Oncology Today:
Management of Endometrial Cancer

Wednesday, September 14, 2022
5:00 PM – 6:00 PM ET

Faculty

Michael J Birrer, MD, PhD

Moderator

Neil Love, MD

RTP
RESEARCH
TO PRACTICE

Faculty

Michael J Birrer, MD, PhD
Vice Chancellor, UAMS
Director, Winthrop P Rockefeller Cancer Institute
Director, Cancer Service Line
Professor of Biochemistry and Molecular Biology
Director's Endowed Chair for the Winthrop P Rockefeller Cancer Institute
University of Arkansas for Medical Sciences
Little Rock, Arkansas

Live Moderator
Neil Love, MD
Research To Practice

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ONCOLOGY TODAY

WITH DR NEIL LOVE

Endometrial Cancer Edition

DR MANSOOR RAZA MIRZA
COPENHAGEN UNIVERSITY HOSPITAL

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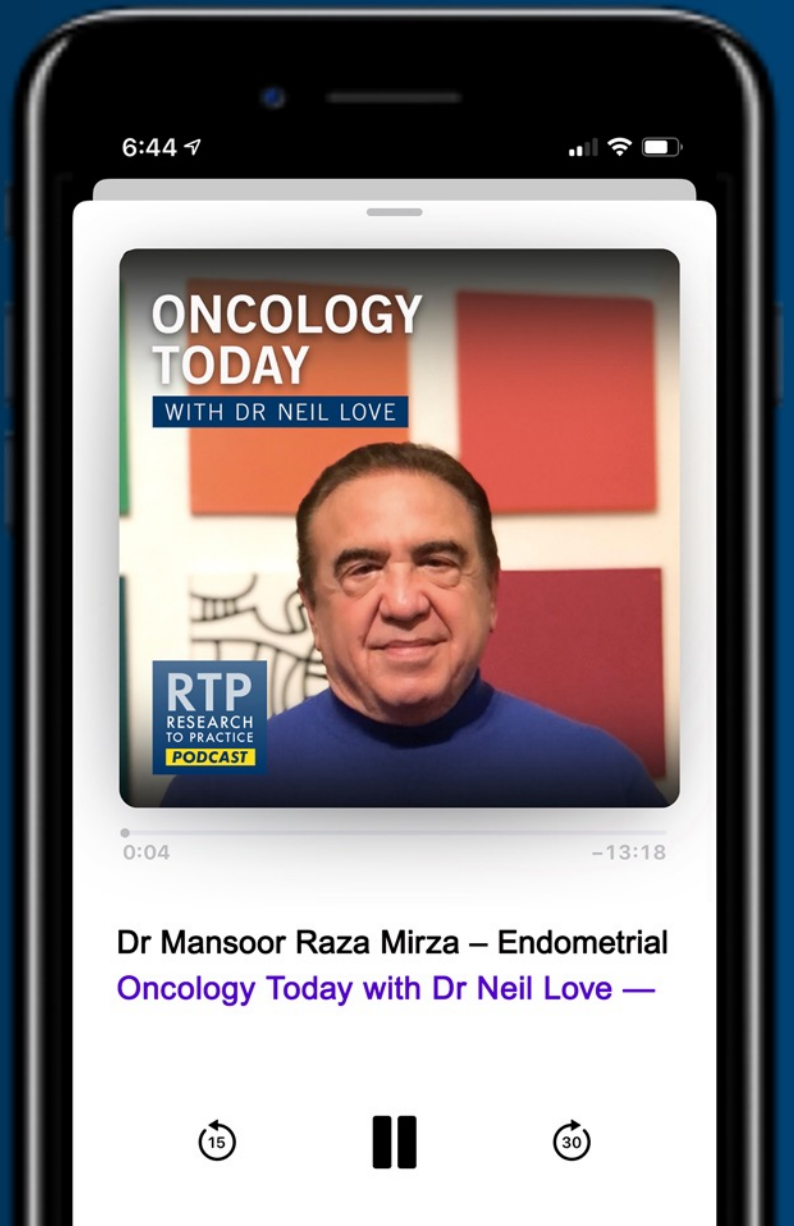

Meet The Professor

Optimizing the Management of Head and Neck and Thyroid Cancers

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The Clinical Implications of Key Recent Data Sets in Oncology: A Daylong Multitumor Educational Symposium in Partnership with Florida Cancer Specialists

Saturday, October 22, 2022

7:30 AM – 5:30 PM ET

JW Marriott Orlando| Orlando, Florida

Faculty

Ghassan Abou-Alfa, MD, MBA
Matthew P Goetz, MD
Ian E Krop, MD, PhD
Ann S LaCasce, MD, MMSc
Corey J Langer, MD
Prof Georgina Long, AO, BSc, PhD, MBBS
Christine M Lovly, MD, PhD
Wells A Messersmith, MD
Alicia K Morgans, MD, MPH
David M O'Malley, MD
Thomas Powles, MBBS, MRCP, MD
Mitchell R Smith, MD, PhD
John Strickler, MD
Shannon N Westin, MD, MPH
Evan Y Yu, MD
Saad Zafar Usmani, MD, MBA

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Hepatobiliary Cancer

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Dr Love — Disclosures

Dr Love is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME activities from the following companies: AbbVie Inc, Adaptive Biotechnologies Corporation, ADC Therapeutics, Agios Pharmaceuticals Inc, Alexion Pharmaceuticals, Amgen Inc, Array BioPharma Inc, a subsidiary of Pfizer Inc, Astellas, AstraZeneca Pharmaceuticals LP, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, BeiGene Ltd, BeyondSpring Pharmaceuticals Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Coherus BioSciences, CTI BioPharma Corp, Daiichi Sankyo Inc, Eisai Inc, Elevation Oncology Inc, EMD Serono Inc, Epizyme Inc, Exact Sciences Corporation, Exelixis Inc, Five Prime Therapeutics Inc, Foundation Medicine, G1 Therapeutics Inc, Genentech, a member of the Roche Group, Genmab, Gilead Sciences Inc, GlaxoSmithKline, Grail Inc, Halozyme Inc, Helsinn Healthcare SA, ImmunoGen Inc, Incyte Corporation, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Karyopharm Therapeutics, Kite, A Gilead Company, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, MEI Pharma Inc, Merck, Mersana Therapeutics Inc, Mirati Therapeutics Inc, Natera Inc, Novartis, Novartis Pharmaceuticals Corporation on behalf of Advanced Accelerator Applications, Novocure Inc, Oncopeptides, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sanofi Genzyme, Seagen Inc, Servier Pharmaceuticals LLC, Sumitomo Dainippon Pharma Oncology Inc, Taiho Oncology Inc, Takeda Pharmaceuticals USA Inc, TerSera Therapeutics LLC, Tesaro, A GSK Company, TG Therapeutics Inc, Turning Point Therapeutics Inc, Verastem Inc and Zymeworks Inc.

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Planners, scientific staff and independent reviewers for Research To Practice have no relevant conflicts of interest to disclose.

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Oncology Today: Endometrial Cancer

Mansoor Raza Mirza, MD
Chief Oncologist
Copenhagen University Hospital
Medical Director
Nordic Society of Gynaecological Oncology – Clinical Trial Unit
Chairman, European Network of Gynaecological Trial Groups
Vice President, European Society of Gynaecological Oncology
Copenhagen, Denmark

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Thank you for joining us!

CME and MOC credit information will be emailed to each participant within 5 business days.

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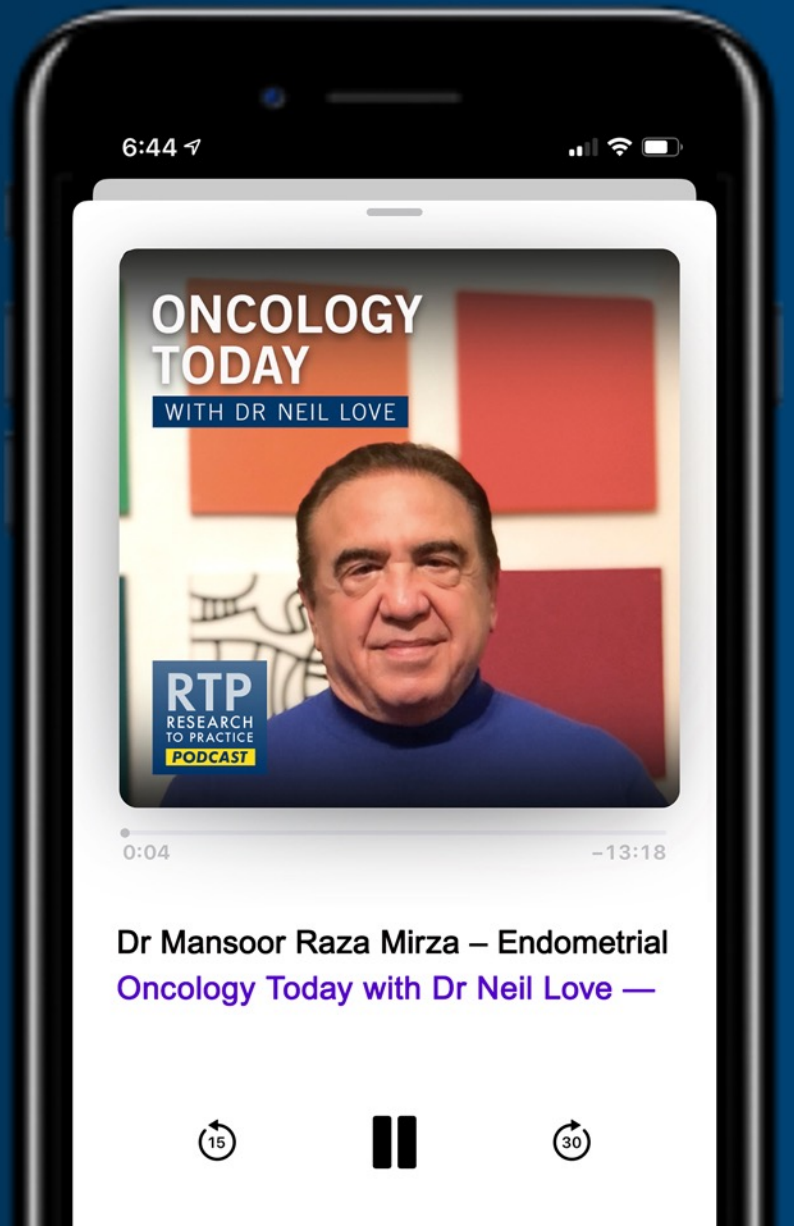

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cancers

MDPI

Article

Improving Risk Assessment for Metastatic Disease in Endometrioid Endometrial Cancer Patients Using Molecular and Clinical Features: An NRG Oncology/Gynecologic Oncology Group Study

Yovanni Casablanca [1,†], Guisong Wang [1,2,†], Heather A. Lankes [3,‡], Chunqiao Tian [1,2], Nicholas W. Bateman [1,2], Caela R. Miller [1,§], Nicole P. Chappell [1,‖], Laura J. Havrilesky [4], Amy Hooks Wallace [4], Nilsa C. Ramirez [5], David S. Miller [6], Julie Oliver [1,2], Dave Mitchell [1,2], Tracy Litzi [1,2], Brian E. Blanton [1,2], William J. Lowery [1,¶], John I. Risinger [7], Chad A. Hamilton [1,8,**], Neil T. Phippen [1,8], Thomas P. Conrads [1,8], David Mutch [9], Katherine Moxley [10], Roger B. Lee [11], Floor Backes [12], Michael J. Birrer [13], Kathleen M. Darcy [1,2,*,††] and George Larry Maxwell [1,8,*,††]

Casablanca Y et al. *Cancers (Basel)* 2022;August 23:14(17):4070.

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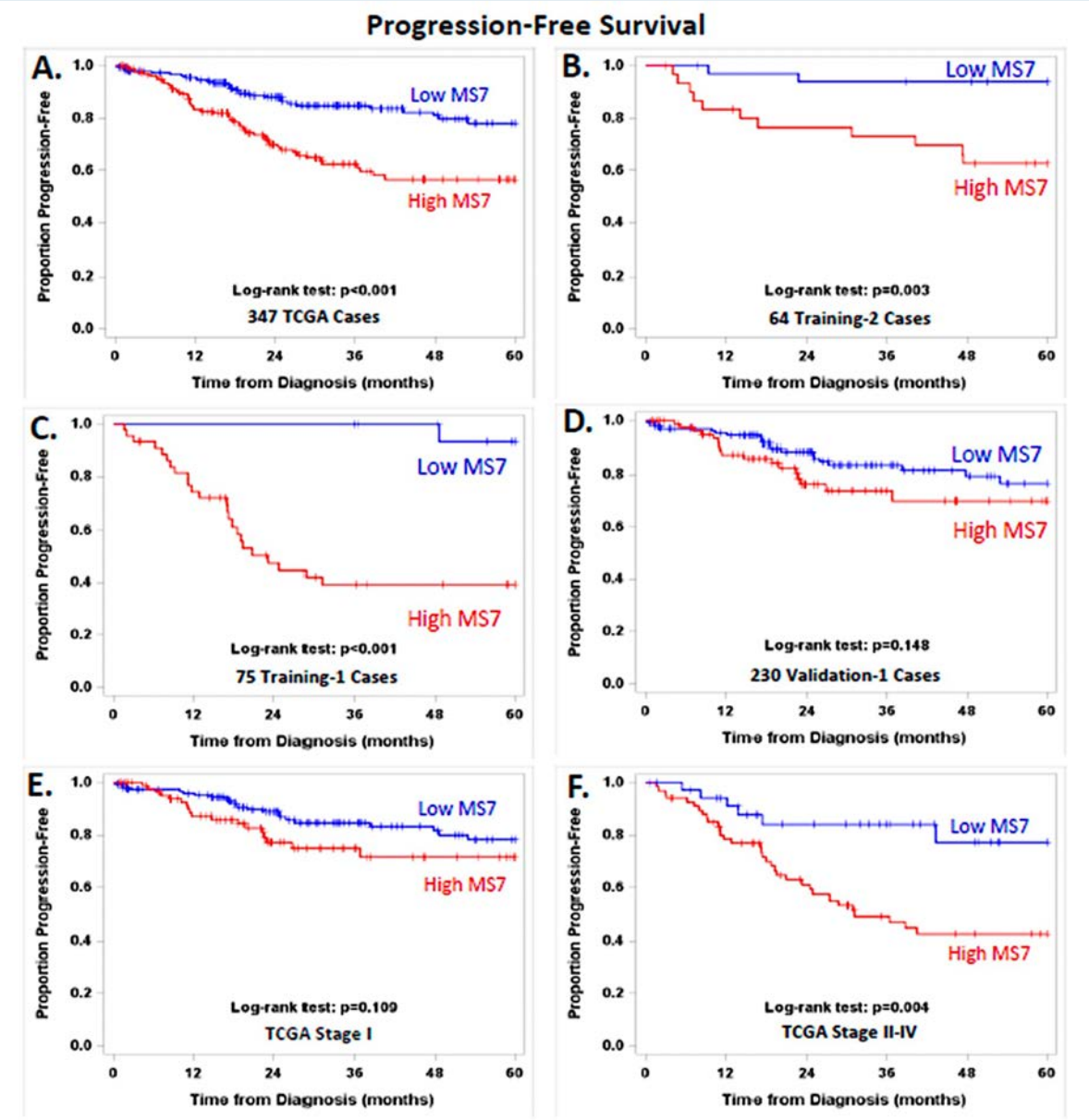
Progression-Free Survival for Patients with Low and High MS7 Scores



Casablanca Y et al. *Cancers (Basel)* 2022;August 23:14(17):4070.

HHS Public Access

Author manuscript

Cell. Author manuscript; available in PMC 2020 May 18.

Published in final edited form as:

Cell. 2020 February 20; 180(4): 729–748.e26. doi:10.1016/j.cell.2020.01.026.

Proteogenomic Characterization of Endometrial Carcinoma

Dou Y et al. *Cell* 2020;February 20:180(4):729-48.e26.

