Practical Perspectives: Experts Review Actual Cases of Patients with Endometrial Cancer

A CME/MOC-Accredited Live Webinar

Wednesday, October 15, 2025
5:00 PM – 6:00 PM ET

Faculty

Kathleen N Moore, MD, MS
Matthew A Powell, MD

Moderator

Neil Love, MD

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Faculty

Kathleen N Moore, MD, MS
Deputy Director
Virginia Kerley Cade Chair in Developmental Therapeutics
Co-Director, Cancer Therapeutics Program
Stephenson Cancer Center at the University
of Oklahoma HSC
Associate Director, GOG Partners
Board of Directors, GOG Foundation
Board of Directors, ASCO
Oklahoma City, Oklahoma

MODERATOR
Neil Love, MD
Research To Practice
Miami, Florida

Matthew A Powell, MD
Ira C and Judith Gall Professor
Division of Gynecologic Oncology
Chair, Uterine Corpus Committee
National Cancer Institute-Sponsored NRG Oncology
Washington University School of Medicine
St Louis, Missouri

Commercial Support

This activity is supported by educational grants from GSK and Merck.

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: Aadi Bioscience, AbbVie Inc, ADC Therapeutics, Agendia Inc, Alexion Pharmaceuticals, Amgen Inc, Array BioPharma Inc, a subsidiary of Pfizer Inc, Arvinas, Astellas, AstraZeneca Pharmaceuticals LP, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, BeOne, Black Diamond Therapeutics Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol Myers Squibb, Clovis Oncology, Coherus BioSciences, Corcept Therapeutics Inc, CTI BioPharma, a Sobi Company, Daiichi Sankyo Inc, Eisai Inc, Elevation Oncology Inc, Exact Sciences Corporation, Exelixis Inc, Genentech, a member of the Roche Group, Genmab US Inc, Geron Corporation, Gilead Sciences Inc, GSK, Helsinn Therapeutics (US) Inc, Hologic Inc, ImmunoGen Inc, Incyte Corporation, Ipsen Biopharmaceuticals Inc, Jazz Pharmaceuticals Inc, Johnson & Johnson, Karyopharm Therapeutics, Kite, A Gilead Company, Kura Oncology, Legend Biotech, Lilly, MEI Pharma Inc, Merck, Mersana Therapeutics Inc, Mirati Therapeutics Inc, Mural Oncology Inc, Natera Inc, Novartis, Novartis Pharmaceuticals Corporation on behalf of Advanced Accelerator Applications, Novocure Inc, Nuvalent, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Rigel Pharmaceuticals Inc, R-Pharm US, Sanofi, Seagen Inc, Servier Pharmaceuticals LLC, SpringWorks Therapeutics Inc, Stemline Therapeutics Inc, Sumitomo Pharma America, Syndax Pharmaceuticals, Taiho Oncology Inc, Takeda Pharmaceuticals USA Inc, TerSera Therapeutics LLC, and Tesaro, A GSK Company.

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Dr Powell — Disclosures

Consulting Agreements	Eisai Inc, GSK, Merck
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This educational activity contains discussion of non-FDA-approved uses of agents and regimens. Please refer to official prescribing information for each product for approved indications.

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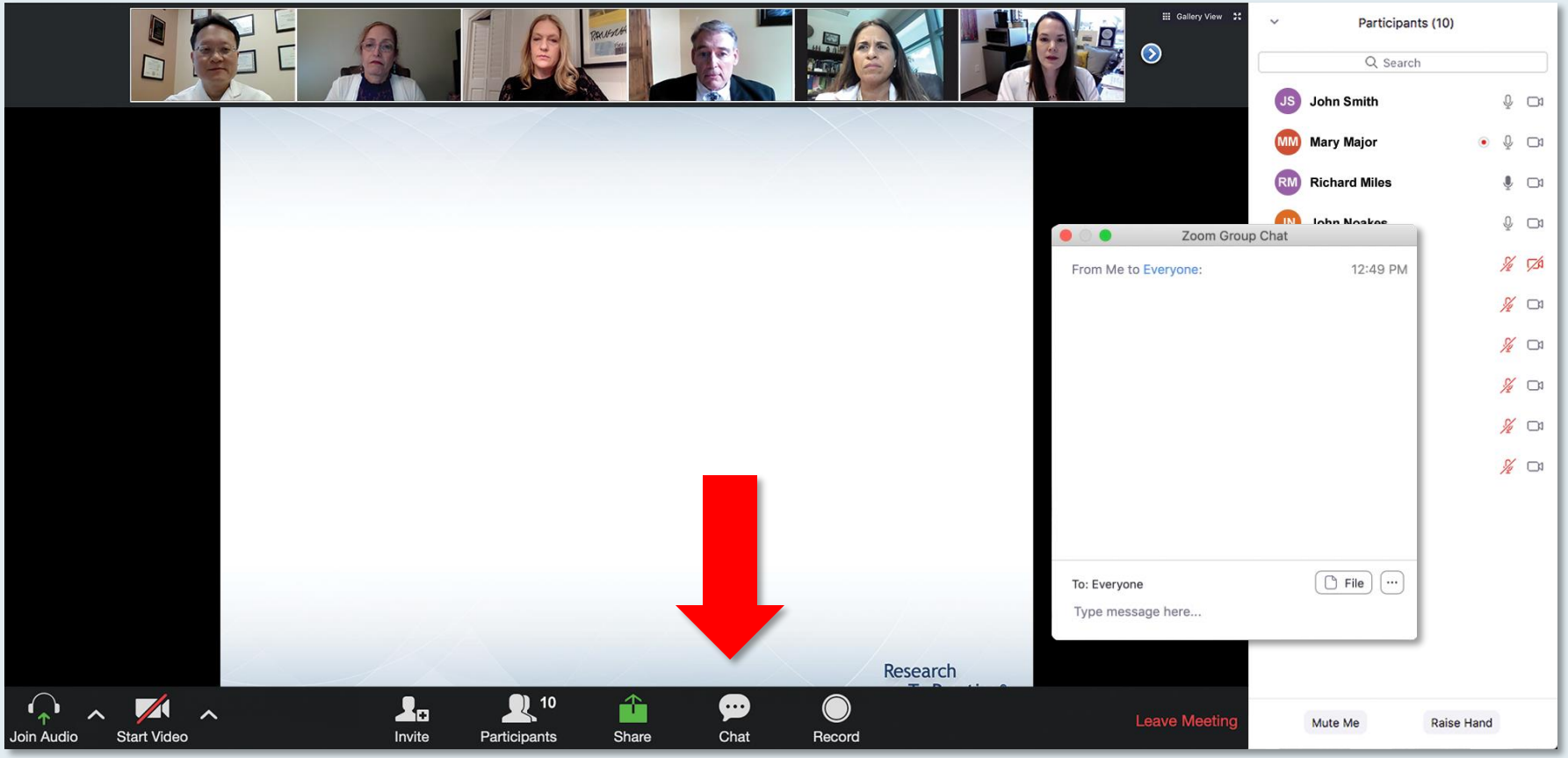
We Encourage Clinicians in Practice to Submit Questions



