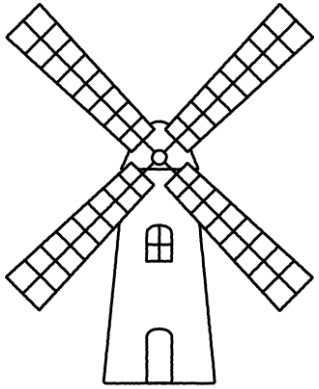
CEEGOG Central and Eastern European Gynecologic Oncology Group

ENGOT European Network of Gynaecological Oncological Trial groups



CERVANTES (CERVical cancer AdjuvaNt Treatment Study)

An international randomized trial of radical surgery followed by adjuvant therapy versus no further treatment in patients with early-stage, intermediate-risk cervical cancer

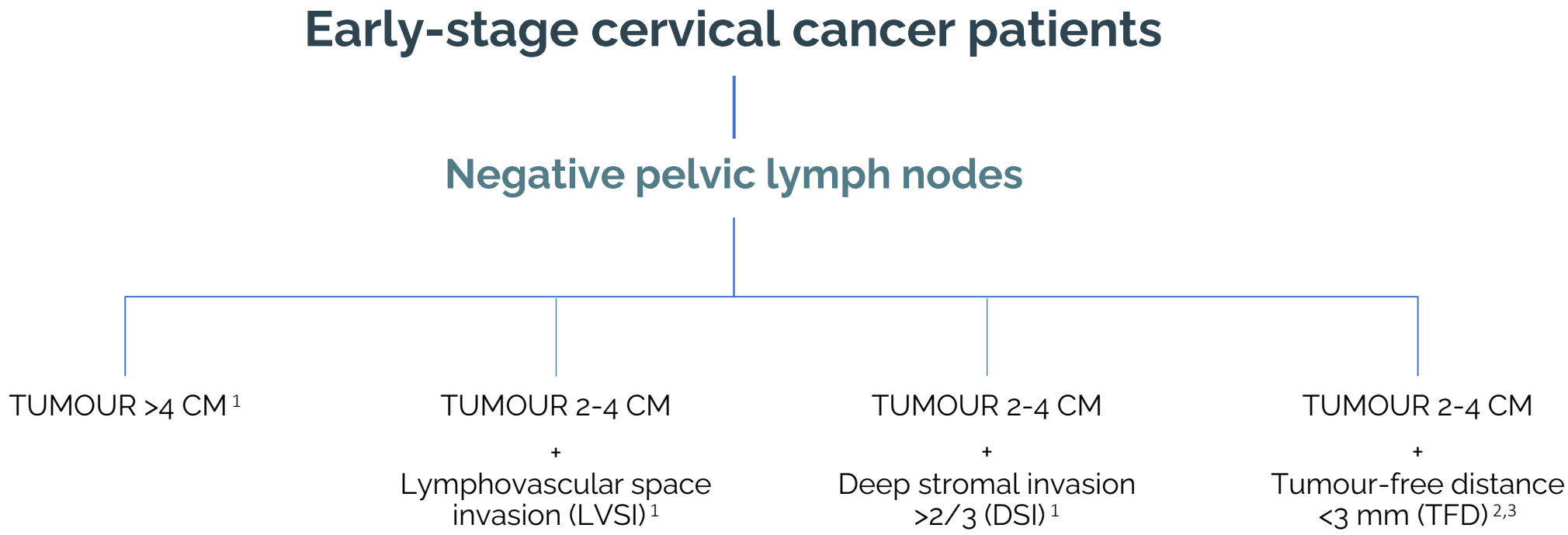
ENGOT-cx16/CEEGOG/CERVANTES; CEEGOG CX-05

ENGOT model:	A
Sponsor:	CEEGOG

Planned no. of patients:	514
Status:	initiated/ recruiting

Trial chair: David Cibula

Intermediate-risk (IR) group



[1]Sedlis et al. 1999. doi: 10.1006/gyno.1999.5387; [2]Cibula et al. 2021. doi: 10.1038/s41416-020-01204-w; [3]Bizzarri et al. 2021. doi:10.1038/s41416-021-01384-z

Rationale

- Management of intermediate risk (IR) cervical cancer patients is not harmonized and both types of treatment are currently used as a standard of care:
    i. Radical surgery alone
    ii. Radical surgery followed by adjuvant (chemo)radiation

- Criteria for definition of IR group vary (variations of GOG criteria).[1]

- Besides excellent outcome of radical surgical treatment,[2] the increasing proportion of patients with early-stage disease:
    i. has been referred to primary chemoradiation, OR
    ii. has been receiving combination treatment associated with higher treatment morbidity.