RESEARCH ARTICLE

Effects of Slide Storage on Detection of Molecular Markers by IHC and FISH in Endometrial Cancer Tissues From a Clinical Trial: An NRG Oncology/GOG Pilot Study

Tatyana A. Grushko, PhD, Virginia L. Filiaci, PhD,† Anthony G. Montag, MD,‡✠ Marsha Apushkin, MD,‡ Maria J. Gomez, MS,* Laura Monovich, MBA,§ Nilsa C. Ramirez, MD,§ Carlton Schwab, MD,‖ Joshua P. Kesterson, MD,¶ Shelly M. Seward, MD,# Michael W. Method, MD,** Olufunmilayo I. Olopade, MD,* Gini F. Fleming, MD,* and Michael J. Birrer, MD, PhD††*

Appl Immunohistochem Mol Morphol 2022;January 1:30(1):27-35.

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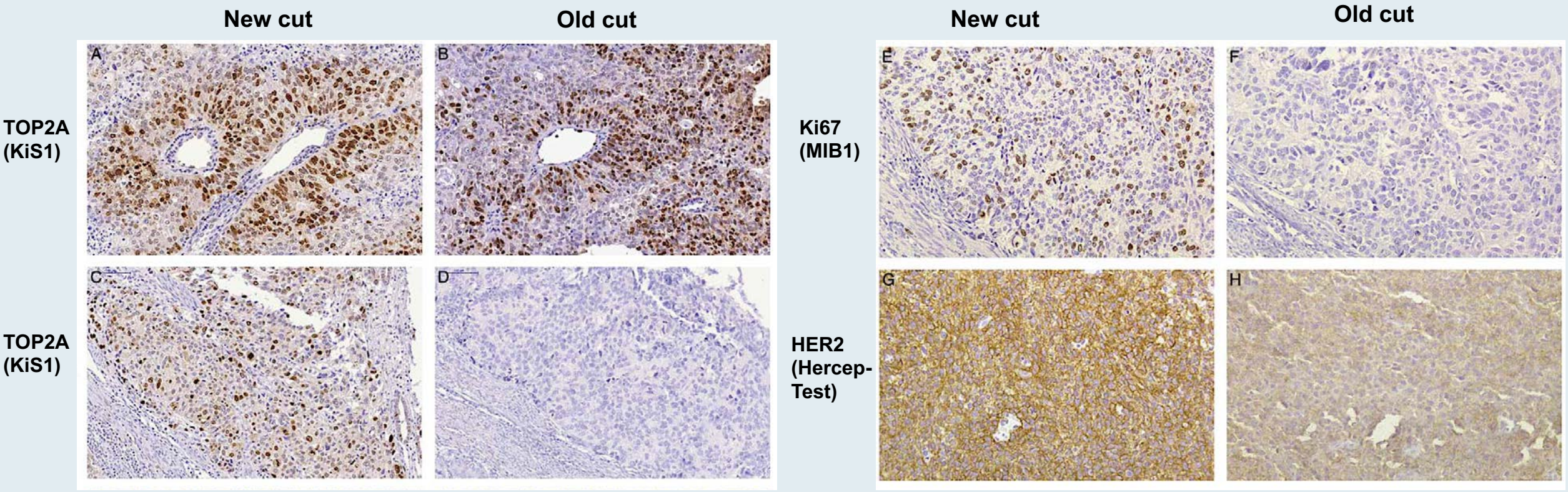
Photomicrographs of Staining of New Cut (3 wk old) and Stored (Old Cut, >10 y Old) Slides Sectioned from the Same Formalin-Fixed Paraffin-Embedded EC Tumor Blocks



Grushko TA et al. *Appl Immunohistochem Mol Morphol* 2022 January 1;30(1):27-35.

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HHS Public Access
Author manuscript
Cancer Epidemiol Biomarkers Prev. Author manuscript; available in PMC 2021 October 01.

Published in final edited form as:
Cancer Epidemiol Biomarkers Prev. 2021 April ; 30(4): 719–726. doi:10.1158/1055-9965.EPI-20-1613.

Sex Hormones Insulin-like Growth Factors in Recurrence of High Stage Endometrial Cancer

Melissa A. Merritt[1], **Howard D. Strickler**[2], **Alan D. Hutson**[3], **Mark H. Einstein**[4], **Thomas E. Rohan**[2], **Xiaonan Xue**[2], **Mark E. Sherman**[5], **Louise A. Brinton**[6], **Herbert Yu**[1], **David S. Miller**[7], **Nilsa C. Ramirez**[8], **Heather A. Lankes**[9], **Michael J. Birrer**[10], **Gloria S. Huang**[11,*], **Marc J. Gunter**[12,*]

Merritt MA et al. *Cancer Epidemial Biomarkers Prev* 2021 April;30(4):719-26.

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Mansoor Raza Mirza, MD
Chief Oncologist
Copenhagen University Hospital
Medical Director
Nordic Society of Gynaecological Oncology – Clinical Trial Unit
Chairman, European Network of Gynaecological Trial Groups
Vice President, European Society of Gynaecological Oncology
Copenhagen, Denmark

Gynecologic Oncology in Denmark

Dr Mansoor Mirza (Copenhagen, Denmark)

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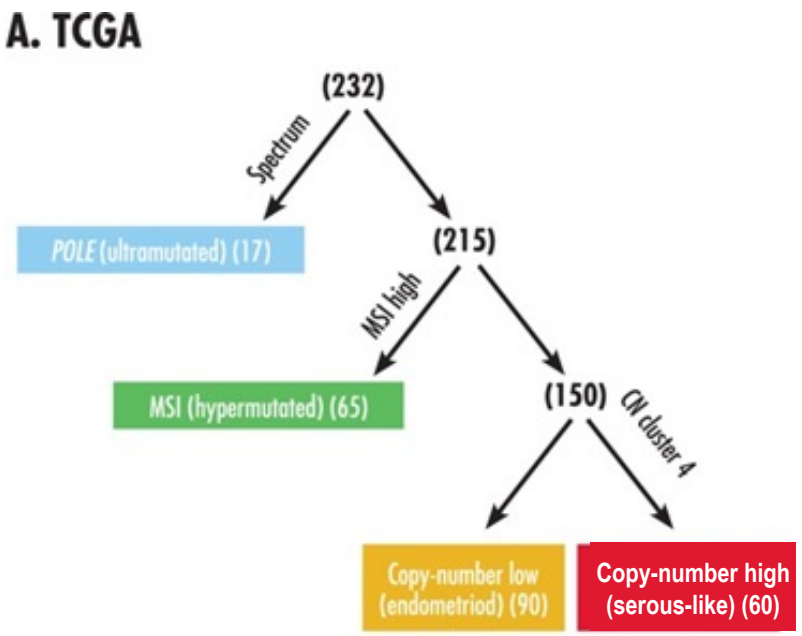
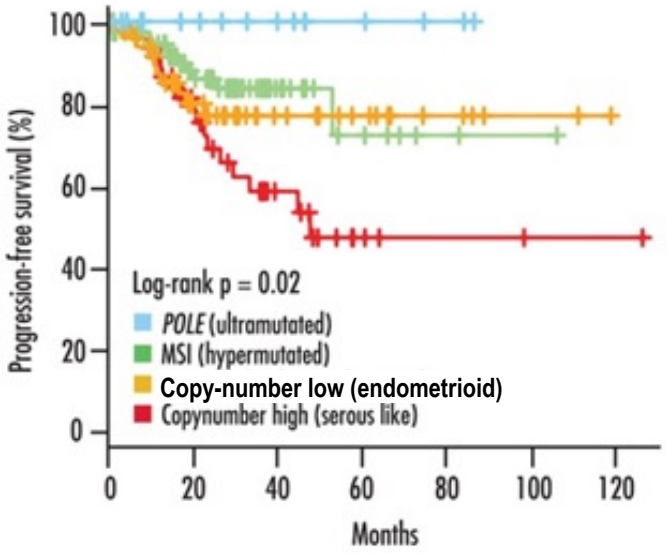
Molecular Classification of Endometrial Cancer

TCGA molecularly classified endometrial cancer into 4 groups:

--POLE (DNA polymerase ε catalytic subunit) ultramutated
--MSI hypermutated
--Copy number low
--Copy number high (serous)

These groups are prognostic





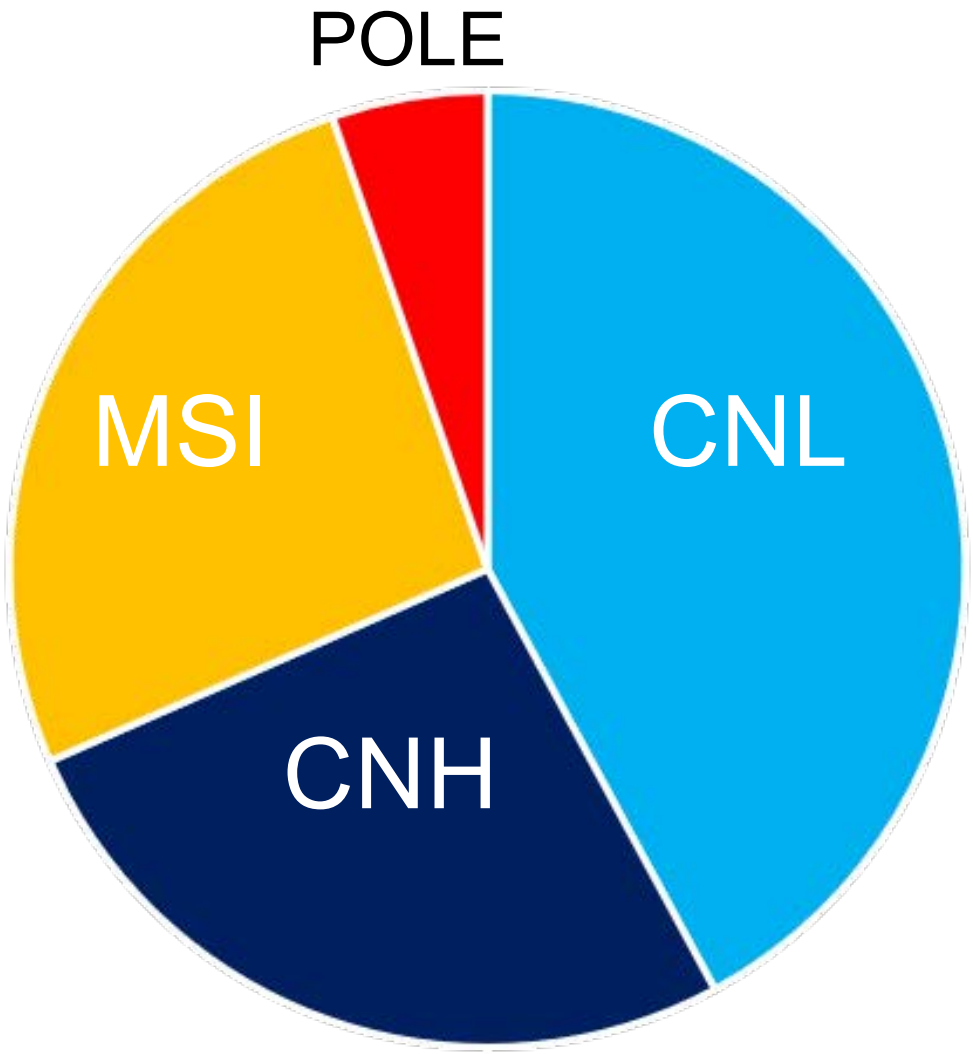
**Pathobiology of Endometrial Cancer in Treatment Decision Making and Therapeutic Development
Amanda Fader, MD

Courtesy of Mansoor Raza Mirza, MD

Cancer Genome Atlas Research Network. *Nature.* 2013;497(7447):67-73.

© M R Mirza

Molecular Subtypes



Courtesy of Mansoor Raza Mirza, MD

© M R Mirza

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Case Presentation: 68-year-old woman with MSI-high Stage III endometrial cancer

Dr Mansoor Mirza (Copenhagen, Denmark)

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Pembrolizumab in Microsatellite Instability-High (MSI-H)/Mismatch Repair Deficient (dMMR) Advanced Solid Tumors: An Update of the Phase II KEYNOTE-158 Trial

Maio M et al.

ESMO 2022;Abstract 113P.

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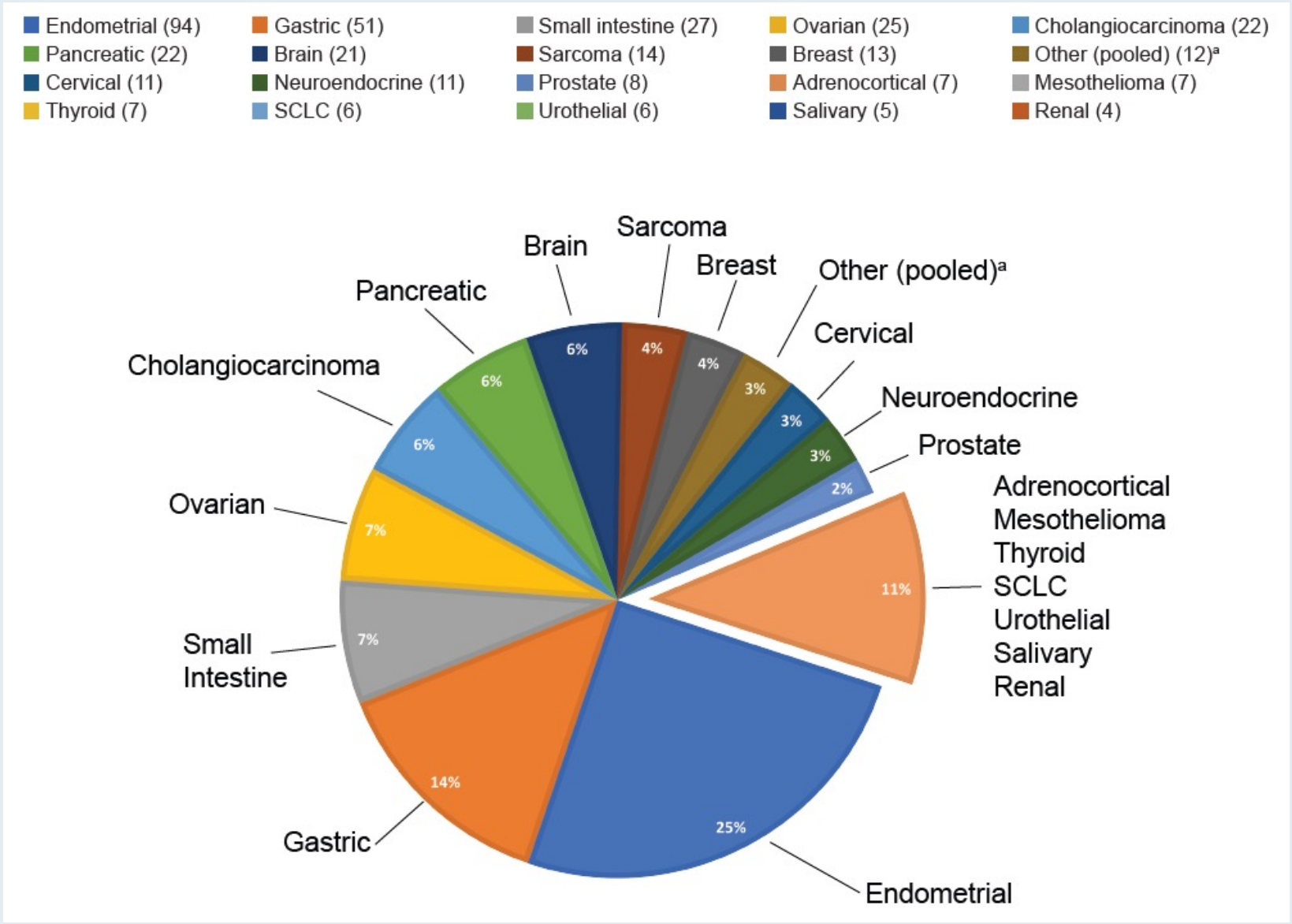
KEYNOTE-158: High MSI at Primary Diagnosis — Tumor Types



Maio M et al. ESMO 2022;Abstract 113P.

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Pembrolizumab for Microsatellite Instability-High (MSI-H) or Mismatch Repair Deficient (dMMR) Advanced Endometrial Cancer: Long-Term Follow-Up Results from KEYNOTE-158

O'Malley D et al.

ESMO 2022;Abstract 546P.