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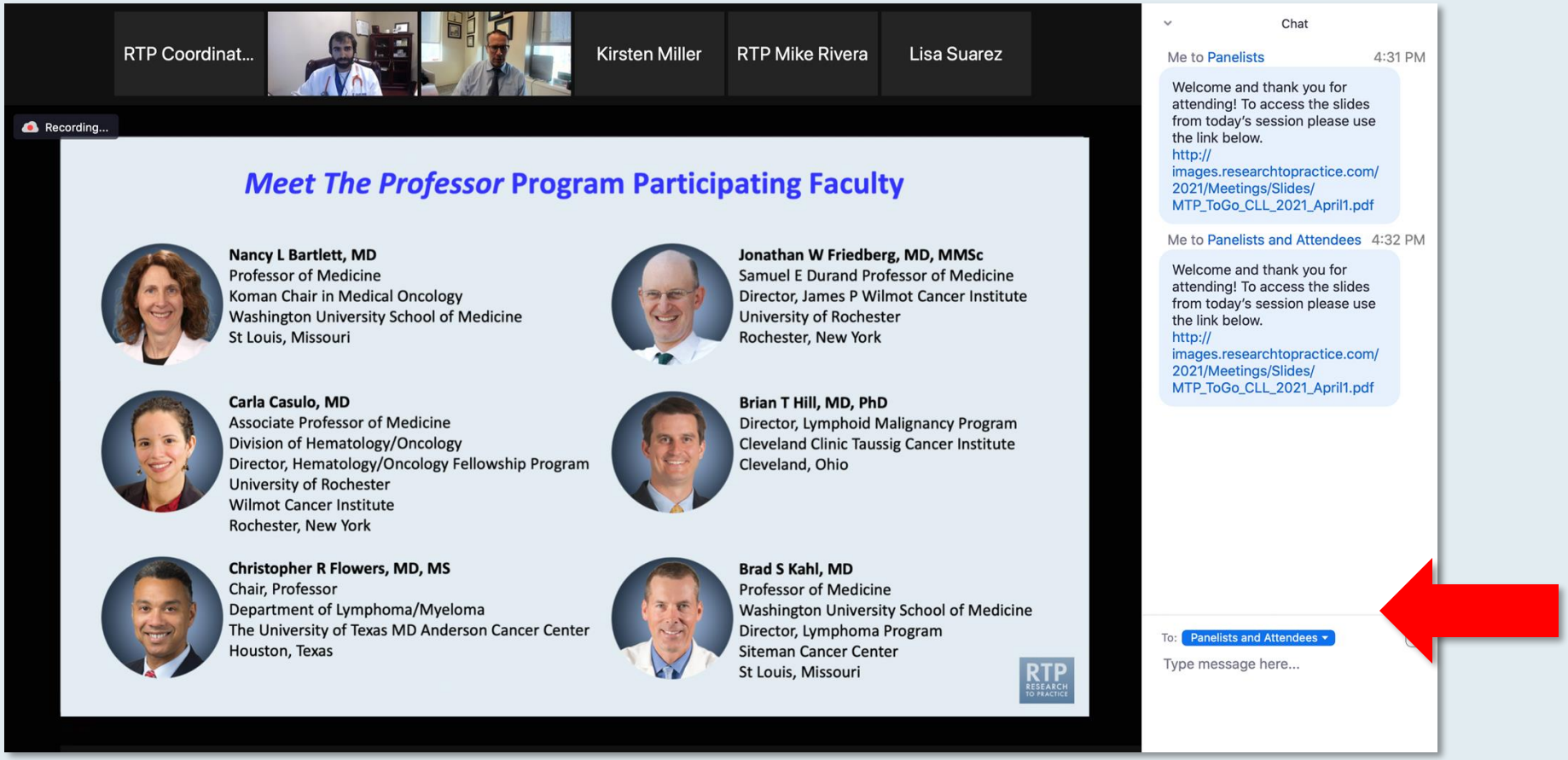

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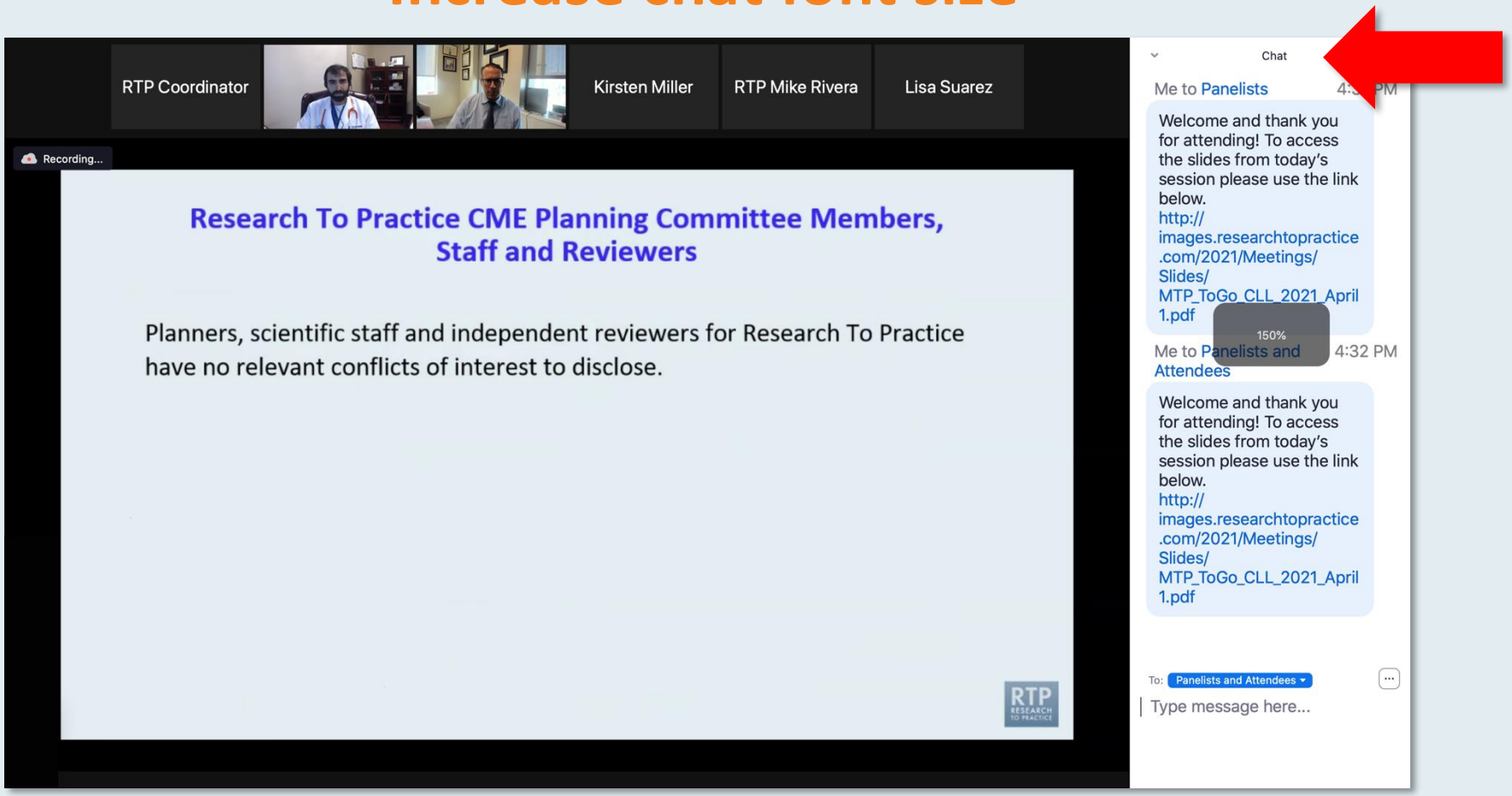

