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Cervical Cancer: HER2-Targeted ADCs – Current Status and Future Directions

Announcer:
Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Moore:
Cervical cancer remains a leading cause of cancer-related mortality among women, but new HER2-targeted therapies, such as antibody-drug conjugates, are beginning to show promising treatment results.

This is CME on ReachMD, and I'm Dr. Kathleen Moore.

We've seen the success our colleagues are having with HER2-targeted antibody-drug conjugates in HER2-positive breast and gastric cancer, but what happens when we use trastuzumab deruxtecan to treat HER2-positive cervical cancer. We actually saw some signals of this just this year with the DESTINY-PanTumor02 study.

This study, which was presented and now published, was a basket trial that enrolled solid tumors that were not eligible for curative therapy, they all had to be second line and beyond, they had to have HER2 expression by immunohistochemistry, either 3+ or 2+ by gastric scoring. They could have prior HER2 therapy and may have had good performance status, but otherwise, they were allowed to enter the study and receive treatment with trastuzumab deruxtecan.

One of these cohorts was a cervical cancer cohort. And so 40 patients with cervical cancer were enrolled, and their outcomes were very promising. We saw an overall response rate – and remember, this is in the recurrent setting – of 50%, which we don't ever see. If you just looked at those patients who were centrally confirmed 3+, the response rate was 75%, and centrally confirmed 2+, it was 40%. Again, both quite exceptional.

Even though it's just a single-arm study, the median progression-free survival in 3+ was not reached during the course of the study and was 7 months in the all-comers group. Again, in a recurrent setting, this is quite promising.

There are a number of other HER2-targeting antibody-drug conjugates under study as well. One is ORM 5029; another is DB-1303. These all are slightly different molecules that are enrolling all solid cohorts, and we'll see emerging data from these as well. The safety signal wasn't actually parsed out in DESTINY-PanTumor by specific tumor sites, but we didn't really see any new safety signals other than what has been reported in the past.

And so the takeaway here really is that, already in the United States, this is NCCN listed, and so specifically for adenocarcinomas, but really some places are doing all testing now. We should be looking for HER2 IHC in our patients with advanced and recurrent cervical cancer, and then assessing them for eligibility of this exciting new agent.

That's all we have time for today. Thank you for joining me.

Announcer:
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