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KEYNOTE-158: Long-Term Efficacy Results

	Analysis population (n = 94)
ORR, % (95% CI)	50 (39.5–60.5)
CR, n (%)	15 (16)
PR, n (%)	32 (34)
SD, n (%)	17 (18)
ORR by prior treatment line, % (95% CI)[a]	
Neo-adjuvant and/or adjuvant therapy only (n = 10)	40 (12.2–73.8)
1 line (n = 39)	59 (42.1–74.4)
>1 line (n = 45)	44 (29.6–60.0)
DOR, median (range),[b] mo	63.2 (2.9–63.2)
DOR ≥1 y,[b] %	87
DOR ≥2 y,[b] %	71
DOR ≥3 y,[b] %	66
DOR ≥4 y,[b] %	66
Median PFS (95% CI),[b] mo	13.1 (4.3–25.7)
4-y PFS rate,[b] %	37
Median OS (95% CI),[b] mo	65.4 (29.5–NR)
4-y OS rate,[b] %	59

K-M, Kaplan-Meier; NR, not reached. [a]Percentages are based on number of patients in each subgroup. [b]K-M estimate

O'Malley D et al. ESMO 2022;Abstract 546P.

RTP RESEARCH TO PRACTICE

original reports

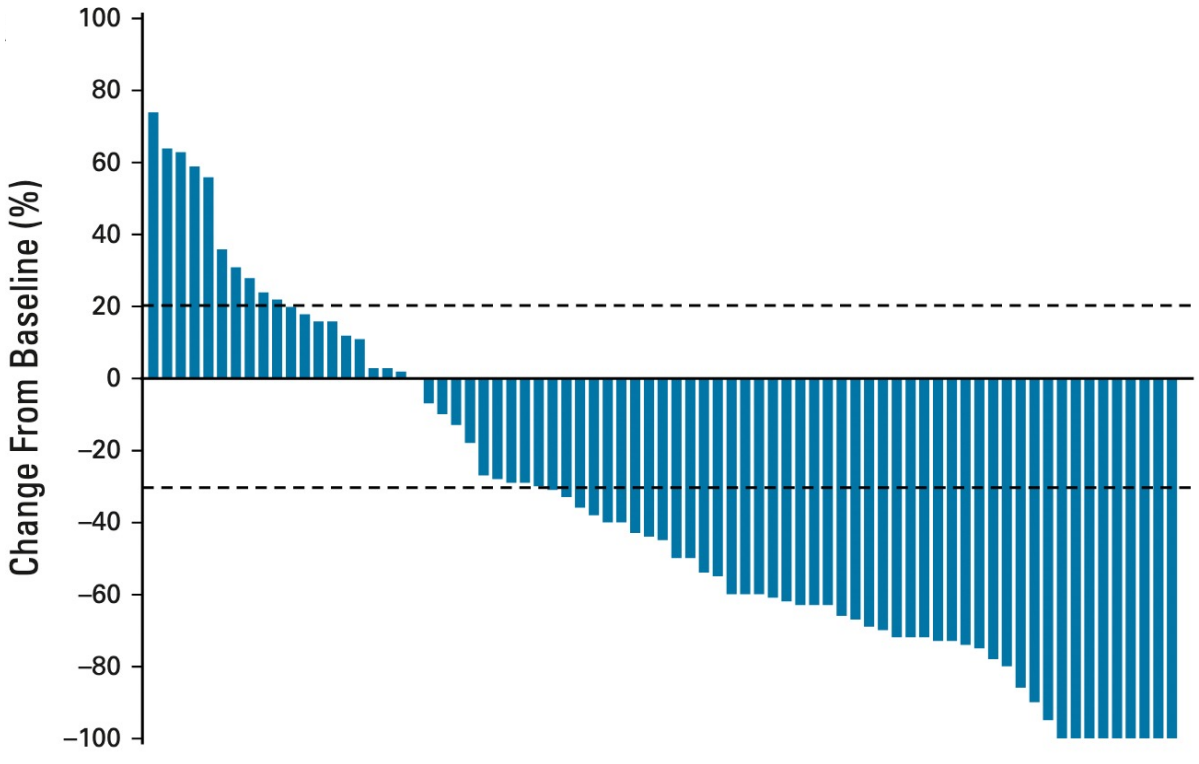
Pembrolizumab in Patients With Microsatellite Instability–High Advanced Endometrial Cancer: Results From the KEYNOTE-158 Study

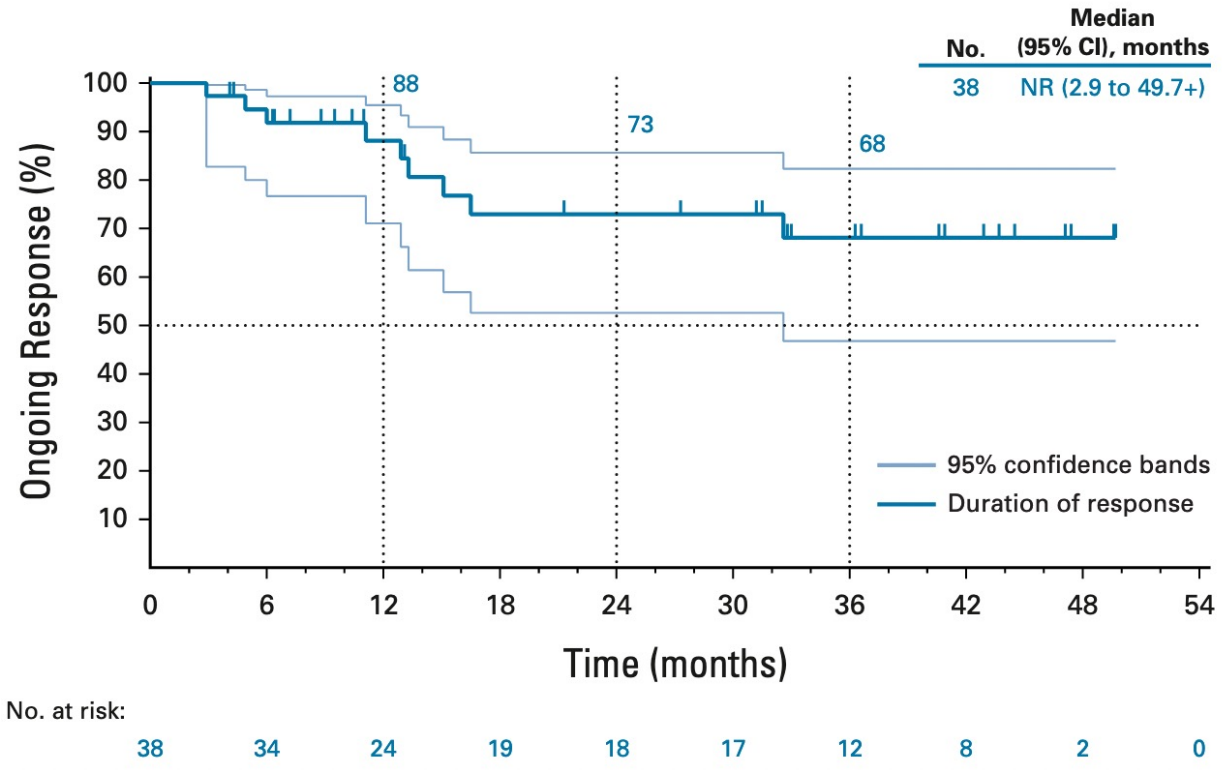
David M. O'Malley, MD[1]; Giovanni Mendonca Bariani, MD[2]; Philippe A. Cassier, MD[3]; Aurelien Marabelle, MD, PhD[4]; Aaron R. Hansen, MBBS[5]; Ana De Jesus Acosta, MD[6]; Wilson H. Miller Jr, MD, PhD[7,8]; Tamar Safra, MD[9,10]; Antoine Italiano, MD, PhD[11,12]; Linda Mileshkin, MBBS[13]; Lei Xu, PhD[14]; Fan Jin, MD[14]; Kevin Norwood, MD[14]; and Michele Maio, MD[15]

Journal of Clinical Oncology 2022 40:7,752-761

Courtesy of Mansoor Raza Mirza, MD

KEYNOTE-158: Best Percentage Change and Duration of Response



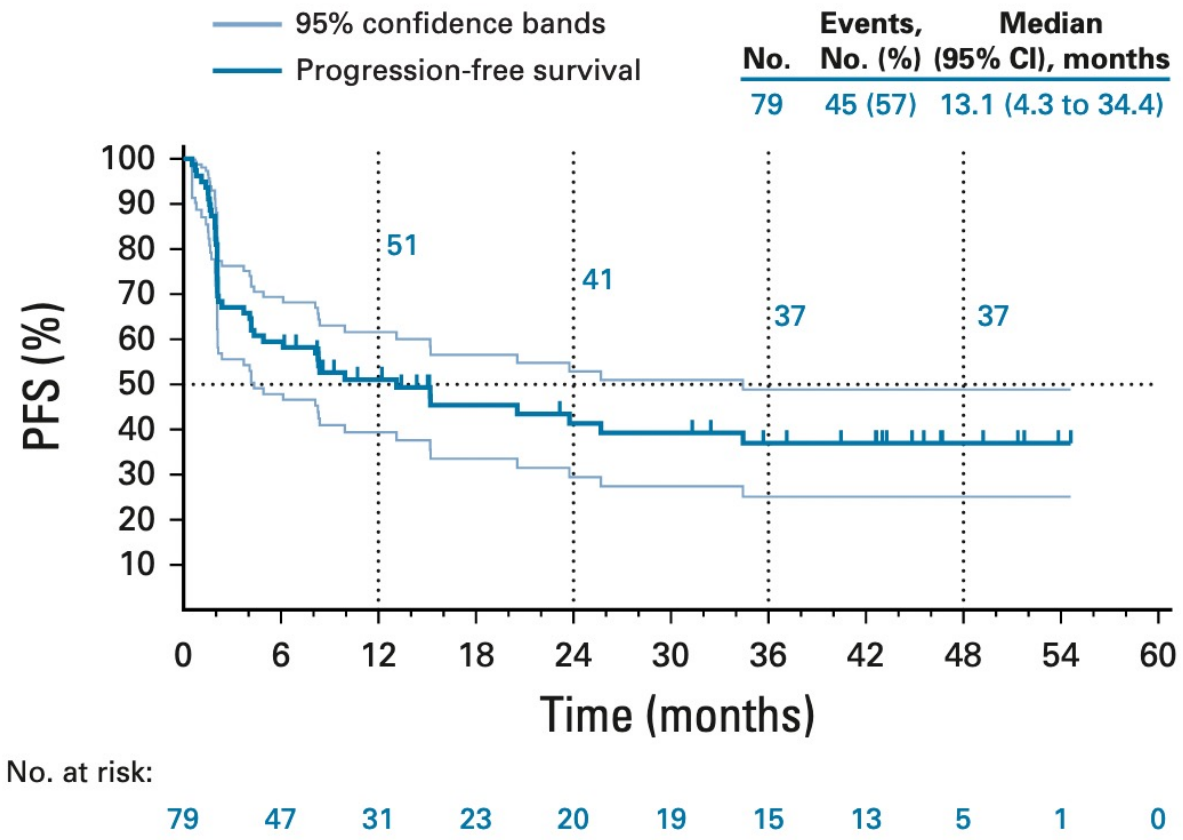


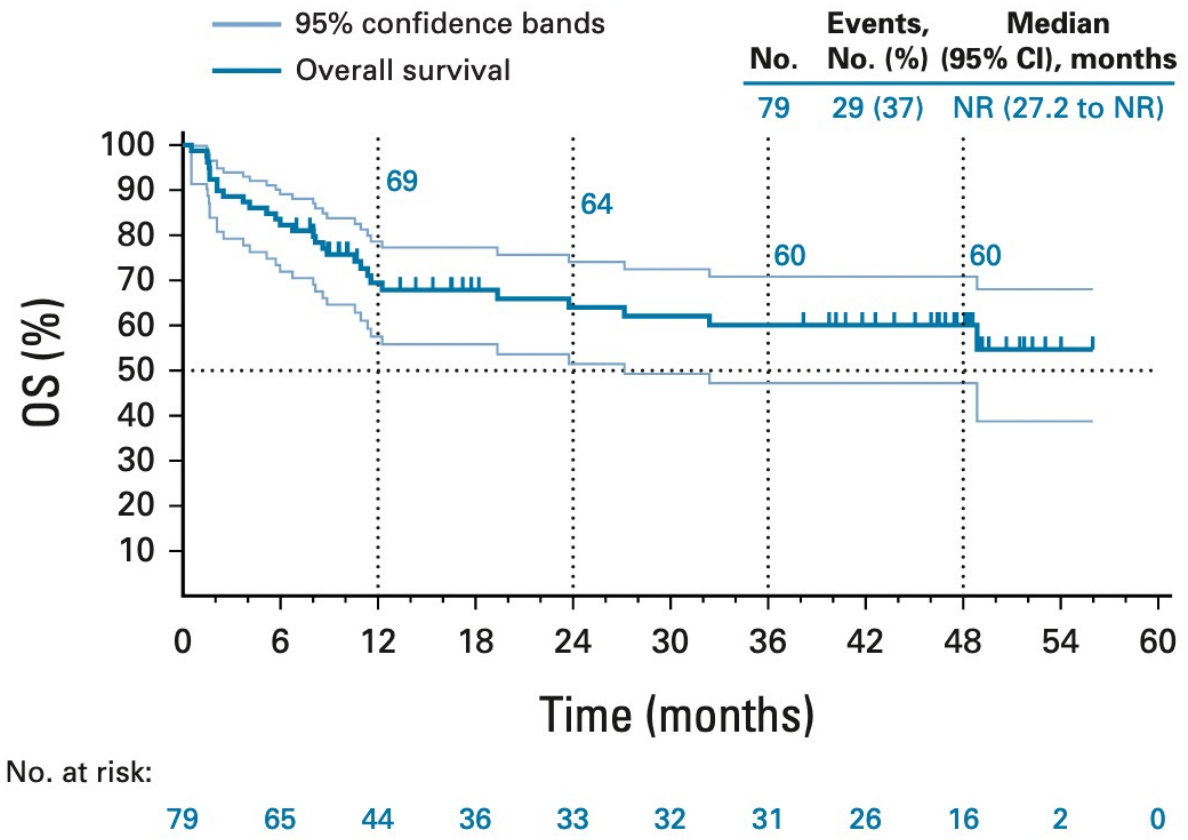
- Among 79 patients in the efficacy analysis population, 48% (95% CI, 37 to 60) had an objective response as determined by independent central radiologic review, including 11 patients (14%) with CR and 27 (34%) with PR

Courtesy of Mansoor Raza Mirza, MD

O'Malley et. al, *Journal of Clinical Oncology* 2022 40:7, 752-761

KEYNOTE-158: PFS and OS





Courtesy of Mansoor Raza Mirza, MD

O'Malley et. al, *Journal of Clinical Oncology* 2022 40:7, 752-761

2022 ASCO ANNUAL MEETING

Abstract 5509

Dostarlimab in Advanced/Recurrent Mismatch Repair Deficient/Microsatellite Instability–High or Proficient/Stable Endometrial Cancer: the GARNET study

Ana Oaknin,[1] Bhavana Pothuri,[2] Lucy Gilbert,[3] Renaud Sabatier,[4] Sharad Ghamande,[5] Adriano Gravina,[6] Emiliano Calvo,[7] Susana Banerjee,[8] Rowan E. Miller,[9] Joanna Pikiel,[10] Mansoor R. Mirza,[11] Tao Duan,[12] Sybil Zildjian,[13] Eleftherios Zografos,[14] Jennifer Veneris,[13] Anna V. Tinker[15]

[1]Gynaecologic Cancer Programme, Vall d'Hebron Institute of Oncology (VHIO), Hospital Universitari Vall d'Hebron, Vall d'Hebron Barcelona Hospital Campus, Barcelona, Spain; [2]Gynecologic Oncology Group (GOG) and Department of Obstetrics/Gynecology, Laura & Isaac Perlmutter Cancer Center, NYU Langone Health, New York, NY, USA; [3]Division of Gynecologic Oncology, McGill University Health Centre, Montreal, Quebec, Canada; [4]Department of Medical Oncology, Institut Paoli Calmettes, Aix-Marseille University, Marseille, France; [5]Department of Obstetrics & Gynecology, Georgia Cancer Center, Augusta University, Augusta, GA, USA; [6]Clinical Trial Unit, Istituto Nazionale Tumori Fondazione G. Pascale, Naples, Italy; [7]START Madrid–CIOCC, Centro Integral Oncológico Clara Campal, Madrid, Spain; [8]Gynaecology Unit, The Royal Marsden NHS Foundation Trust and Institute of Cancer Research, London, UK; [9]University College London, St. Bartholomew's Hospitals London, London, UK; [10]Department of Chemotherapy, Regional Center of Oncology, Gdansk, Poland; [11]Department of Oncology, Rigshospitalet, Copenhagen University Hospital, Denmark, Nordic Society of Gynaecologic Oncology–Clinical Trial Unit, Copenhagen, Denmark; [12]GlaxoSmithKline, Pennington, NJ, USA; [13]GlaxoSmithKline, Waltham, MA, USA; [14]GlaxoSmithKline, London, UK; [15]Department of Medicine, British Columbia Cancer, Vancouver Centre, University of British Columbia, Vancouver, British Columbia, Canada