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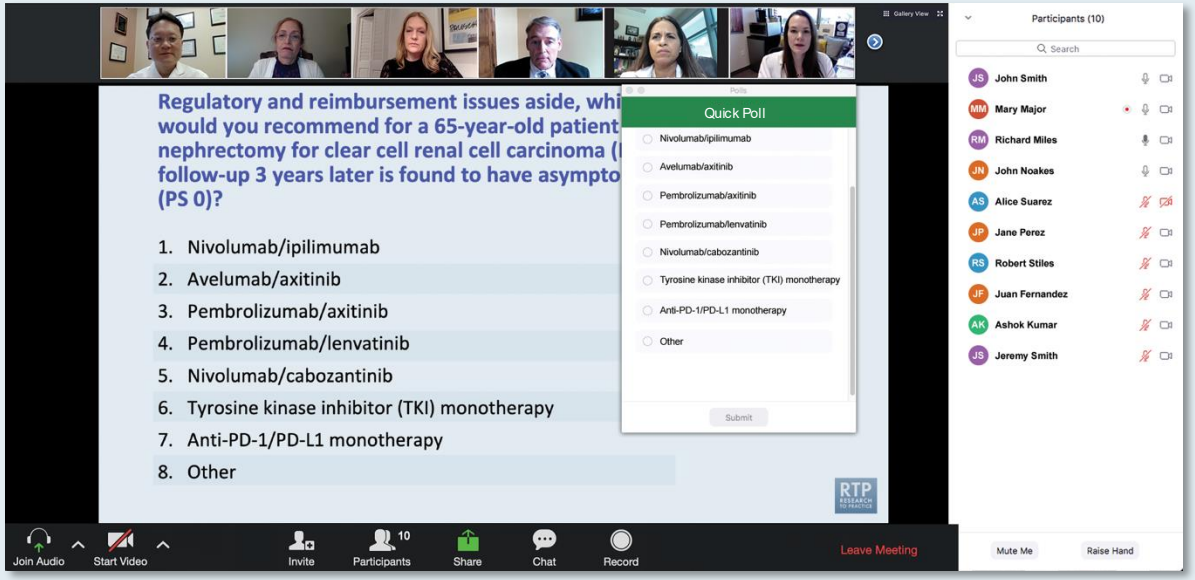

ONCOLOGY TODAY

WITH DR NEIL LOVE

Ovarian and Endometrial Cancer — An Interview with Dr Shannon Westin on the Current Management Paradigm

DR SHANNON WESTIN
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER

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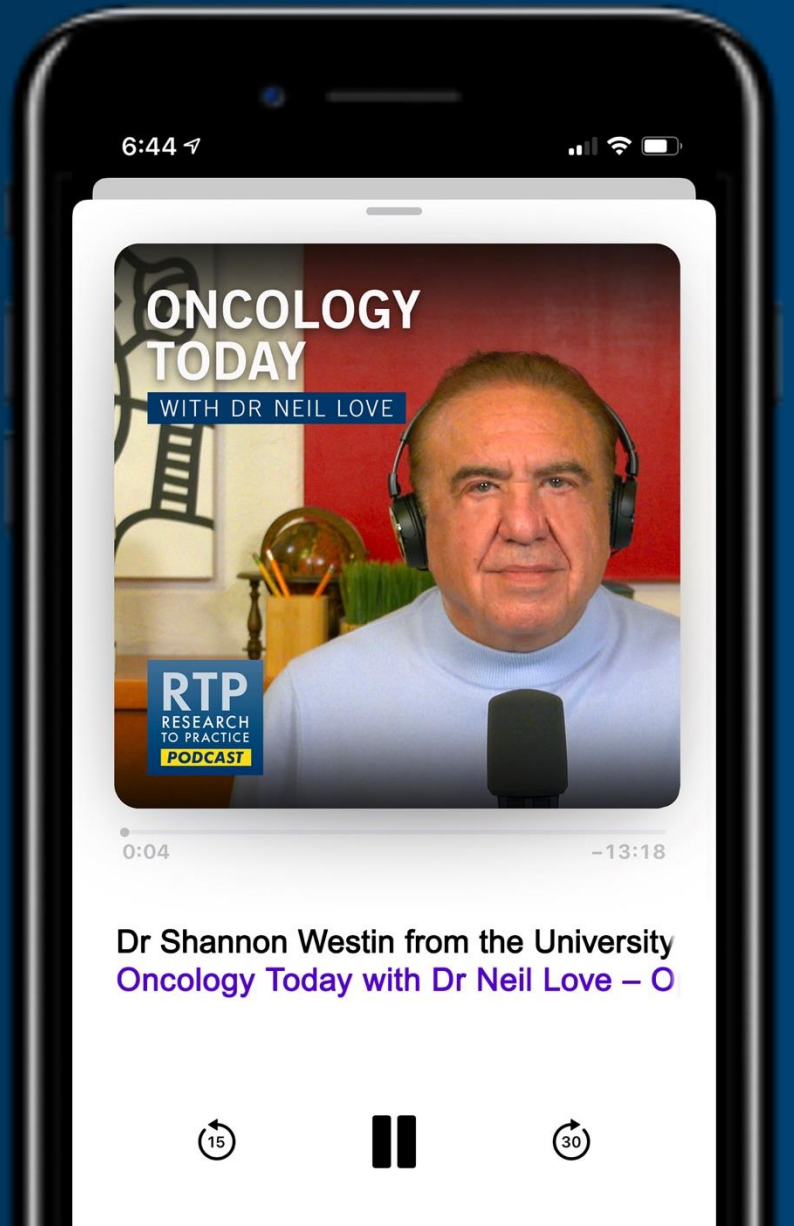

