy)	NSGO (Nordic Countries)
AGO (Germany) To be confirmed	China To be confirmed



## BEATcc: Groups' Participation

- **JGOG:** 8 sites, 30 patients **PI: Dr. Munetaka Takekuma**
- **GEICO:** 18 sites, 72 patients **PI: Dr. Ana Oaknin**
- **GINECO:** 15 sites, 72 patients **PI: Dr. Laurence Gladieff**
- **ISGO:** 10 sites, 30 patients **PI: Dr. Noa Ben Baruch**
- **MITO:** 10 sites, 40 patients **PI: Dr. Ugo De Giorgi**
- **MaNGO:** 7 sites, 50 patients **PI: Dr. Nicoletta Colombo**
- **NSGO:** 13 sites, 43 patients **PI: Dr. Mansoor Raza Mirza**
  
- **AGO:** 15 sites, 60 patients. **To be confirmed**
- **China:** **To be confirmed**

# BEATcc: Sample Size: 404 patients



## BEATcc: Groups Study Timelines

GROUP	Submission Planned	SIV-FPI Planned
<b>GEICO</b>	Spanish submission was done on 11 <sup>th</sup> June 2018 and Approved in August 2018.	1st SIV done on 25 <sup>th</sup> September 2018. <b>FPI on October 15th 2018.</b>
<b>GINECO</b>	Submission planned for November 2018	1st SIV planned in January 2019 FPI planned in January 2019
<b>MaNGO</b>	Submission planned for December 2018	1st SIV planned in February / March 2019 FPI planned in February / March 2019
<b>MITO</b>	Submission planned for December 2018	1st SIV planned in February / March 2019 FPI planned in February / March 2019
<b>ISGO</b>	Submission planned for January 2019	1st SIV planned in March 2019 FPI planned in March 2019
<b>NSGO</b>	Submission planned for October 2018	1st SIV planned in Dec 2018 / January 2019 FPI planned in Dec 2018 / January 2019
<b>JGOG</b>	Submission planned for December 2018 / January 2019	1st SIV planned in January / February 2019. FPI planned in March 2019

# Thank you for your attention

