

Summary of Research Results for NRG-GY017: Neoadjuvant or concurrent atezolizumab with chemoradiation for locally advanced cervical cancer: a randomized phase I trial.

Introduction

First and foremost, thank you for participating in this study. Your energy, effort, and willingness have the potential to help many people. Without assistance from individuals like you, making advances would be nearly impossible. This summary reviews the main results of the study. There may be benefits and risks to learning study results. A benefit for some people is knowing that they contributed to the research and their participation is appreciated. Another benefit is what was learned from the study may help them make decisions about their health care now or in the future.

For some people, a risk is getting results that make them feel distressed or remember a difficult time in their lives. Some people may feel upset about the study results if the study did not help their condition.

Please talk with your doctor about any questions you may have about this summary. Your doctor can help explain these results to you in relation to your medical concerns.

NRG Oncology thanks you for your participation in this research. Your participation has helped us learn more about your disease as described below.

Background of the study

The purpose of this study was to test whether different schedules of the study drug atezolizumab could activate your own immune system to better fight your cancer. The investigators also looked at the best way to deliver the study drug in relation to delivery of the radiation.

What did the study involve?

After enrolling on this study, participants were randomized to one of two study groups. The first group received one dose of atezolizumab 3 weeks prior to starting chemoradiation, and then again on days 0 and 21 of chemoradiation (Arm A). The second group received atezolizumab at their first chemoradiation treatment, and again on days 21 and 42 of chemoradiation (Arm B).

What were the major findings of the study?

There were similar outcomes between the two treatment groups. After about two years of follow-up, people in both treatment groups had similar chances of being alive and cancer-free. While one group (Arm A) showed slightly higher cancer-free survival, the difference was not large enough to be certain it was due to the treatment. Overall patient survival was also similar, with most patients in both groups still alive two years after treatment, and no clear survival advantage being seen for one group over the other.

Some patients showed signs that their tumor was already shrinking or disappearing early during treatment. Those patients were more likely to remain cancer-free at two years, regardless of which treatment group they were in.

Are there any steps that may need to be taken at this time or in the future for those who participated in the study?

For participants in this study, there are no immediate or long-term steps that need to be considered because of these findings. All participants in this study have completed their treatment and should be followed by their doctor.

What did the researchers learn that will be helpful to other people with this condition?

The study results shows that the dosing schedules in both treatment arms were feasible, but since this was a small, early-stage study, it was not designed to prove one treatment was better than the other.

The researchers also identified early tumor response as strong sign of better outcomes, and no definitive survival differences between treatment arms were proven.

These findings help guide future research and the design of larger studies that may improve care for people with cervical cancer.

Who can I contact for further information?

Please talk with your doctor about any questions or concerns you may have about this summary. Further details about the design, conduct and results of this study are available at www.clinicaltrials.gov. Once you access the webpage, you can search by NRG Oncology study number.

List of publications with references that were generated from this study.

1. Mayadev, J., Zamarin, D., Deng, W. *et al.* Neoadjuvant or concurrent atezolizumab with chemoradiation for locally advanced cervical cancer: a randomized phase I trial. *Nat Commun* **16**, 553 (2025). <https://doi.org/10.1038/s41467-024-55200-2>
2. Mayadev J, Zamarin D, Deng W, et al. *Int J Gynecol Cancer* 2020;30:701–704.