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Integrating New Advances into the Care of Patients with Cancer

A Multitumor Symposium in Partnership with the American Oncology Network

Saturday, November 8, 2025

Lung Cancer

Faculty

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Chronic Lymphocytic Leukemia

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Jennifer Woyach, MD

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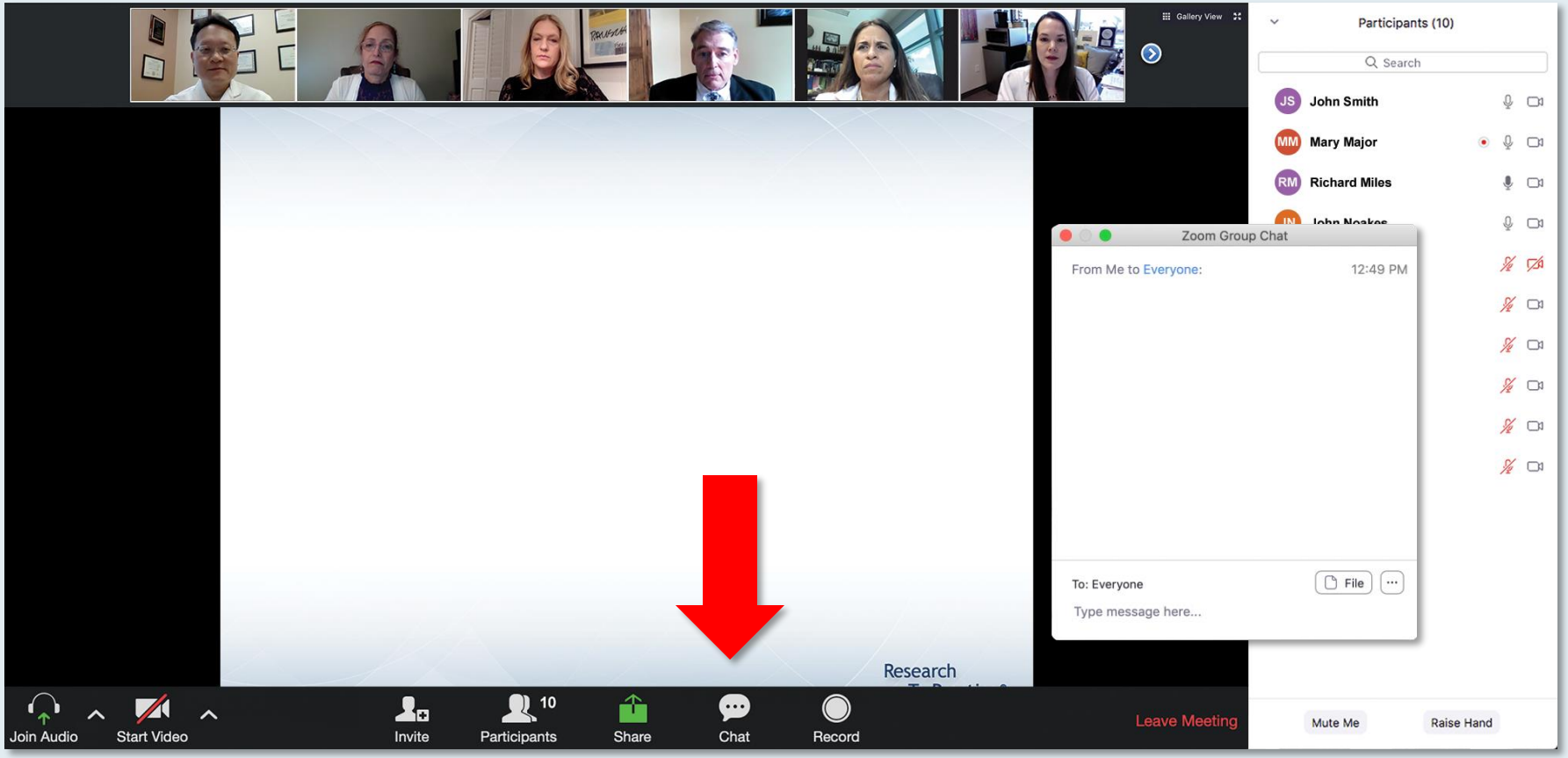

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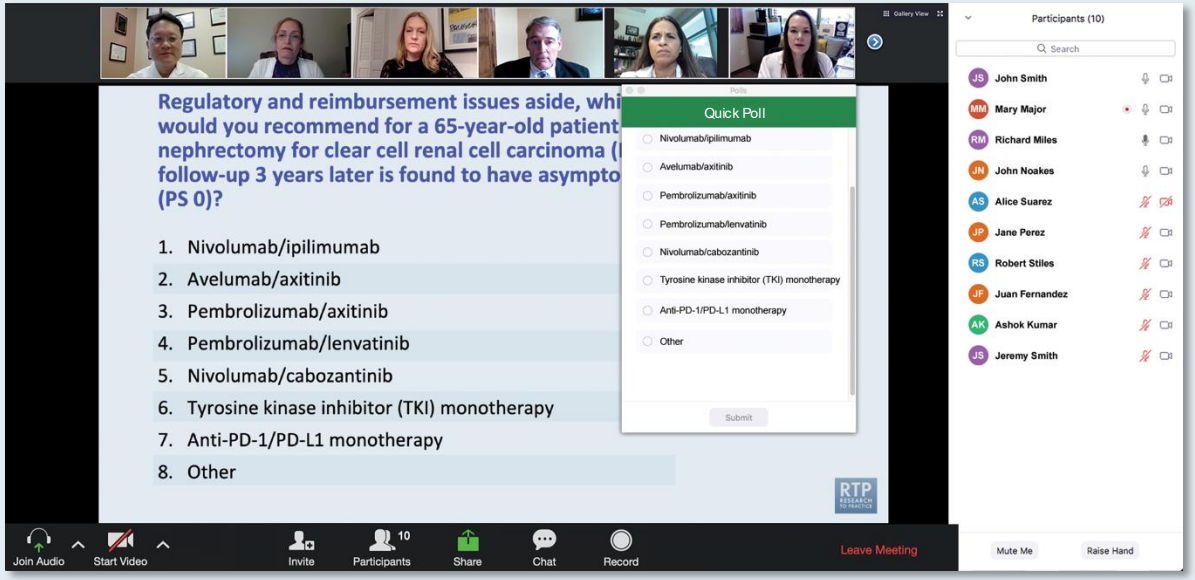