PRESENTED BY:
Ana Oaknin, MD

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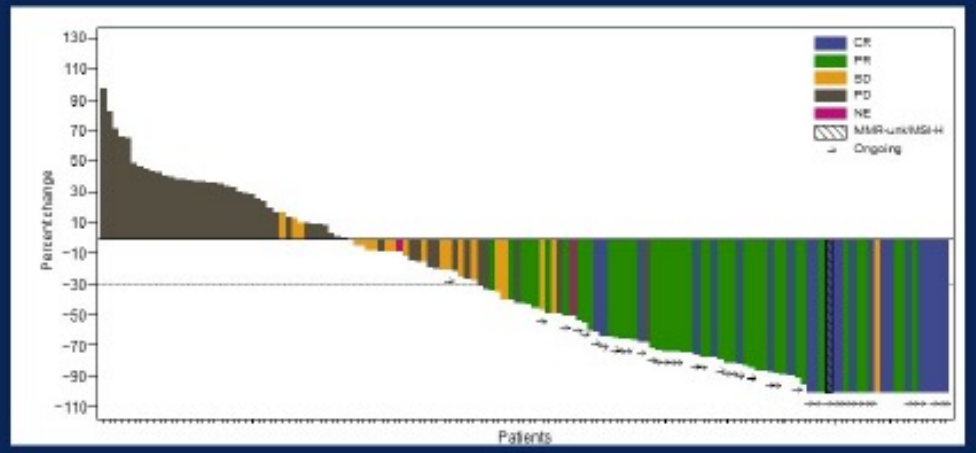
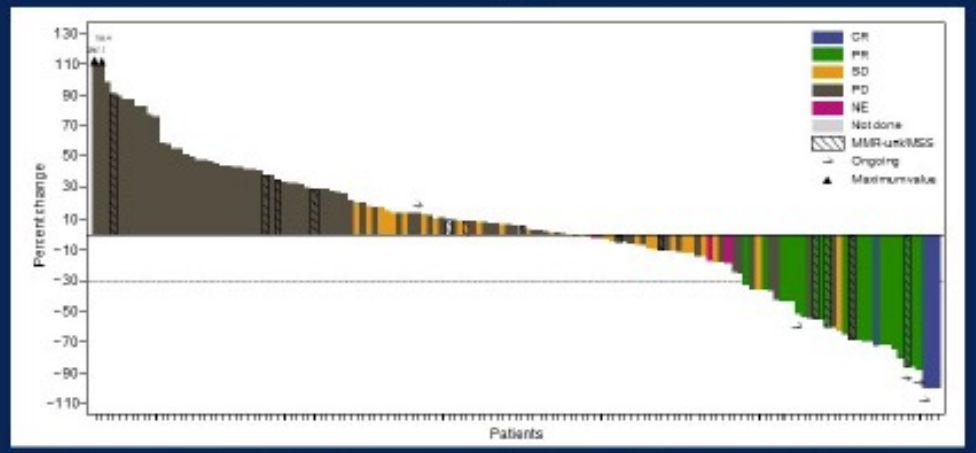
Best Volume Change in Target Lesions Based on BICR per RECIST v1.1

dMMR/MSI-H EC



MMRp/MSS EC



BICR, blinded independent central review; CR, complete response; dMMR, mismatch repair deficient; EC, endometrial cancer; MMRp, mismatch repair proficient; MMR-unk, mismatch repair unknown; MSI-H, microsatellite instability–high; MSS, microsatellite stable; NE, not evaluated; PD, progressive disease; PR, partial response; RECIST v1.1, Response Evaluation Criteria in Solid Tumors version 1.1; SD, stable disease.

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Oaknin A et al. ASCO 2022;Abstract 5509.

Conclusions

- Cohort A1 is the largest cohort of patients with dMMR/MSI-H EC studied with an anti–PD-1 monotherapy to date
- Dostarlimab demonstrated durable antitumor activity in both dMMR/MSI-H and MMRp/MSS advanced or recurrent EC
  - Median follow-up time is 27.6 (dMMR/MSI-H) and 33.0 (MMRp/MSS) months
  - The probability of remaining in response at 24 months was 83.7% in dMMR/MSI-H
- Dostarlimab is the only PD-1 therapy clinically tested with a Q6W dosing schedule in endometrial cancer
- The safety profile was manageable
  - The majority of TRAEs were grade 1 or 2
  - Discontinuation rates were low:
    - 8.6% of patients discontinued treatment because of a TRAE

AE, adverse event; dMMR, mismatch repair deficient; EC, endometrial cancer; ir, immune related; MMRp, mismatch repair proficient; MSI-H, microsatellite instability–high; MSS, microsatellite stable; PD-1, programmed death 1; TRAE, treatment-related adverse event; Q6W, every 6 weeks.

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Oaknin A et al. ASCO 2022;Abstract 5509.

Progression-Free Survival (PFS) and Overall Survival (OS) in Patients (pts) with Mismatch Repair Deficient (dMMR) Solid Tumors Treated with Dostarlimab in the GARNET Study

Andre T et al.

ESMO 2022;Abstract 549P.

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GARNET: Antitumor Activity by Tumor Type

		Confirmed ORR (RECIST v1.1)		DOR (RECIST v1.1)
Tumour type	Patients, N	n (%)	95% CI, %	Median (range), months
Overall	327	144 (44.0)	38.6–49.6	NR (1.18+ to 47.21+)
EC	141	64 (45.4)	37.0–54.0	NR (1.18+ to 47.21+)
Non-EC	186	80 (43.0)	35.8–50.5	NR (2.76 to 41.49+)
CRC	105	45 (42.9)	33.2–52.9	NR (2.8 to 41.5+)
Non-CRC	81	35 (43.2)	32.3–54.7	NR (2.8+ to 39.4+)
Gastric cancer	21	10 (47.6)	25.7–70.2	NR (2.8+ to 27.7+)
Small-intestinal cancer	19	7 (36.8)	16.3–61.6	NR (4.1+ to 39.4+)
Pancreatic carcinoma	11	5 (45.5)	16.7–76.6	NR (8.4+ to 19.8+)
Biliary neoplasm	10	4 (40.0)	12.2–73.8	NR (16.5+ to 27.9+)
Ovarian cancer	7	3 (42.9)	9.9–81.6	NR (6.0+ to 36.4+)
Adrenal cortical cancer	2	PR, PD		
Cancer of unknown origin	2	PR, PD		
Oesophageal cancer	2	PR, PD		
Mesothelioma	2	SD, PR		
Breast cancer	1	CR		
Malignant neoplasm of the female genitals	1	PR		
Renal cell carcinoma	1	SD		
Sarcoma	1	PD		
Thymic tumour	1	PD		

CR, complete response; CRC, colorectal cancer; DOR, duration of response; EC, endometrial cancer; NR, not reached; ORR, objective response rate; PD, progressive disease; PR, partial response; RECIST v1.1, Response Evaluation Criteria in Solid Tumors version 1.1; SD, stable disease.

Andre T et al. ESMO 2022;Abstract 549P.

RTP RESEARCH TO PRACTICE

Progression-Free Survival (PFS) and Overall Survival (OS) in Advanced/Recurrent (AR) Mismatch Repair Deficient/Microsatellite Instability-High or Proficient/Stable (dMMR/MSI-H or MMRp/MSS) Endometrial Cancer (EC) Treated with Dostarlimab in the GARNET Study

Tinker A et al.

ESMO 2022;Abstract 548P.

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GARNET: Secondary Endpoint Analysis

Variable	dMMR/MSI-H EC N=143	MMRp/MSS EC N=156
Median follow-up time, months	27.6	33.0
PFS events observed, n (%)	83 (58.0)	136 (87.2)
Median PFS (95% CI), months	6.0 (4.1–18.0)	2.7 (2.6–2.8)
Estimated probability of PFS, % (95% CI)		
6 months	49.5 (41.0–57.5)	22.9 (16.5–30.0)
12 months	46.4 (37.8–54.5)	13.3 (8.3–19.5)
24 months	40.1 (31.6–48.4)	9.4 (5.2–15.0)
36 months	40.1 (31.6–48.4)	6.8 (3.3–12.0)
OS events observed, n (%)	57 (37.3)	111 (68.9)
Median OS (95% CI), months	NR (27.1–NR)	16.9 (13.0–21.8)
Estimated probability of survival, % (95% CI)		
6 months	84.9 (78.0–89.8)	74.3 (66.6–80.6)
12 months	73.3 (65.2–79.8)	60.6 (52.3–67.9)
24 months	60.5 (51.5–68.4)	38.4 (30.5–46.2)
36 months	58.4 (49.2–66.5)	22.2 (14.9–30.5)

dMMR, mismatch repair deficient; EC, endometrial cancer; MMRp, mismatch repair proficient; MSI-H, microsatellite instability–high; MSS, microsatellite stable; NR, not reached; OS, overall survival; PFS, progression-free survival.

Tinker A et al. ESMO 2022;Abstract 548P.

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Efficacy of Dostarlimab in Endometrial Cancer (EC) by Molecular Subtype: A Post Hoc Analysis of the GARNET Study

Oaknin A et al.

ESMO 2022;Abstract 547P.

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GARNET: Molecular Subtype and ER Expression Distribution

Because the cohort designation is by MMR status, patients from cohort A1 could only be classified as POLεmut or dMMR/MSI-H, whereas patients from cohort A2 could only be classified as POLεmut, TP53 or NSMP.

dMMR, mismatch repair deficient; ER, oestrogen receptor; MMR, mismatch repair; MSI-H, microsatellite instability–high; mut, mutated; neg, negative; NSMP, no specific mutational profile; pos, positive; unk, unknown.

Oaknin A et al. ESMO 2022;Abstract 547P.

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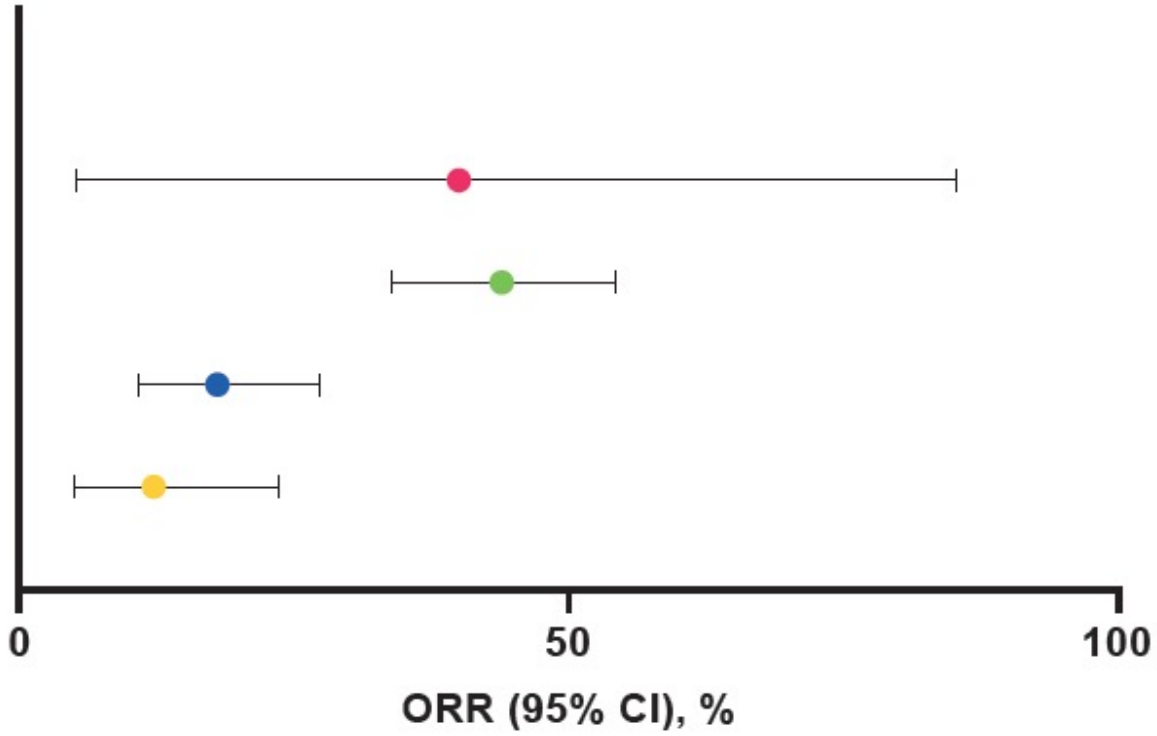
GARNET: ORR by Molecular Classification



Molecular classification	ORR, n/N, % (95% CI)	Median DOR (range), mo
POLεmut	2/5, 40% (5.3–85.3)	NR (32.46+ to 44.42+)
dMMR/MSI-H	43/98, 43.9% (33.9–54.3)	NR (2.63–47.21+)
TP53mut	17/94, 18.1% (10.9–27.4)	19.4 (1.54–47.18)
NSMP	7/57, 12.3% (5.1–23.7)	26.4 (2.79–46.16+)

ORR = objective response rate

Oaknin A et al. ESMO 2022;Abstract 547P.

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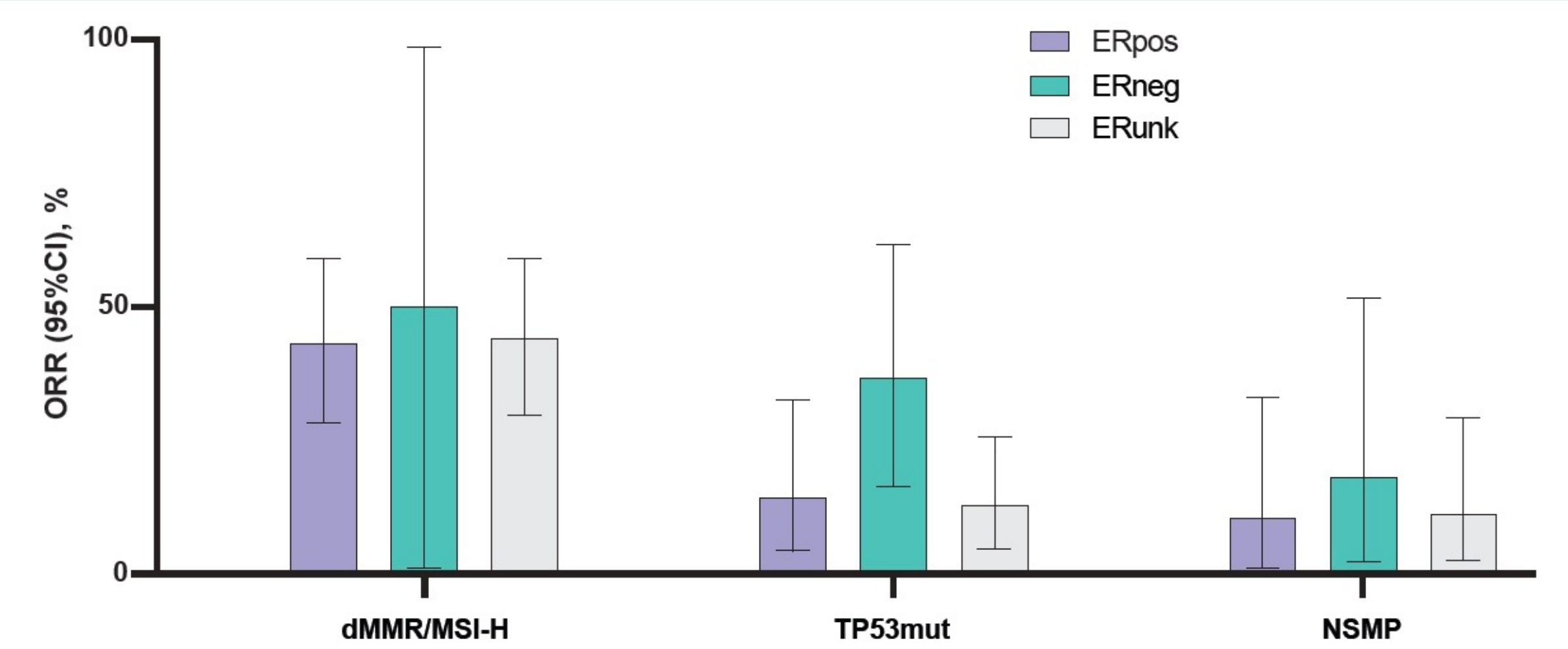
GARNET: ORR by ER Status and Molecular Classification



Oaknin A et al. ESMO 2022;Abstract 547P.