- Available evidence for combination treatment benefit is based on a single prospective randomize study which was conducted more than 20 years ago.[1]

- Recently, number of retrospective studies showed in IR group an excellent local control after radical surgery without adjuvant treatment.[3,4]

- More precise pre-operative clinical staging, improved standards of pathologic assessment, and SLN pathological ultrastaging currently contribute to the exclusion of cases with high-risk features and much better selection of IR group than at the time of GOG trial.

[1]Sedlis et al. 1999. doi: 10.1006/gyno.1999.5387; [2]Ramirez PT et al. 2018. doi: 10.1056/NEJMoa1806395; [3]Cibula et al. 2018. doi:10.1016/j.ygyno.2018.10.018; [4]van der Velden 2019. doi: 10.1136/ijgc-2019-000445

Main objective

- The purpose of the trial is to evaluate if adjuvant treatment is associated with disease free survival benefit after radical surgery in patients with intermediate-risk cervical cancer.
- The key secondary objective is to compare the overall survival benefit between trial arms.

Primary endpoint

- Disease-free survival (DFS)

  Calculated as an interval from the day of randomization until diagnosis of recurrence.

Key secondary endpoint

- Overall survival (OS)

Other secondary endpoints

- Pelvic disease-free survival
- Health-related quality of life (HR-QoL)
- Treatment-related adverse events

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Trial design

Patient enrolment after surgery

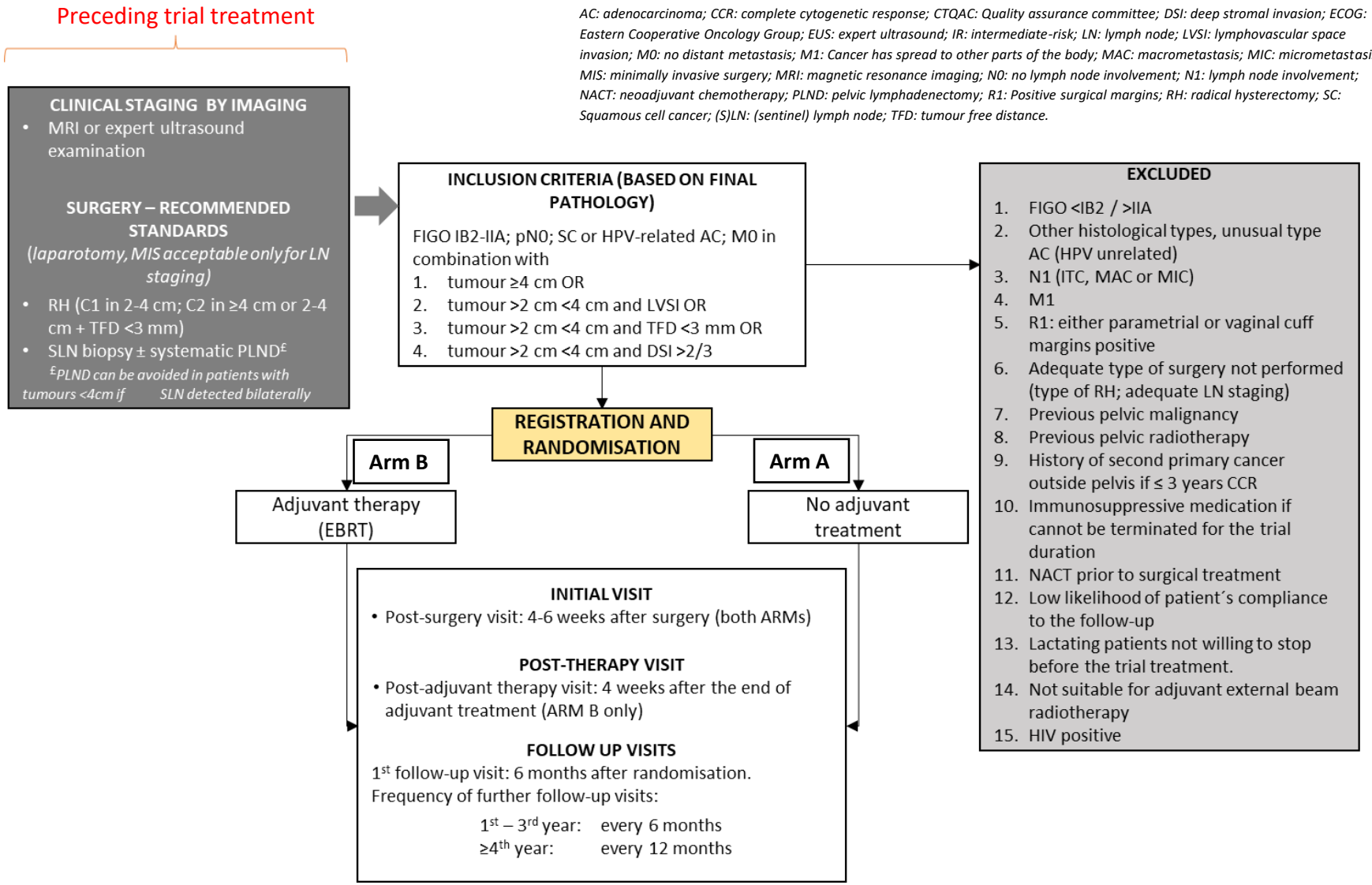
Once all the inclusion criteria are confirmed from the pathological assessment

Minimum standard for adjuvant therapy

Mandatory minimal and the internationally recognized standard for adjuvant therapy was set to

pelvic external beam radiotherapy (EBRT)

Adjuvant therapy could be modified according to the institutional or regulatory guidelines only if the minimal requirement is fulfilled consistently on the protocol.