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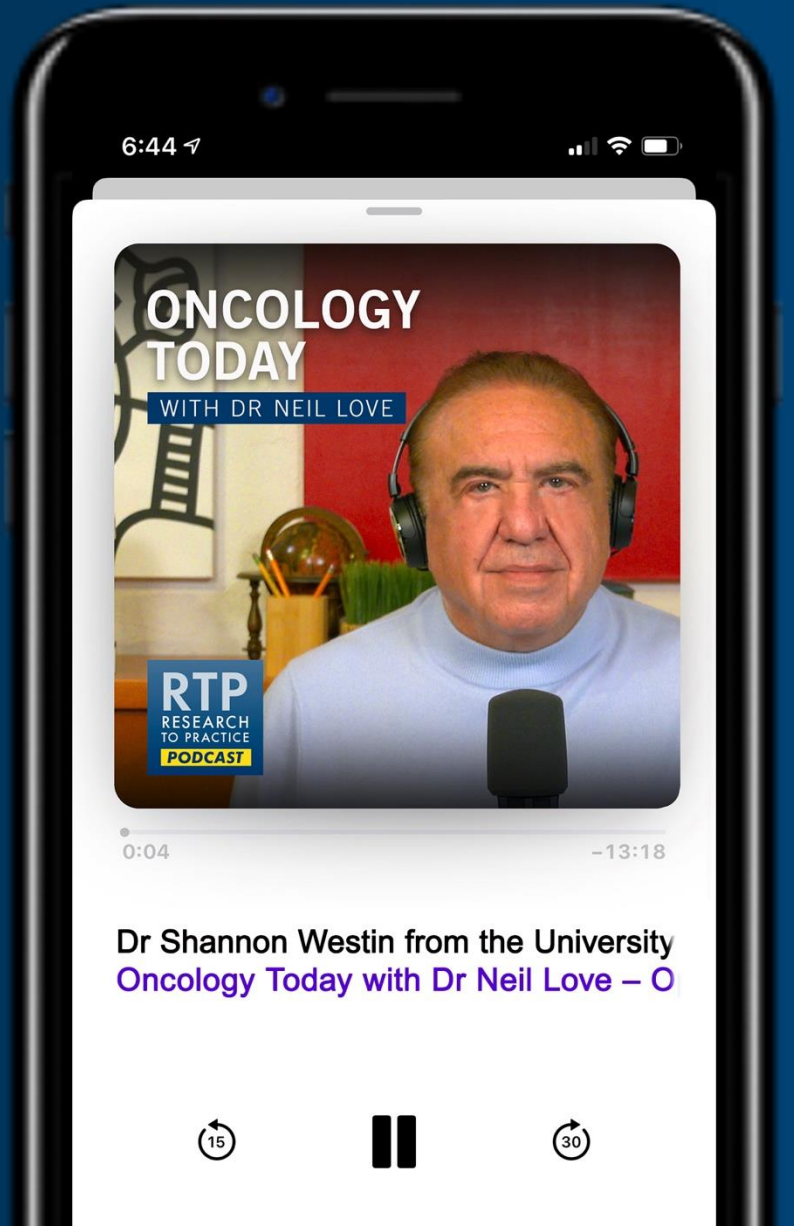

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Contributing General Medical Oncologists

Stephen "Fred" Divers, MD
American Oncology Network
Hot Springs, Arkansas

Kellie E Schneider, MD
Novant Health Cancer Institute
Charlotte, North Carolina

Karim ElSahwi, MD
Hackensack Meridian Health
Neptune City, New Jersey

Lyndsay J Willmott, MD
Virginia G Piper Cancer Care Network
Phoenix, Arizona

Victoria Giffi, MD
Meritus Medical Center
Hagerstown, Maryland

Syed F Zafar, MD
Florida Cancer Specialists
& Research Institute
Fort Myers, Florida

Shachar Peles, MD
Florida Cancer Specialists
& Research Institute
Lake Worth, Florida

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Management of Metastatic Endometrial Cancer

Introduction: A pan-tumor perspective on MSI-high disease — Immunotherapy for localized disease

Case 1: Dr Peles – 60-year-old woman

Case 2: Dr Divers – 64-year-old woman

- Data Review: Immune Checkpoint Inhibitors

Case 3: Dr Schneider – 32-year-old woman

Case 4: Dr Zafar – 82-year-old woman

Case 5: Dr Willmott – 67-year-old woman

- Data Review: HER2-Targeted Treatment

Case 6: Dr Giffi – 73-year-old woman

Case 7: Dr ElSahwi – 68-year-old woman

- Data Review: Autoimmune Toxicity with Immunotherapy
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Dr Brian Mulherin (Indianapolis, Indiana)

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Case Presentation: Dr Mulherin

74-year-old female who presented with dysfunctional uterine bleeding and abdominal bloating, found to have a large endometrial mass. Imaging ultimately showed an 8.4 cm endometrial mass invading the bladder and causing bilateral hydroureteronephrosis, plus several peritoneal implants and one liver metastasis.
Biomarker testing showed tumor dMMR, also p53-mutated, TMB low at 4. HER2 IHC 1+. Received upfront dostarlimab/carboplatin/paclitaxel and had a partial response. However, had disease progression while still on maintenance dostarlimab at 7 months from treatment initiation.

1. **What is the optimal therapy for this patient?**

2. **If the tumor was pMMR, with otherwise identical features, what would be the next best treatment option? What's the activity of pembrolizumab-lenvatinib post-I/O?**

RTP RESEARCH TO PRACTICE

Data + Perspectives: Clinical Investigators Explore the Application of Recent Datasets in Current Oncology Care

CME/MOC, NCPD and ACPE Accredited

Saturday, October 11, 2025
7:15 AM – 12:30 PM ET

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Agenda

Module 1 — Breast Cancer: *Drs Burstein, Goetz, McArthur and Nanda*

Module 2 — Prostate Cancer: *Drs Antonarakis and M Smith*

Module 3 — Colorectal Cancer: *Drs Lieu and Strickler*

Module 4 — Diffuse Large B-Cell Lymphoma and Follicular Lymphoma: *Drs Lunning and S Smith*

Colorectal Cancer Faculty

Christopher Lieu, MD
Professor of Medicine
Associate Director for Clinical Research
Director, GI Medical Oncology
University of Colorado Cancer Center
Aurora, Colorado