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Dostarlimab (GARNET): Multicenter, Open-Label, Phase 1 Trial in Patients With Advanced Solid Tumors[1,2]

Part 1: DLT Based Dose Escalation (All Comers) → Part 2A: Fixed Dose Safety Cohort → Part 2B: Expansion Cohorts at RTD

- GARNET is a dose escalation study with expansion cohorts designed to assess the clinical activity and safety of dostarlimab in patients with advanced solid tumors[1]
- In Part 2B, dostarlimab was dosed at the RTD determined from Part 1 and 2A[1]
  - 500 mg Q3W for 4 doses, then 1000 mg Q6W until disease progression, unacceptable toxicity, patient withdrawal, Investigator's decision, or death
- Interim findings (data cutoff date July 8, 2019) of EC cohort A1 (dMMR) were previously published in *JAMA Onc*[2]
- **EC cohort A1 data with cutoff date of March 1, 2020, with an update on duration of response and safety taken on November 1, 2020, are presented[3]**

Primary Endpoints[1,2]

- ORR and DOR by RECIST v1.1; defined as a proportion of patients with confirmed complete or partial response by BICR

- A1: Endometrial Cancer (dMMR/MSI-H)
- A2: Endometrial Cancer (MMRp/MSS)
- E: NSCLC
- F: Non-endometrial - dMMR/MSI-H basket
- G: PROC without *BRCA* mutation

Part 2B RTD: 500 mg Q3W for the first 4 doses and 1000 mg Q6W thereafter

BICR, blinded independent central review; BRCA, breast cancer susceptibility gene; DLT, dose-limiting toxicity; dMMR, deficient mismatch repair; DOR, duration of response; MMRp, mismatch repair–proficient; MSI-H, microsatellite instability-high; MSS, microsatellite stable; NSCLC, non-small cell lung cancer; ORR, objective response rate; PROC, platinum resistant ovarian cancer; Q2W, every 2 weeks; Q3W, every 3 weeks; Q6W, every 6 weeks; RTD, recommended therapeutic dose.

[a]The protocol was amended on May 10, 2019 to use only the results of the immunohistochemistry MMR test for classifying patients.[2]

1. National Library of Medicine. https://clinicaltrials.gov/ct2/show/NCT02715284. Accessed May 17, 2021. 2. Oaknin A, et al. *JAMA Onc* 2020;6:1766-1772. . Oaknin A, et al. ASCO 2022, Abstract 5509. 3. Berton D, et al. *J Clin Oncol.* 2021;39(suppl_15):2564.

Courtesy of Mansoor Raza Mirza, MD

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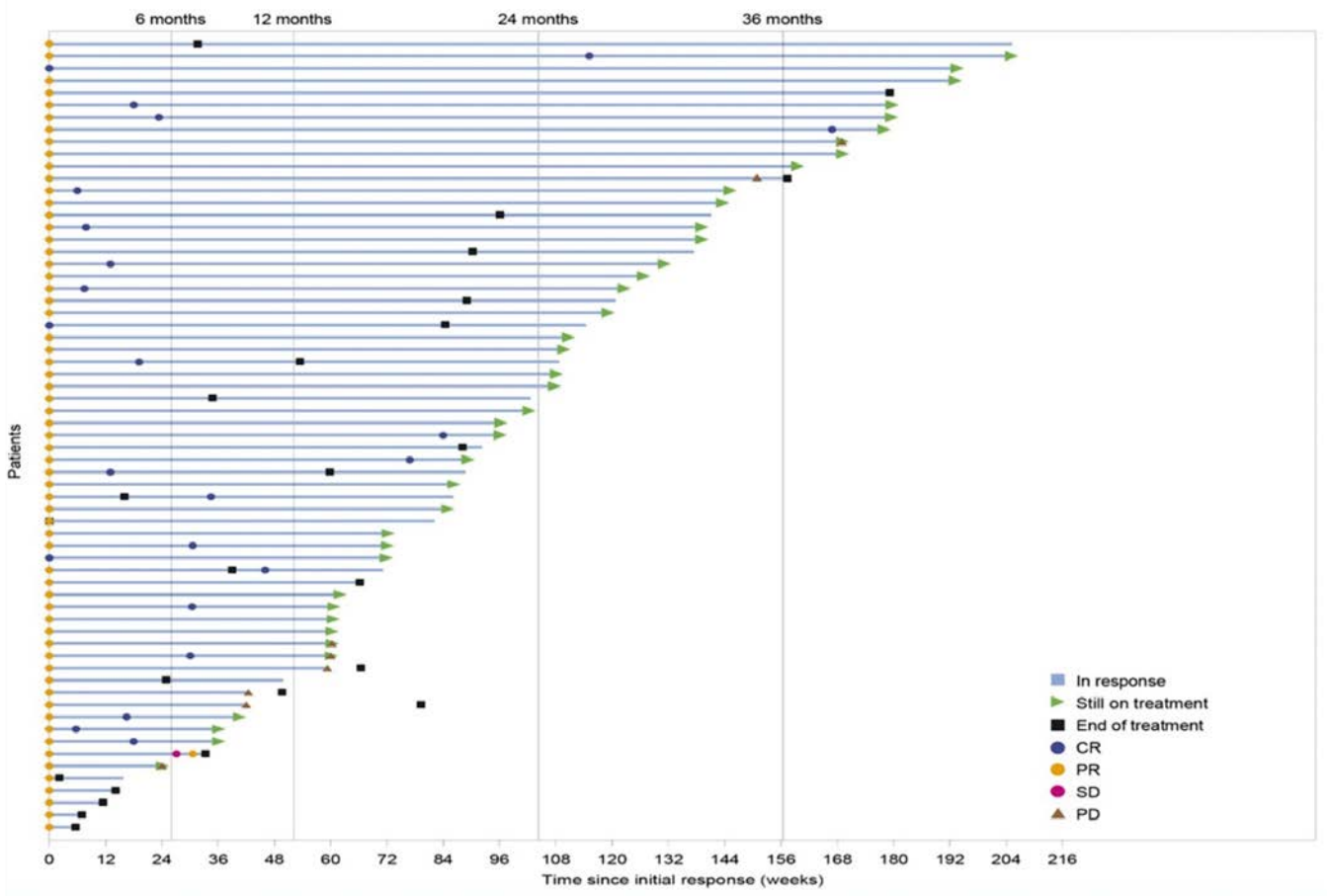
Dostarlimab (GARNET): 45.5% ORR in dMMR EC Patients

	dMMR/MSI-H EC N=143
Median follow-up time, months	**27.6**
ORR, % (95% CI; n/N)	**45.5%** (37.1–54.0; 65/143)
Complete response, n (%)	**23** (16.1)
Partial response, n (%)	**42** (29.4)
Stable disease, n (%)	21 (14.7)
Progressive disease, n (%)	51 (35.7)
Not evaluable, n (%)	6 (4.2)
Median time from cycle 1 day 1 to best overall response, mo	
Complete response	2.79
Partial response	2.69
Disease control rate, % (95% CI; n/N)	60.1% (51.6–68.2; 86/143)
Response ongoing, n (%)	54 (83.1)
Median duration of response (range), months	**NR** (1.18+ to 47.21+)
Probability of maintaining response, %	
6 months	96.8
12 months	93.3
24 months	83.7



CI, confidence interval; CR, complete response; dMMR, mismatch mutation repair deficient; EC, endometrial cancer; ORR, objective response rate; PR, partial response; SD, stable disease.
Oaknin A, et al. ASCO 2022, Abstract 5509.

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2022 ASCO® ANNUAL MEETING

Education Session

Novel Immunotherapy in Endometrial Cancer

Ana Oaknin, MD PhD
Head of Gynecologic Cancer Program.
Vall d'Hebron Institute of Oncology (VHIO)Vall d'Hebron University Hospital
Barcelona, Spain

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RTP RESEARCH TO PRACTICE

Where Do We Stand with Checkpoint Inhibitors in EC?

Avelumab

Humanized IgG1 monoclonal antibody that binds to the inhibitory immune checkpoint ligand PD-L1 on tumour cells and immune cells and blocks its interaction with the receptors PD-1 and B7.1

Durvalumab

Human IgG1 monoclonal antibody that binds to the inhibitory immune checkpoint ligand PD-L1 on tumour cells and immune cells and blocks its interaction with the receptors PD-1 and B7.1

Pembrolizumab

Humanized IgG4 monoclonal antibody that binds to the inhibitory immune checkpoint receptor PD-1 and blocks its interaction with the ligands PD-L1 and PD-L2

Dostarlimab

Humanized IgG4 monoclonal antibody that binds to the inhibitory immune checkpoint receptor PD-1 and blocks its interaction with the ligands PD-L1 and PD-L2

Pembrolizumab is approved:

- In the US and Europe
  - For patients with unresectable or metastatic, dMMR/MSI-H or TMB-H solid tumours that have progressed following prior treatment.
  - In combination with lenvatinib for the treatment of advanced or recurrent EC (only pMMR in US) in adults with disease progression following prior treatment with a platinum-containing therapy

Dostarlimab is approved:

- In the EU for dMMR/MSI-H advanced/recurrent endometrial cancer that have progressed on or following prior treatment
- In the US for adult patients dMMR recurrent or advanced solid tumours that have progressed on or following prior treatment

Konstantinopoulos PA, *et al*. *J Clin Oncol* 2019; 20: 2786–2794. Antill YC, *et al*. *J Immunother Cancer* 2021; **9**: e002255; .Marabelle A, *et al*. *J Clin Oncol* 2020; 38: 1–10. Oaknin A, *et al*. *JAMA Oncol* 2020; **6**: 1766–1772. KEYTRUDA US prescribing information 2021.; KEYTRUDA SmPC 2021; emperli SmPC 2021. Jemperli US prescribing information 2021.

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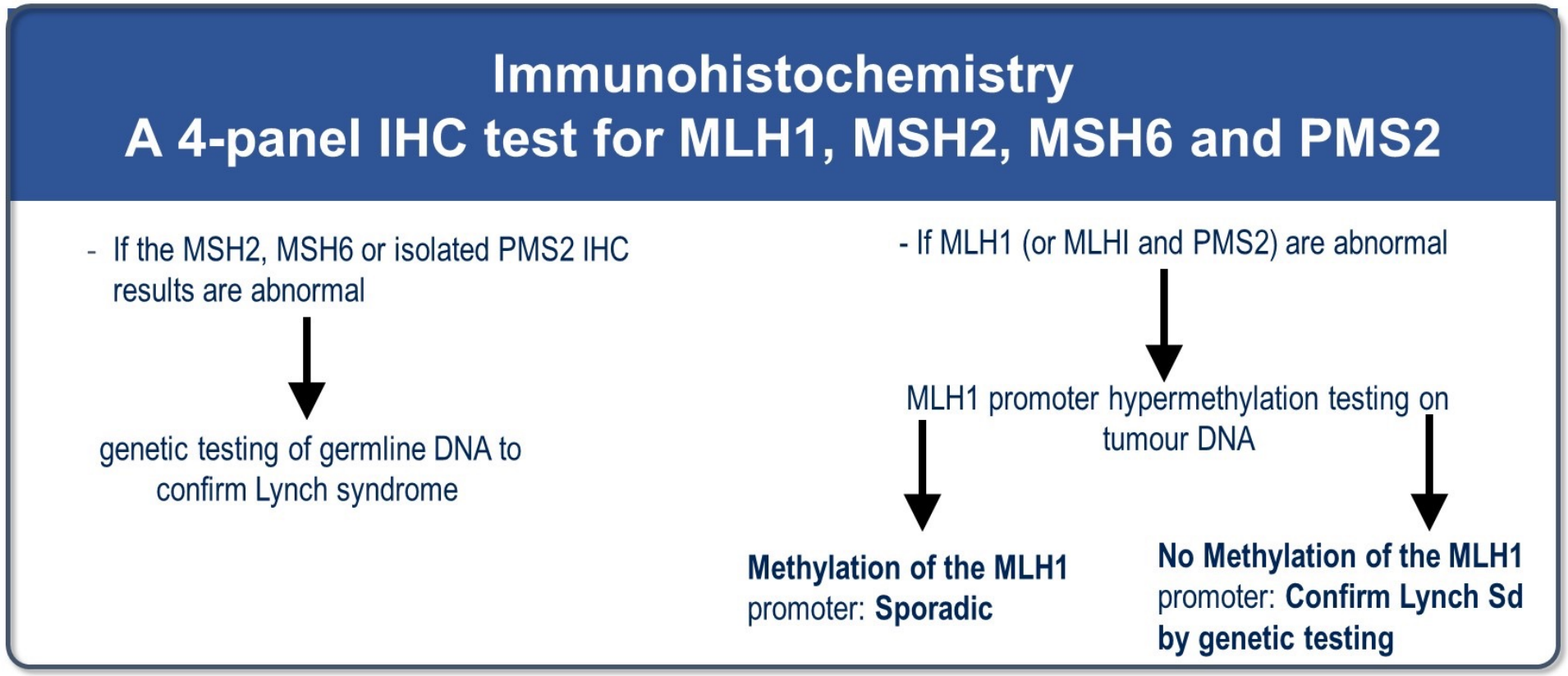
Oaknin A. ASCO 2022;Education Session.

Cases of dMMR/MSI-H EC Originate from Different Pathways: Does This Matter?



Borden et al. Am J Clinical Path, 2022.

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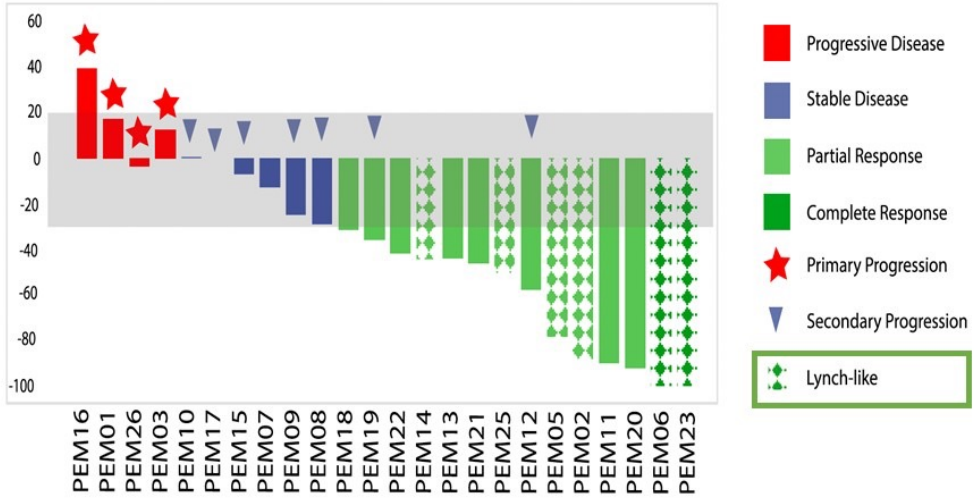
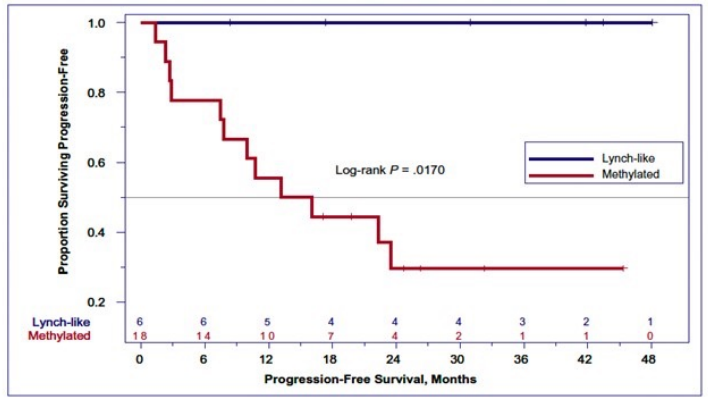
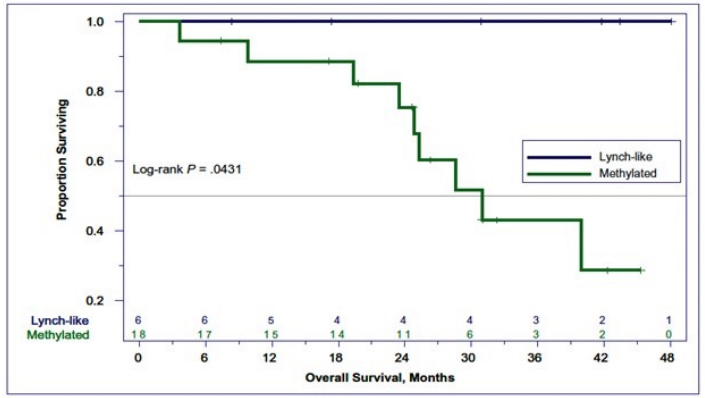
Could Mechanisms Underlying dMMR/MSI-H EC Alter Responses to ICI? Data from Pembrolizumab Studies

-Study enrollment = 25 patients
-24 evaluable for response
-14 CR/PR = 58.3%
-Clinical Benefit = 83.3%

6 somatic loss MMR prot: **Lynch-Like**
19 Methylated







Bellone S. et al. Cancer. 2022 Mar 15;128(6):1206-1218. Bellone S. et al. Annals of Oncology, Vol 32, Issue 8,2021, 1045-1046
ClinicalTrial.gov: NCT02899793

Median follow-up was 25.8 months

2022 ASCO ANNUAL MEETING #ASCO22

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ICI = immune checkpoint inhibitors

Oaknin A. ASCO 2022;Education Session.