AC: adenocarcinoma; CCR: complete cytogenetic response; CTQAC: Quality assurance committee; DSI: deep stromal invasion; ECOG: Eastern Cooperative Oncology Group; EUS: expert ultrasound; IR: intermediate-risk; LN: lymph node; LVSI: lymphovascular space invasion; M0: no distant metastasis; M1: Cancer has spread to other parts of the body; MAC: macrometastasis; MIC: micrometastasis; MIS: minimally invasive surgery; MRI: magnetic resonance imaging; N0: no lymph node involvement; N1: lymph node involvement; NACT: neoadjuvant chemotherapy; PLND: pelvic lymphadenectomy; R1: Positive surgical margins; RH: radical hysterectomy; SC: Squamous cell cancer; (S)LN: (sentinel) lymph node; TFD: tumour free distance.

Contact information

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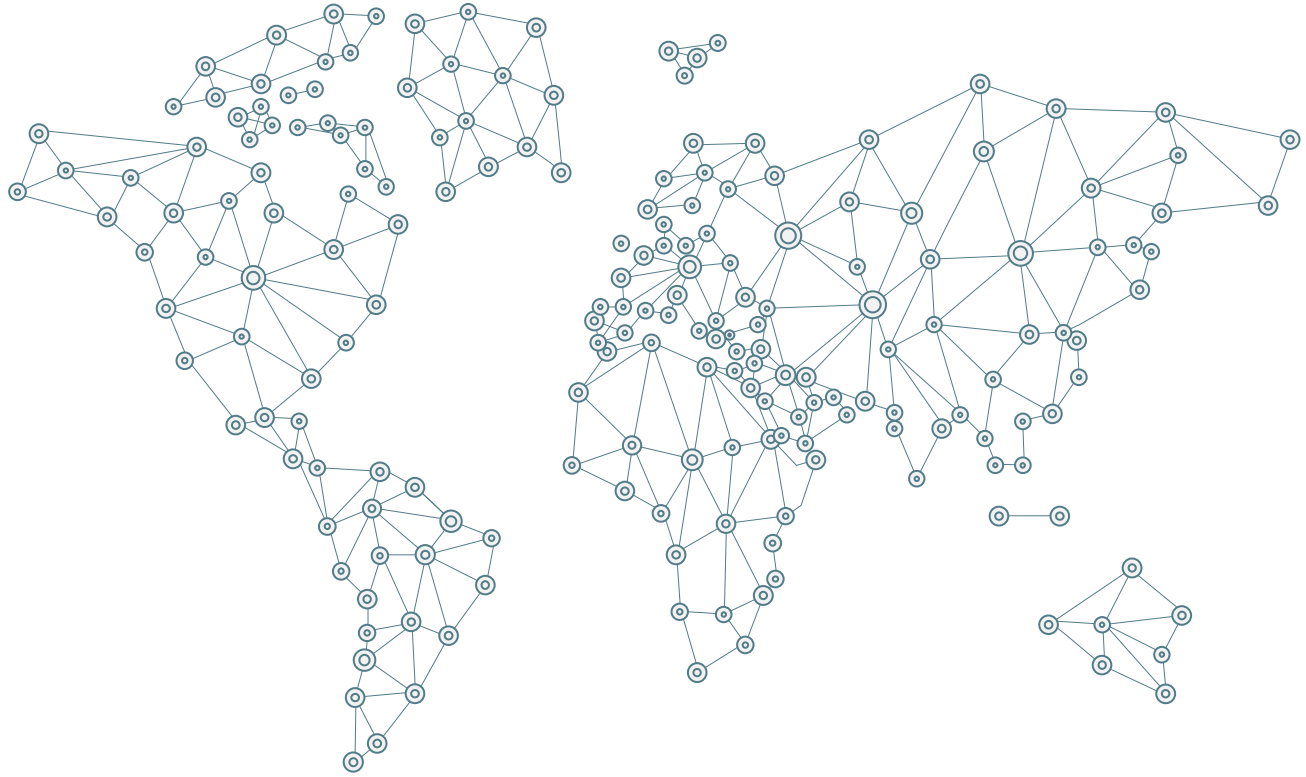
Further groups/sites welcome to join the trial



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