John Strickler, MD
Professor of Medicine
Associate Director, Clinical Research – GI
Co-Leader, Molecular Tumor Board
Duke University
Durham, North Carolina

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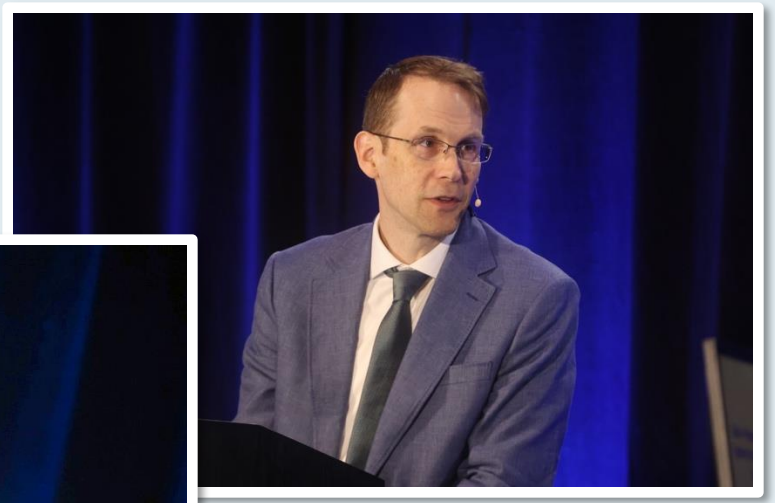
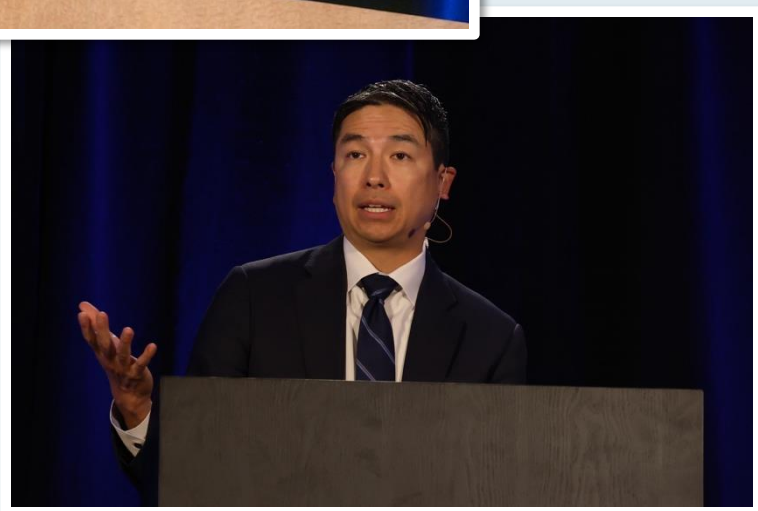
Colorectal Cancer Session at FCS 2025





Phase II Study of Nivolumab for Patients with Surgically Completely Resectable Mismatch Repair (MMR)-Deficient Endometrial Cancer

Response in Patients Completing Nivolumab

Patient	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Clinical stage at baseline	IA	IA	IA	IA	IA	3C	IA	IB	3C	3C	IA	IA	IB	3C	1A
MMR status	PMS2	MSH2, MSH6	MSH2, MSH6	PMS2	PMS2, MLH1, MSH2, MSH6	PMS2	PMS2, MLH1, MSH2, MSH6	PMS2, MLH1, MSH2, MSH6	MLH1, PMS2	MLH1, PMS2	PMS2	MLH1, PMS2	MSH2, MSH6	MSH2, MSH6	MLH1, PMS2
Pathological best response	PR	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	PR	PR	CR	CR
Radiologic best response	NA	NE	CR	NE	NE	CR	NE	CR	CR	CR	NE	PR	PR	CR	CR

CR = complete response, PR = partial response, NE = inevaluable
*Complete Pathological Response: 0% residual viable tumor in the resected primary lesion and/or lymph nodes

- Twelve patients (80.0%) had a clinical complete response, with no evidence of tumor on imaging and biopsy
- A total of 7 out of 12 patients did not undergo surgery

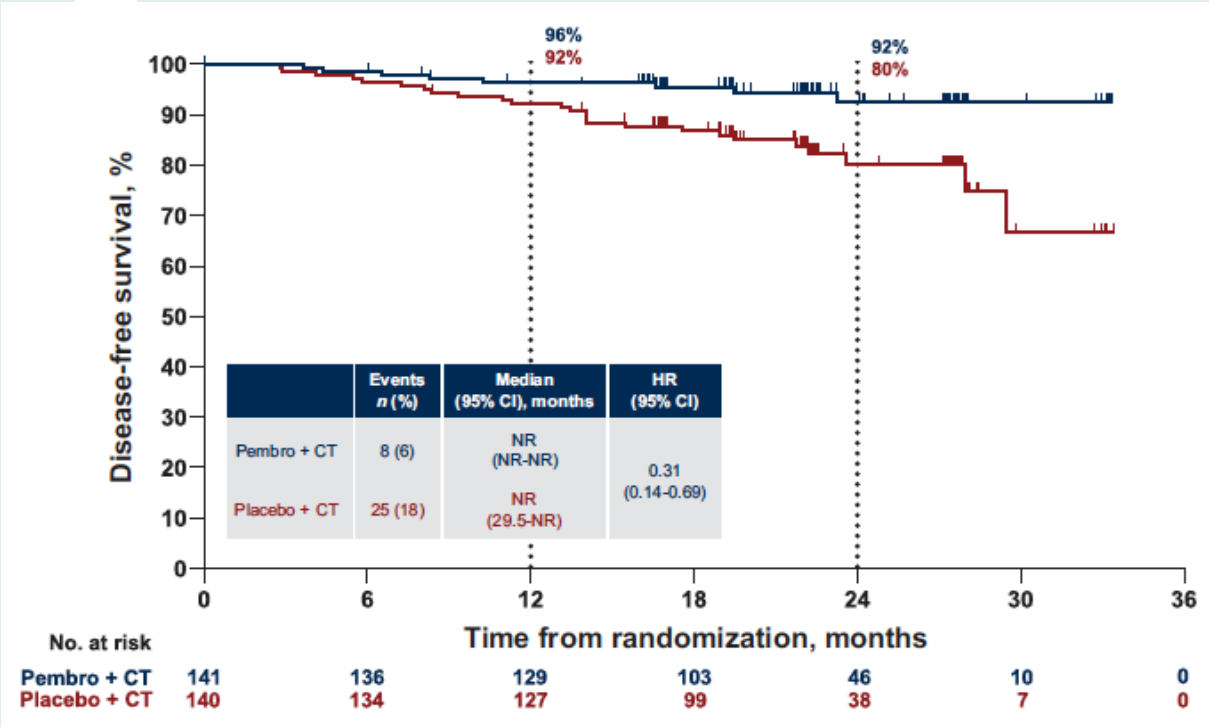
Grade 3 adverse events were reported in 2 patients, but none led to permanent discontinuation of nivolumab

Lee YJ et al. SGO 2025;Abstract 04.