RTP RESEARCH TO PRACTICE

Management of Endometrial Cancer

PROLOGUE

MODULE 1: Multidisciplinary Management of Endometrial Cancer in Copenhagen, Denmark; Boston, Massachusetts and Little Rock, Arkansas

MODULE 2: Subtypes of Endometrial Cancer

MODULE 3: Microsatellite Instability-High Endometrial Cancer

MODULE 4: Microsatellite-Stable Endometrial Cancer

MODULE 5: Future Directions

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TO PRACTICE

Case Presentation: 62-year-old woman with MSS Stage IV endometrial cancer

Dr Mansoor Mirza (Copenhagen, Denmark)

RTP RESEARCH TO PRACTICE

Management of side effects associated with pembrolizumab/lenvatinib

Dr Mansoor Mirza (Copenhagen, Denmark)

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Case Presentation: 62-year-old woman with MSS Stage IV endometrial cancer (continued)

Dr Mansoor Mirza (Copenhagen, Denmark)

RTP RESEARCH TO PRACTICE

Immunotherapy in Endometrial Cancer

ORR in MMRp and unselected patients

Study	Drug	N	Patient selection	ORR (%)
KEYNOTE-158[1]	Pembrolizumab	107	Previously treated Recurrent/advanced (unselected)	11%
GARNET[2]	Dostarlimab	142	Previously treated Recurrent/advanced MMRp	13%
PHAEDRA[3]	Durvalumab	35	Advanced/metastatic MMRp	3%
NCT02912572[4]	Avelumab	16	Advanced/metastatic MMRp	11.4%
KEYNOTE-145[5]	Pembrolizumab + lenvatinib	94	Previously treated Recurrent/advanced MMRp	36%
KEYNOTE-775[6,7]	Pembrolizumab + lenvatinib	346	Previously treated Recurrent/advanced MMRp	30%

MMRp, mismatch repair-proficient; ORR, overall response rate.

1. O'Malley D, et al. Presented at European Society for Medical Oncology Congress 2019; 2. Oaknin A et al. J Immunother Cancer. 2022 Jan;10(1):e003777; 3. Antill Y et al. J Immunother Cancer 2021 Jun;9(6):e002255
4. Konstantinopoulos PA, et al. *Jama Oncology* 2022; e222181 5 .Makker V, et al. *J Clin Oncol*. 2020;38(26):2981-2992; 6. Makker V, et al. Presented at Society for Gynecologic Oncology Virtual Annual Meeting 2021.
7. Makker V et al. N Engl J Med 2022 Feb 3;386(5):437-448.

Courtesy of Mansoor Raza Mirza, MD

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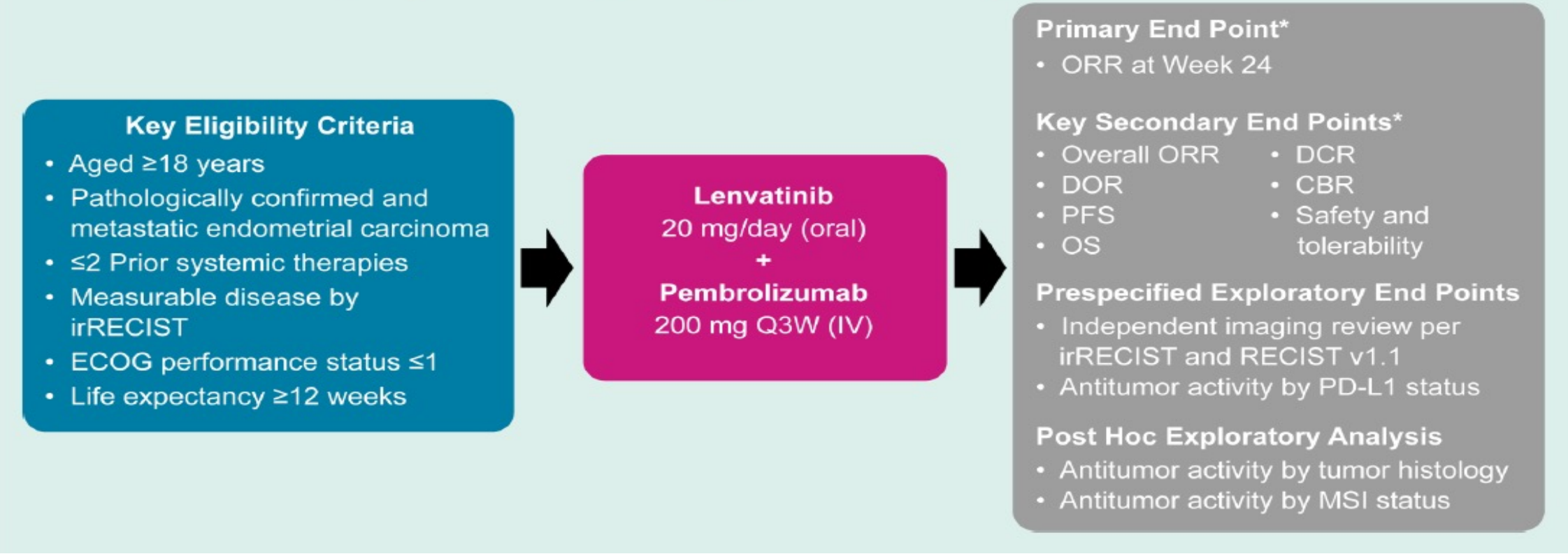
Lenvatinib Plus Pembrolizumab in Patients with Advanced Endometrial Cancer



CBR, clinical benefit rate; DOR, duration of response; IV, intravenous; MSI, microsatellite instable; ORR, overall response rate; OS, overall survival; PD-L1, programmed death ligand 1; PFS, progression-free survival; Q3W, every 3 weeks

Courtesy of Mansoor Raza Mirza, MD

Makker V et al. *J Clin Oncol.* 2020;38:2981-2992.

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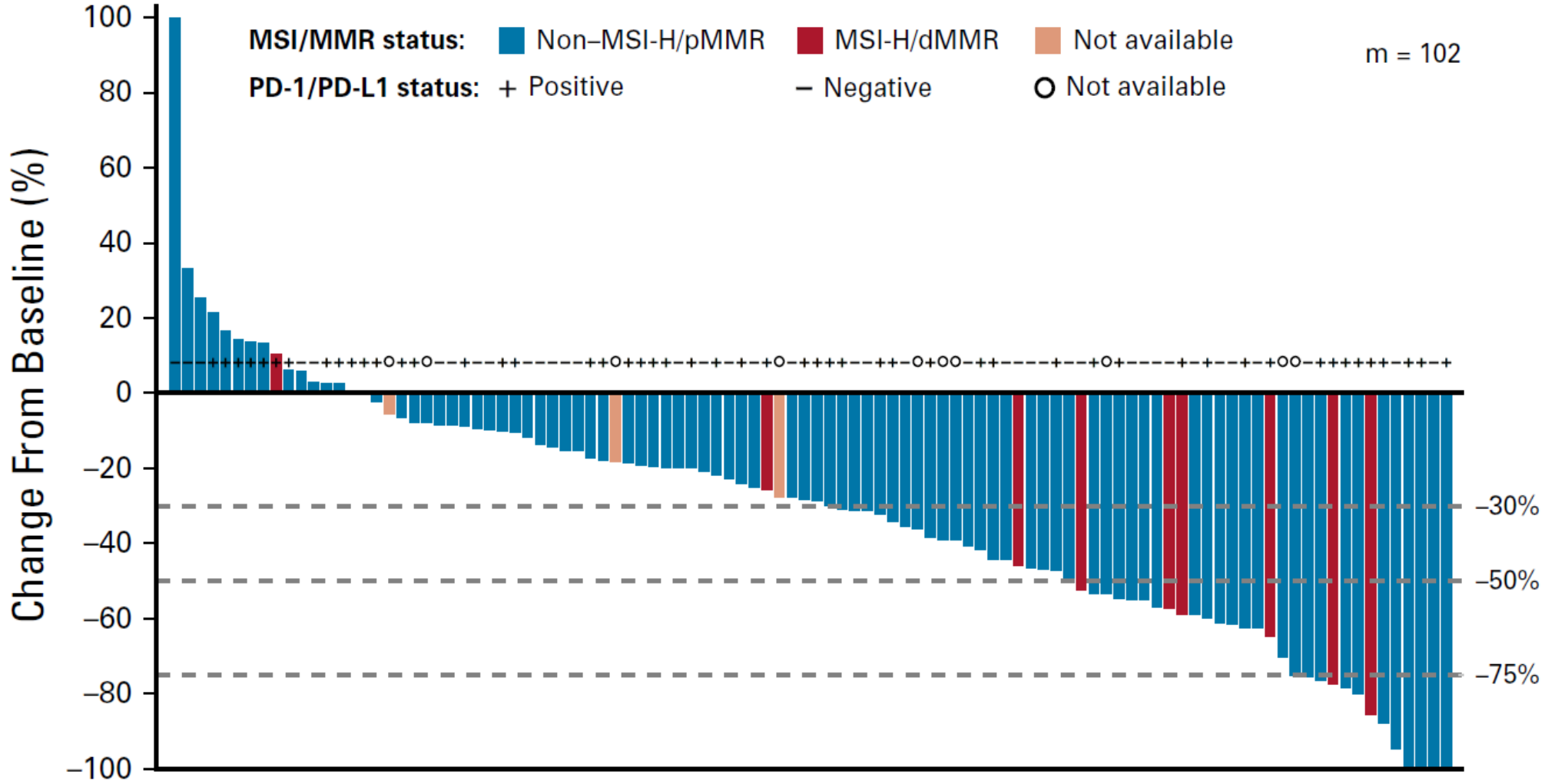
Percentage Change in Sum of Diameters of Target Lesions from Baseline to Post-baseline Nadir by Microsatellite Instability/Mismatch-repair (MSI/MMR) Status



Courtesy of Mansoor Raza Mirza, MD

Makker V et al. *J Clin Oncol.* 2020;38:2981-2992.

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Updated efficacy and safety of lenvatinib plus pembrolizumab versus treatment of physician's choice in patients with advanced endometrial cancer: Study 309/KEYNOTE-775

Vicky Makker[1], Nicoletta Colombo[2], Antonio Casado Herraez[3], Bradley J. Monk[4], Helen Mackay[5], Alessandro D. Santin[6], David S. Miller[7], Richard Moore[8], Sally Baron-Hay[9], Isabelle Ray-Coquard[10], Ronnie Shapira Frommer[11], Kimio Ushijima[12], Kan Yonemori[13], Yong Man Kim[14], Eva M. Guerra Alia[15], Ulus A. Sanli[16], Jie Huang[17], Jodi McKenzie[18], Gianmaria Barresi[19], Domenica Lorusso[20]

PARIS 2022 ESMO congress

Abstract 525MO

RTP RESEARCH TO PRACTICE

Study 309/KEYNOTE-775: Treatment Emergent Adverse Events Consistent with Primary Analysis

Preferred Term[a]	LEN + pembro (n = 406)		Chemotherapy (n = 388)	
	Any grade	Grade ≥ 3[b]	Any grade	Grade ≥ 3[b]
TEAEs, n (%)	405 (99.8)	366 (90.1)	386 (99.5)	286 (73.7)
Hypertension	264 (65.0)	159 (39.2)	20 (5.2)	10 (2.6)
Hypothyroidism	239 (58.9)	6 (1.5)	3 (0.8)	0 (0.0)
Diarrhea	226 (55.7)	33 (8.1)	79 (20.4)	8 (2.1)
Nausea	210 (51.7)	14 (3.4)	180 (46.4)	5 (1.3)
Decreased appetite	189 (46.6)	31 (7.6)	83 (21.4)	2 (0.5)
Vomiting	153 (37.7)	12 (3.0)	82 (21.1)	10 (2.6)
Weight decreased	144 (35.5)	44 (10.8)	23 (5.9)	1 (0.3)
Fatigue	138 (34.0)	22 (5.4)	107 (27.6)	12 (3.1)
Arthralgia	131 (32.3)	7 (1.7)	31 (8.0)	0 (0.0)
Proteinuria	124 (30.5)	21 (5.2)	13 (3.4)	1 (0.3)
Treatment-related TEAEs, n (%)[c]	395 (97.3)	320 (78.8)	364 (93.8)	233 (60.1)
Adverse events of special interest (for pembro), n (%)[d]	279 (68.7)	54 (13.3)	17 (4.4)	1 (0.3)
Clinically significant adverse events (for LEN), n (%)[d]	386 (95.1)	227 (55.9)	149 (38.4)	51 (13.1)
Dose interruption due to TEAE[e]	292 (71.9)	---	110 (28.4)	---
Dose reduction due to TEAE[f]	273 (67.2)	---	49 (12.6)	---
Treatment discontinuation due to TEAE[g]	159 (39.2)	---	31 (8.0)	---
Discontinuation of LEN	145 (35.7)	---	---	---
Discontinuation of pembro	90 (22.2)	---	---	---
Discontinuation of both LEN and pembro	65 (16.0)	---	---	---

Makker V et al. ESMO 2022;Abstract 525MO.

RTP RESEARCH TO PRACTICE

KEYNOTE-775 trial

Key eligibility criteria

- Advanced, metastatic, or recurrent endometrial cancer
- Measurable disease by BICR
- One prior platinum-based CT[a]
- ECOG PS 0–1
- Tissue available for MMR testing

Stratification factors MMR status
(MMRp vs dMMR) and further stratification within MMRp by:

- Region (R1: Europe, USA, Canada, Australia, New Zealand and Israel vs R2: rest of the world)
- ECOG PS (0 vs 1)
- Prior history of pelvic radiation (Y vs N)

R (1:1)

Lenvatinib
20 mg PO QD
+
Pembrolizumab[b]
200 mg IV Q3W

Treat until progression or unacceptable toxicity

Doxorubicin
60 mg/m^2 IV Q3W[c]
or
Paclitaxel
80 mg/m^2 IV QW
(3 weeks on/1 week off)

Primary endpoints

- PFS by BICR
- OS

Secondary endpoints

- ORR
- HRQoL
- Pharmacokinetics
- Safety

Key exploratory endpoint

- Duration of response

[a]Patients may have received up to 2 prior platinum-based CT regimens if 1 is given in the neoadjuvant or adjuvant treatment setting. [b]Maximum of 35 doses. [c]Maximum cumulative dose of 500 mg/m^2.
BICR, blinded independent central review; CT, chemotherapy; [d]MMR, mismatch repair-deficient; ECOG PS, Eastern Cooperative Oncology Group performance status; HRQoL, health-related quality of life; IV, intravenous; MMR, mismatch repair; MMRp, mismatch repair-proficient; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; PO, oral; QD, once daily; Q3W, every 3 weeks; QW, once weekly; R, randomisation.
Makker V, et al. Presented at Society for Gynecologic Oncology Virtual Annual Meeting 2021.