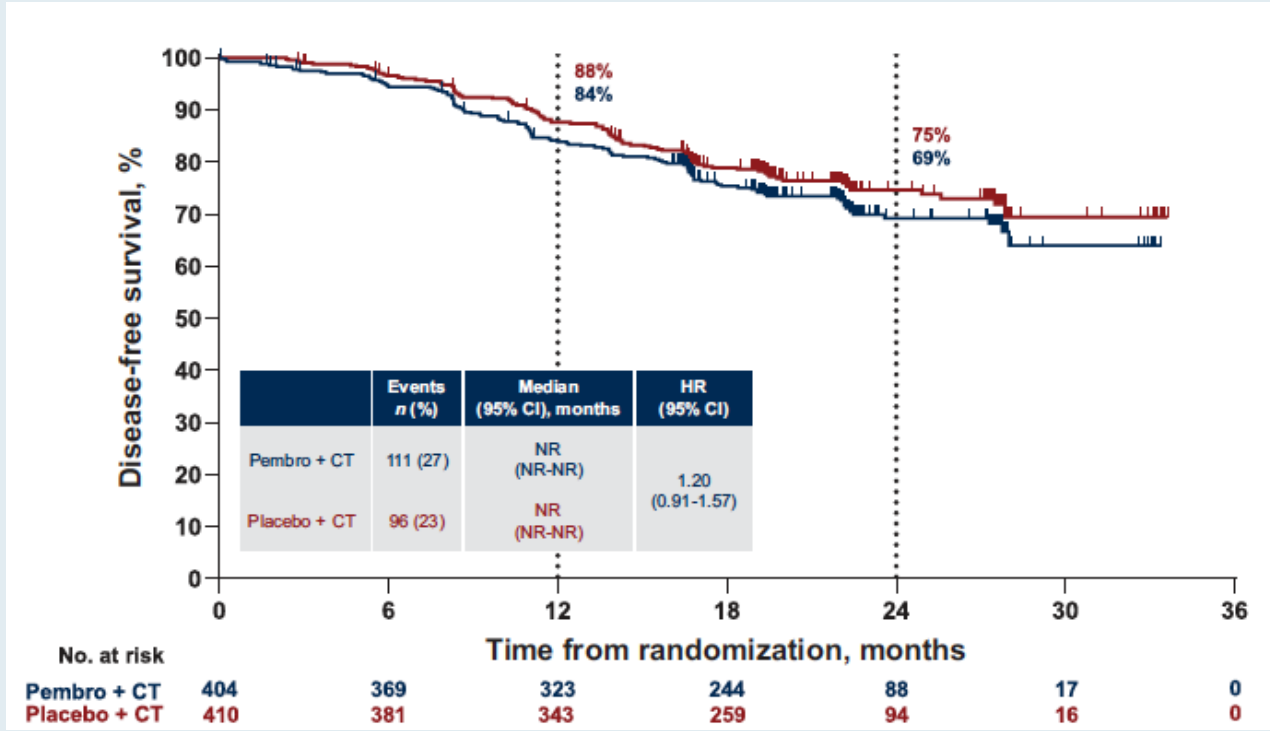
RTP RESEARCH TO PRACTICE

Phase III KEYNOTE-B21 Study of Pembrolizumab with Adjuvant Chemotherapy with or without Radiation Chemotherapy for Newly Diagnosed, High-Risk Endometrial Cancer

dMMR population



pMMR population



- In the overall population (n = 1,095), the median DFS was not reached in either treatment group and the HR for DFS was 1.02 (*p* = 0.570).
- Safety was manageable.

dMMR = mismatch repair-deficient; CT = chemotherapy; pMMR = mismatch repair-proficient; DFS = disease-free survival

Van Gorp T et al. *Ann Oncol* 2024;35(11):968-80.

RTP RESEARCH TO PRACTICE

Select Ongoing Trials of Neoadjuvant Immunotherapy for Localized Endometrial Cancer

Trial identifier	Phase	Study population	Treatment arms	Estimated primary completion date
NADIA (NCT07013851)	II	Stage II–III dMMR/MSI-H	Stage II: • Dostarlimab → VBT/EBRT + adjuvant dostarlimab Stage III: • Dostarlimab → concurrent EBRT + chemotherapy • Dostarlimab → sequential EBRT + chemotherapy • Dostarlimab → chemotherapy alone • Adjuvant dostarlimab	March 2029
RODEO (NCT07115927)	II	Stage II–IV	Dostarlimab (2 doses) → surgery	April 2030
PAM-UMCG-002 (NCT06180733)	II	Grade 3/CC, dMMR	Pembrolizumab → surgery	December 2027

MSI-H = microsatellite instability-high; VBT = vaginal brachytherapy; EBRT = external beam radiation therapy

www.clinicaltrials.gov. Accessed October 2025.

RTP RESEARCH TO PRACTICE

Select Ongoing Trials of Adjuvant Immunotherapy for Localized Endometrial Cancer (EC)

Trial identifier	Phase	Study population	Treatment arms	Estimated primary completion date
MMRd-GREEN (NCT05255653-2)	III	High-risk, dMMR EC after curative intent surgery	• Durvalumab + RT • RT	January 2030
NRG-GY020 (NCT04214067)	III	Stage II–IV	• Pembrolizumab + EBRT/VBT • EBRT/VBT	December 2025

www.clinicaltrials.gov. Accessed October 2025.