Courtesy of Mansoor Raza Mirza, MD

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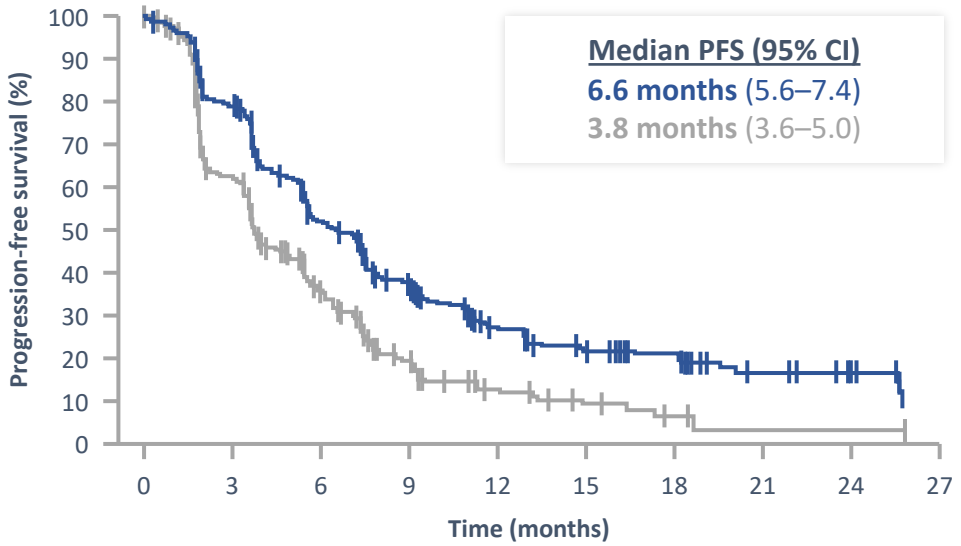
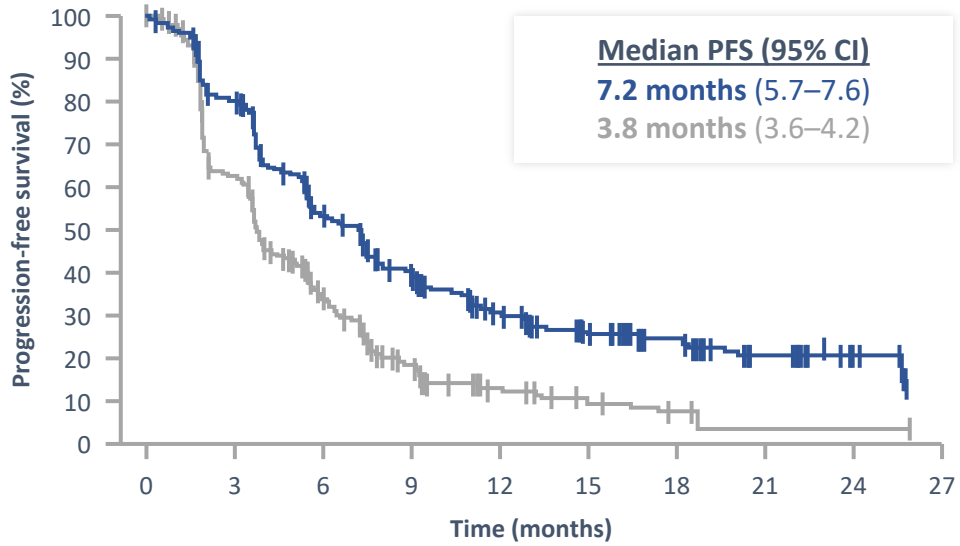
KEYNOTE-775 Progression-free Survival

MMRp



	Events	HR (95% CI)	*P*-value
LEN + pembro	247	**0.60** (0.50–0.72)	<0.0001
TPC	238		

All-comers



	Events	HR (95% CI)	*P*-value
LEN + pembro	281	**0.56** (0.47–0.66)	<0.0001
TPC	286		

— LEN + pembro — TPC

CI, confidence interval; HR, hazard ratio; LEN, lenvatinib; MMRp, mismatch repair-proficient; pembro, pembrolizumab; TPC, treatment of physician's choice.
Makker V, et al. Presented at Society for Gynecologic Oncology Virtual Annual Meeting 2021.; Makker V et al. N Engl J Med 2022 Feb 3;386(5):437-448.

Courtesy of Mansoor Raza Mirza, MD

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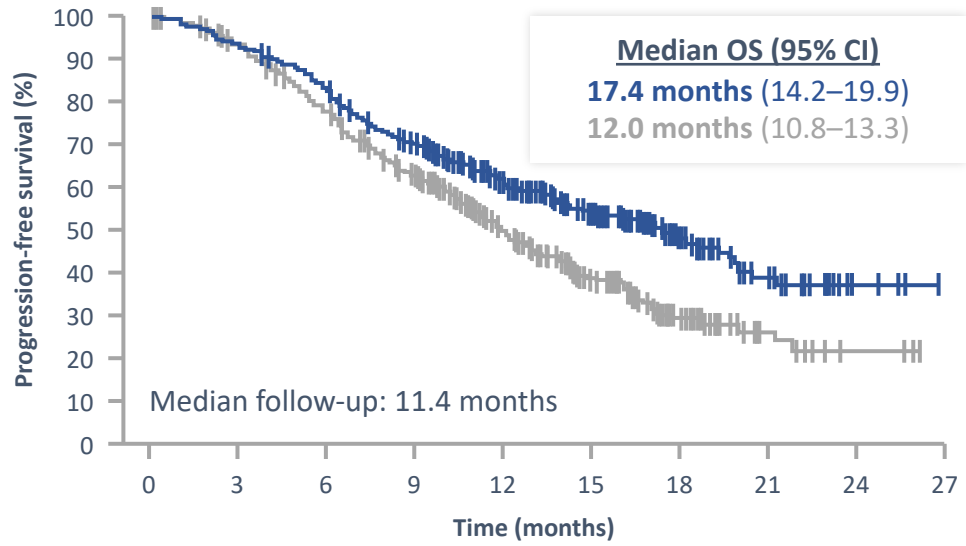
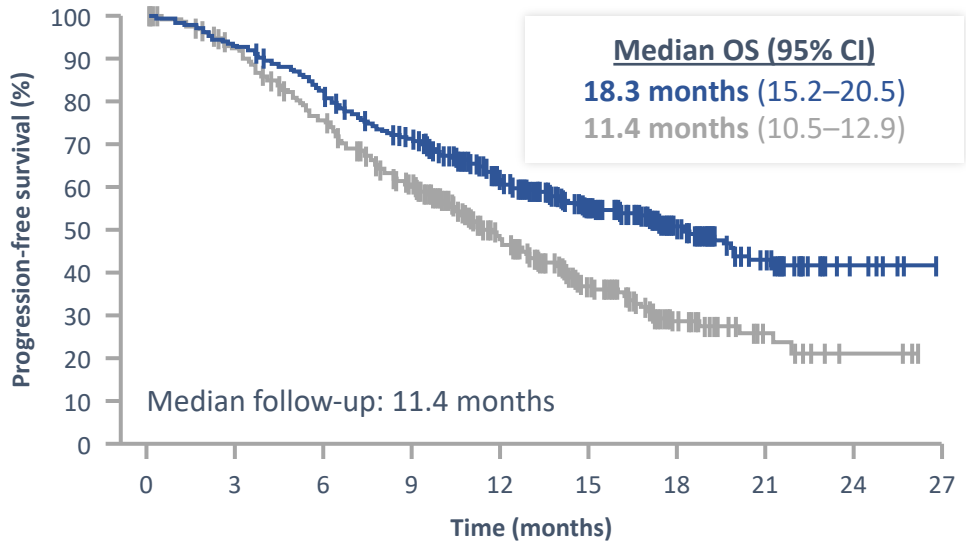
KEYNOTE-775 Overall Survival

MMRp



	Events	HR (95% CI)	*P*-value
LEN + pembro	165	**0.68** (0.56–0.84)	<0.0001
TPC	203		

All-comers



	Events	HR (95% CI)	*P*-value
LEN + pembro	188	**0.62** (0.51–0.75)	<0.0001
TPC	245		

— LEN + pembro — TPC

CI, confidence interval; HR, hazard ratio; LEN, lenvatinib; MMRp, mismatch repair-proficient; pembro, pembrolizumab; TPC, treatment of physician's choice.
Makker V, et al. Presented at Society for Gynecologic Oncology Virtual Annual Meeting 2021. Makker V et al. N Engl J Med 2022 Feb 3;386(5):437-448.

Courtesy of Mansoor Raza Mirza, MD

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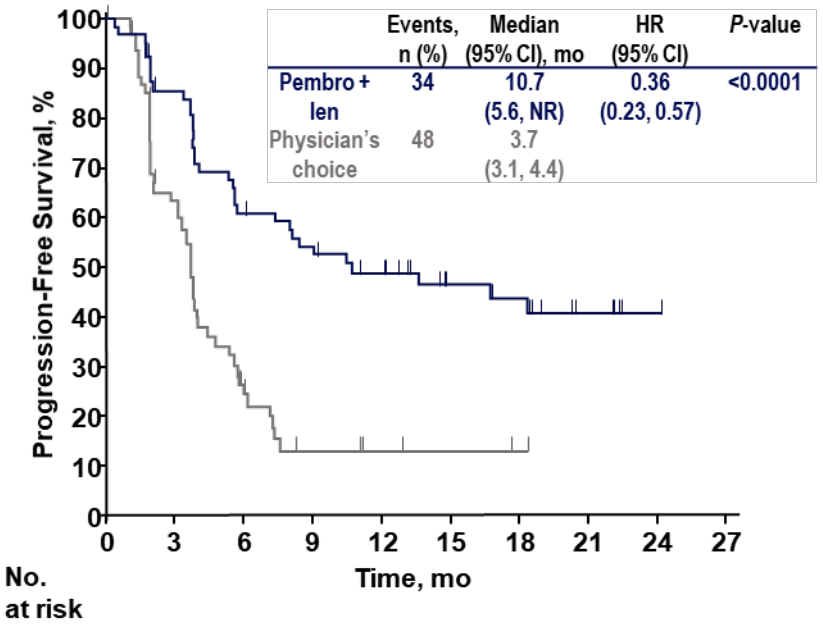
Pembrolizumab + Lenvatinib (KEYNOTE-775): Subgroup Analysis Showed Efficacy Improvement Over Physician's Choice Therapy in dMMR Patients[1]

	dMMR	
Efficacy[a]	n=65	n=65
ORR, % (95% CI)	40.0 (28.0-52.9)	12.3 (5.5-22.8)
CR, %	13.8	3.1
PR, %	26.2	9.2
SD, %	38.5	43.1
PD, %	10.8	23.1
NE/assessed, %	4.6/6.2	1.5/20.0
Median DOR (range), months	NR (2.1[b]-20.4[b])	4.1 (1.9[b]-15.6[b])
Median PFS (95% CI), mo	10.7 (5.6, NR)	3.7 (3.1, 4.4)
Median OS (95% CI), mo	NR (NR, NR)	8.6 (5.5, 12.9)

Pembro + len

Physician's choice

PFS

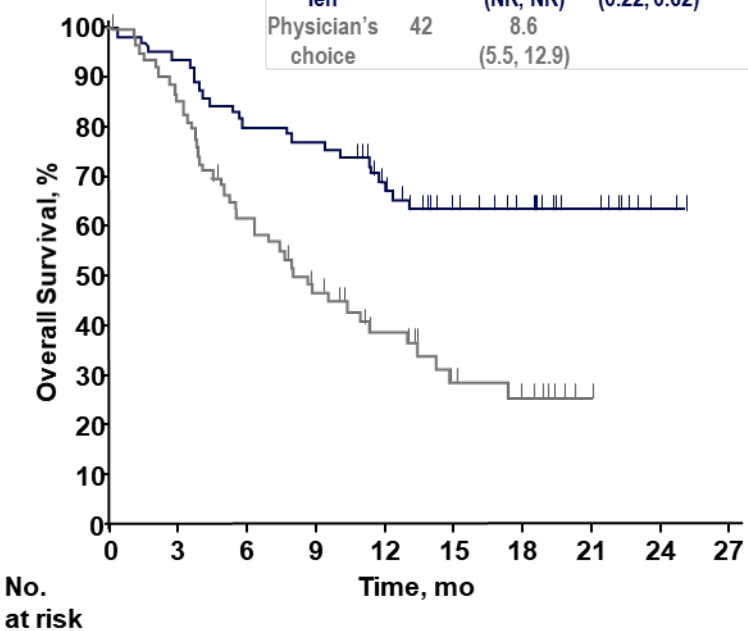


	Events, n (%)	Median (95% CI), mo	HR (95% CI)	*P*-value
Pembro + len	34	10.7 (5.6, NR)	0.36 (0.23, 0.57)	<0.0001
Physician's choice	48	3.7 (3.1, 4.4)		

No. at risk

Pembro + len	65	52	37	32	26	17	13	5	1	0
Physician's choice	65	37	12	5	3	2	1	0	0	0

OS



	Events, n (%)	Median (95% CI), mo	HR (95% CI)	*P*-value
Pembro + len	23	NR (NR, NR)	0.37 (0.22, 0.62)	<0.0001
Physician's choice	42	8.6 (5.5, 12.9)		

No. at risk

Pembro + len	65	61	52	50	38	27	19	12	2	0
Physician's choice	65	54	38	27	18	10	7	0	0	0

[a]By blinded indepdent central review per RECIST version 1.1.
[b]No progressive disease reported at the last disease assessment.
Data cut date: October 26, 2020.

CI, confidence interval; CR, complete response; dMMR, mismatch repair deficient; DOR, duration of response; len, lenvatinib; NE, not evaluated; ORR, objective response rate; OS, overall survival; PD, progressive disease; pembro, pembrolizumab; PFS, progression free survival; PR, partial response; SD, stable disease.

1. Makker V, et al. Presentation #O002 at the International Gynaecologic Cancer Society Annual Global Meeting 2021 August 30-September 2, 2021 (Virtual). Makker V et al. N Engl J Med 2022 Feb 3;386(5):437-448.

Courtesy of Mansoor Raza Mirza, MD

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How would you compare the incidence of HER2 positivity in patients with endometrial cancer to that in patients with breast cancer?

- About the same
- Higher incidence in breast cancer
- Higher incidence in endometrial cancer
- I’m not sure

RTP
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2021 ASCO ANNUAL MEETING

PERTUZUMAB PLUS TRASTUZUMAB IN PATIENTS WITH UTERINE CANCER WITH *ERBB2* OR *ERBB3* AMPLIFICATION, OVEREXPRESSION OR MUTATION: RESULTS FROM THE TARGETED AGENT PROFILING AND UTILIZATION REGISTRY (TAPUR™) STUDY

ASCO TAPUR
Targeted Agent and Profiling Utilization Registry Study

Hussein Moustapha Ali-Ahmad, MD, Michael Rothe, MS, Pam K. Mangat, MS, Elizabeth Garrett-Mayer, PhD, Eugene R. Ahn, MD, John Chan, MD, Michael L. Maitland, MD, PhD, Ani S. Balmanoukian, MD, Sapna R. Patel, MD, Zachary Reese, MD, Charles W. Drescher, MD, Charles A. Leath III, MD, Rui Li, MD, Apostolia Maria Tsimberidou, MD, PhD, Richard L. Schilsky, MD, FACP, FSCT, FASCO

Abstract 5508

RTP RESEARCH TO PRACTICE

Management of Endometrial Cancer

PROLOGUE

MODULE 1: Multidisciplinary Management of Endometrial Cancer in Copenhagen, Denmark; Boston, Massachusetts and Little Rock, Arkansas

MODULE 2: Subtypes of Endometrial Cancer

MODULE 3: Microsatellite Instability-High Endometrial Cancer

MODULE 4: Microsatellite-Stable Endometrial Cancer

MODULE 5: Future Directions

RTP
RESEARCH
TO PRACTICE

Ongoing trials evaluating immunotherapy for endometrial cancer

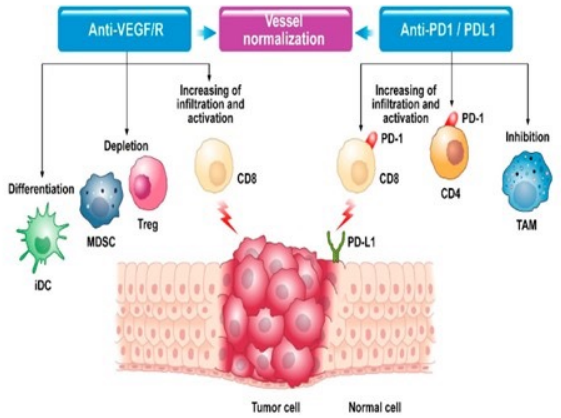
Dr Mansoor Mirza (Copenhagen, Denmark)

RTP
RESEARCH
TO PRACTICE

Combination Approaches: Leveraging ICI Activity

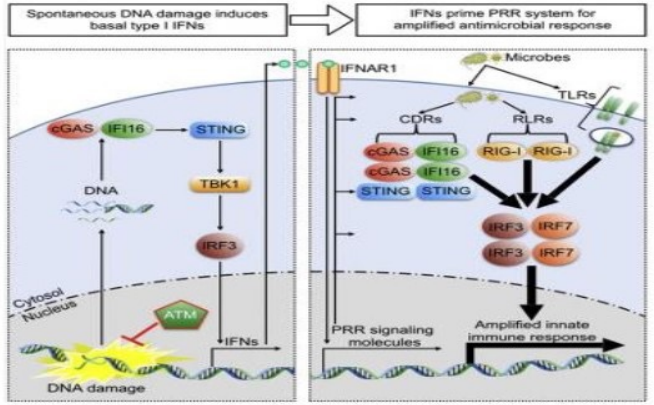
Antiangiogenic Agents

- Reduction in Treg activity
- Reversal of immunosuppressive effects of VEGF
- Improved T-cell trafficking and infiltration of CD8+ into the tumor bed



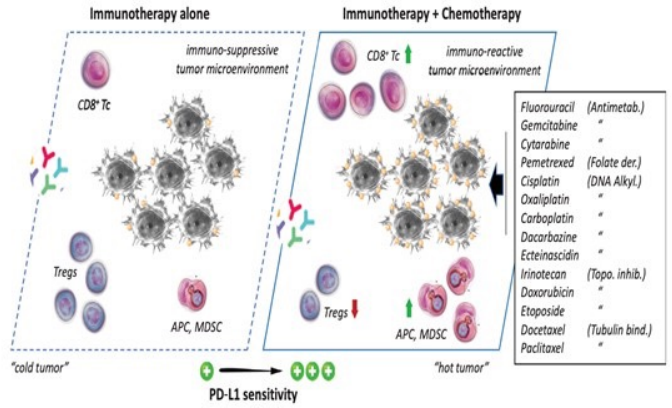
PARP inhibitors

- Enhanced DNA Damage with increased CD8+T Cells
- Potential Synergistic antitumor activity partly mediated by STING pathway



Chemotherapy

- Immunogenic cell death
- Enhanced presentation of tumor specific antigens
- Increased T-Cell activation by DC



DC: Dendritic Cells
STING: Stimulator of Interferon Genes

Ciciola P, et al. J Clin Med. 2020; Bailly C, et al. NAR Cancer. 2020;Huang J.,et al. *Biochem and Biophy Res Comm*. 2015; 463:551-6; Sen et al. Cancer Discov 2019

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ASCO AMERICAN SOCIETY OF CLINICAL ONCOLOGY
KNOWLEDGE CONQUERS CANCER

Oaknin A. ASCO 2022;Education Session.

RTP RESEARCH TO PRACTICE

Endometrial Cancer
Competitive Landscape of Phase III Immunotherapy Trials

Addition of Immunotherapy to Carboplatin/Paclitaxel

Name		EN6-RUBY	EN7-ATTEND	NRG018	EN-11
Investigational agent		Dostarlimab	Atezolizumab	Pembrolizumab	Pembrolizumab
N		470	550	775	990
Concomitant		+	+	+	+
Maintenance		+	+	+	

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Endometrial Cancer
Competitive Landscape of Phase III Immunotherapy Trials

Immunotherapy, Chemotherapy and PARP Inhibitor

Name		EN6-RUBY Part 2	DUO-E
Investigational agent		Dostarlimab + Niraparib	Durvalumab + Olaparib
N		270	699
Concomitant		+	+
Maintenance		+	+

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Endometrial Cancer
Competitive Landscape of Phase III Immunotherapy Trials

Immunotherapy +/- TKI in Patients with MSI-H

Name		EN9-LEAP-1	EN-13 Domenica
Investigational agent		Pembrolizumab + Lenvatinib	Dostarlimab
N		720	142
Concomitant		Pembro + Lenva vs. Chemotherapy	Dostarlimab vs. Chemotherapy
Maintenance			

Courtesy of Mansoor Raza Mirza, MD

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2022 ASCO® ANNUAL MEETING

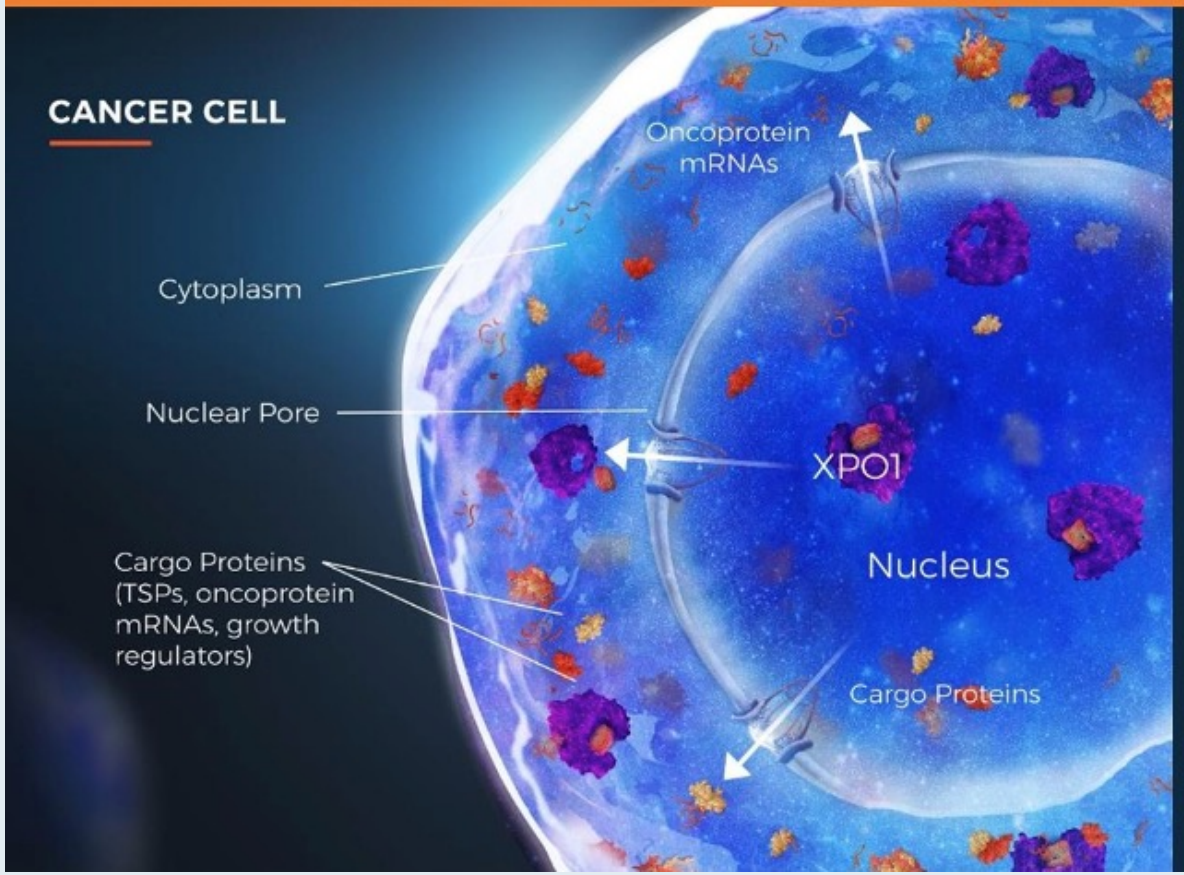
Abstract 5511

Randomized Phase III Study of Maintenance Selinexor vs Placebo in Endometrial Cancer (ENGOT-EN5/GOG-3055/SIENDO): Impact of Subgroup Analysis and Molecular Classification

Vicky Makker[1], J Alejandro Pérez-Fidalgo[2], Alice Bergamini[3], Daniel Spitz[4], Toon Van Gorp[5], Jalid Sehouli[6], Jaroslav Klat[7], Tamar Perri[8], Amit Oza[9], Estrid Høgdall[10], Jason Konner[11], Eva M Guerra-Alia[12], Francesco Raspagliesi[13], Stéphanie Henry[14], Bradley J. Monk[15], Jerónimo Martínez[16], Brian Slomovitz[17], Sharon Shacham[18], Mansoor Raza Mirza[19], Ignace Vergote[5]

RTP RESEARCH TO PRACTICE

ENGOT-EN5/GOG-3055/SIENDO: Mechanism of Action of Selinexor



Selinexor is an oral selective inhibitor of XPO1-mediated nuclear export (SINE) compound

- XPO1 exports the major tumor suppressor proteins (TSPs) including p53 away from the nucleus, where TSPs carry out their function
- Tumor cells overexpress XPO1
- Tumor cells inactivate cytoplasmic *p53* through protein degradation
- Selinexor inhibits XPO1 nuclear export, leads to retention / reactivation of TSPs in the nucleus and stabilization of p53
- Retention of wild-type *p53* (p53wt) and other TSPs in the cell nucleus leads to selective killing of cancer cells, while largely sparing normal cells

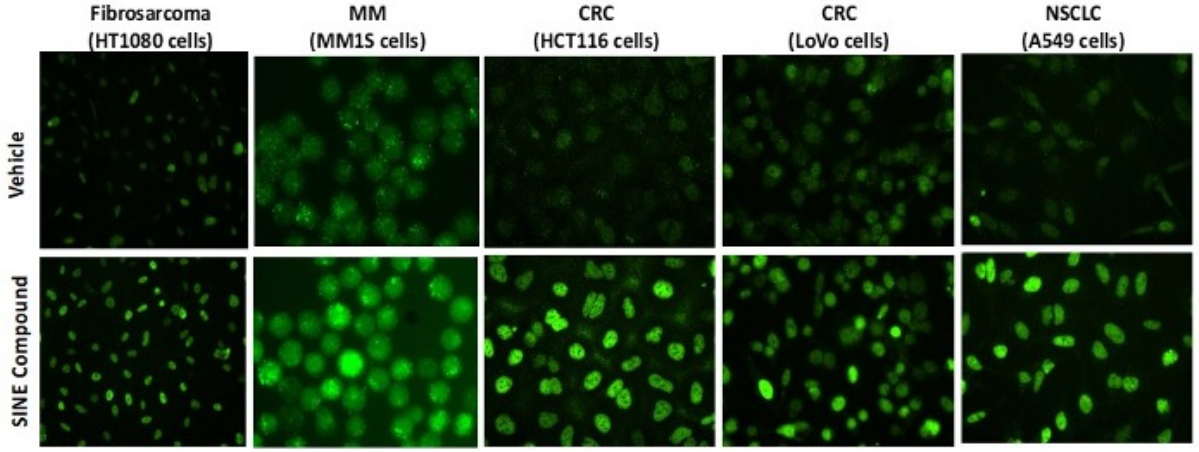
Makker V et al. ASCO 2022;Abstract 5511.

RTP RESEARCH TO PRACTICE

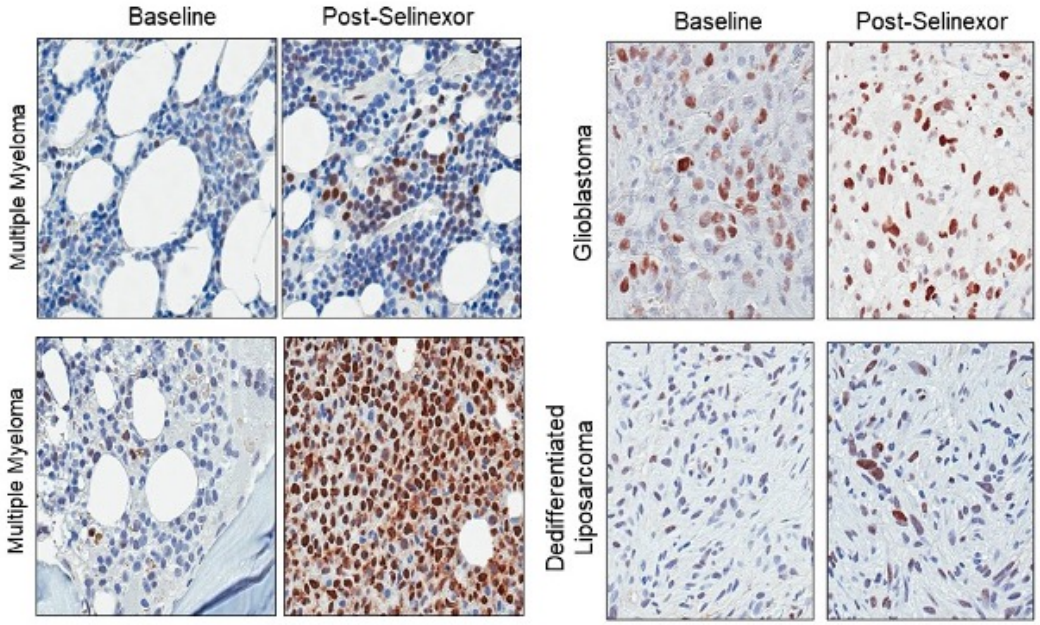
ENGOT-EN5/GOG-3055/SIENDO: Selinexor Induces Nuclear Accumulation of p53

- Aberrant XPO1 mediated nuclear export of p53 is a mechanism by which cancer cells can inhibit p53
- Inhibition of XPO1 leads to nuclear accumulation of p53 across cancer types, as demonstrated in cell lines and patient samples
- p53 wild-type tumors account for 45-65% of all endometrial cancers
  - Generally, endometrioid in histology and occurs in younger patients

p53 IF in cell lines



p53 IHC in human patient samples



Oncogenic signaling pathways in The Cancer Genome Atlas. Cell. 2018; 173: 321-37
Pan-cancer analysis of whole genomes. Nature. 2020; 578: 82-93
Soumerai et al. Clin Cancer Res. 2018; 24: 5939-47

Makker V et al. ASCO 2022;Abstract 5511.

RTP RESEARCH TO PRACTICE

ENGOT-EN5/GOG-3055/SIENDO: Author Summary and Conclusions

- Once-weekly oral selinexor may prolong progression-free survival compared to placebo in patients with advanced or recurrent endometrial cancer; the audited ITT population had a 30% decrease of risk for progression and/or death compared to placebo
- Pre-specified exploratory subgroup analyses identified p53 wild-type as a potential predictor of efficacy of selinexor, with 10-month PFS improvement over placebo; no benefit for selinexor was seen in patients with p53 mutant/aberrant tumors
- In this small, exploratory subgroup analysis, potential benefit may be observed for selinexor over placebo in the patients with p53 wild-type including MSS and Copy-Number Low endometrial cancer
- Further investigation is warranted for selinexor as a maintenance treatment for patients with p53 wt endometrial cancer

Makker V et al. ASCO 2022;Abstract 5511.

RTP RESEARCH TO PRACTICE

Meet The Professor

Optimizing the Management of Head and Neck and Thyroid Cancers

Tuesday, September 20, 2022
5:00 PM – 6:00 PM ET

Faculty

Robert Haddad, MD

Moderator

Neil Love, MD

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Thank you for joining us!

CME and MOC credit information will be emailed to each participant within 5 business days.

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