Management of Metastatic Endometrial Cancer

Introduction: A pan-tumor perspective on MSI-high disease — Immunotherapy for localized disease

Case 1: Dr Peles – 60-year-old woman

Case 2: Dr Divers – 64-year-old woman

- Data Review: Immune Checkpoint Inhibitors

Case 3: Dr Schneider – 32-year-old woman

Case 4: Dr Zafar – 82-year-old woman

Case 5: Dr Willmott – 67-year-old woman

- Data Review: HER2-Targeted Treatment

Case 6: Dr Giffi – 73-year-old woman

Case 7: Dr ElSahwi – 68-year-old woman

- Data Review: Autoimmune Toxicity with Immunotherapy
- Data Review: Novel Antibody-Drug Conjugates

RTP RESEARCH TO PRACTICE

Case Presentation: 60-year-old woman with MSI-H metastatic endometrial carcinoma has CR with dostarlimab and paclitaxel/carboplatin

Dr Shachar Peles (Lake Worth, Florida)

RTP RESEARCH TO PRACTICE

Management of Metastatic Endometrial Cancer

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Case 7: Dr ElSahwi – 68-year-old woman

- Data Review: Autoimmune Toxicity with Immunotherapy
- Data Review: Novel Antibody-Drug Conjugates

RTP RESEARCH TO PRACTICE

Case Presentation: 64-year-old woman with MSI-H, somatic BRCA1-mutant endometrial cancer has CR with carboplatin/paclitaxel/pembrolizumab

Dr Fred Divers (Hot Springs, Arkansas)

RTP RESEARCH TO PRACTICE

Management of Metastatic Endometrial Cancer

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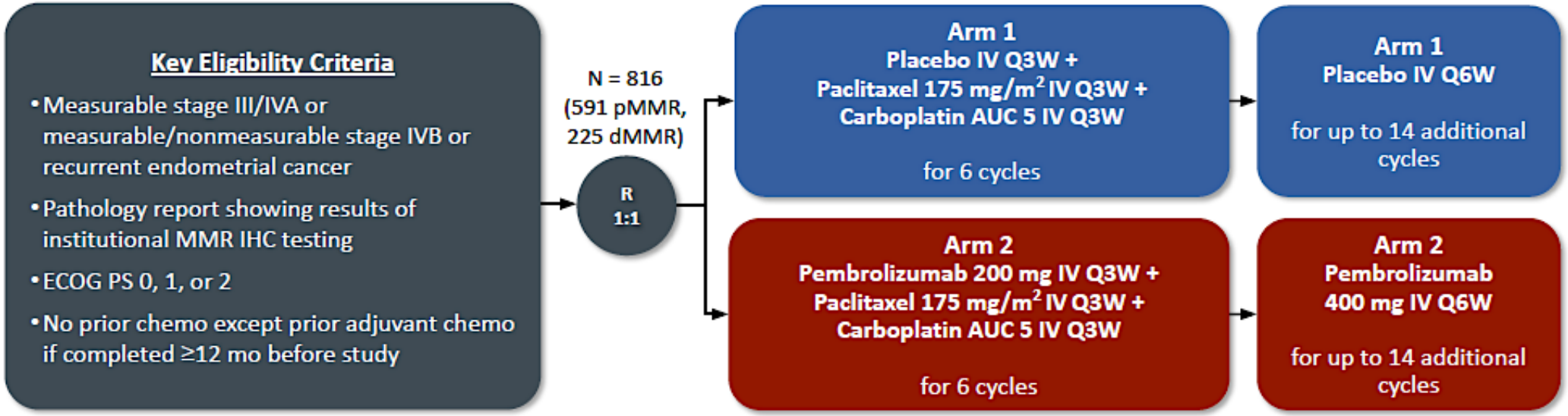
RTP RESEARCH TO PRACTICE

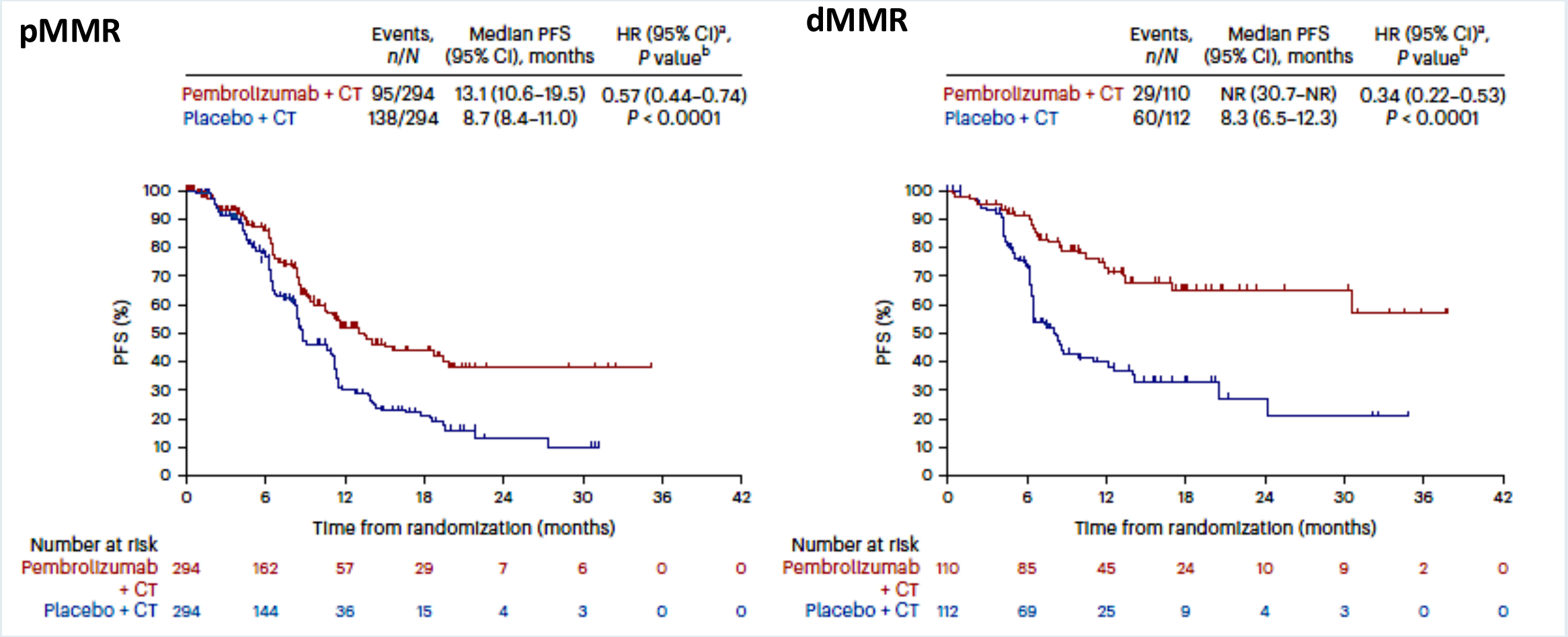
NRG-GY018 Phase III Study Design



BICR, blinded independent central review; dMMR, mismatch repair deficient; DOR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; IHC, immunohistochemistry; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; pMMR, mismatch repair proficient; PRO, patient-reported outcomes; QoL, quality of life; RECIST, Response Evaluation Criteria in Solid Tumors.

Eskander RN et al. SGO 2022;Abstract 264.

NRG-GY018: Investigator-Assessed Progression-Free Survival (PFS) by Mismatch Repair (MMR) Status

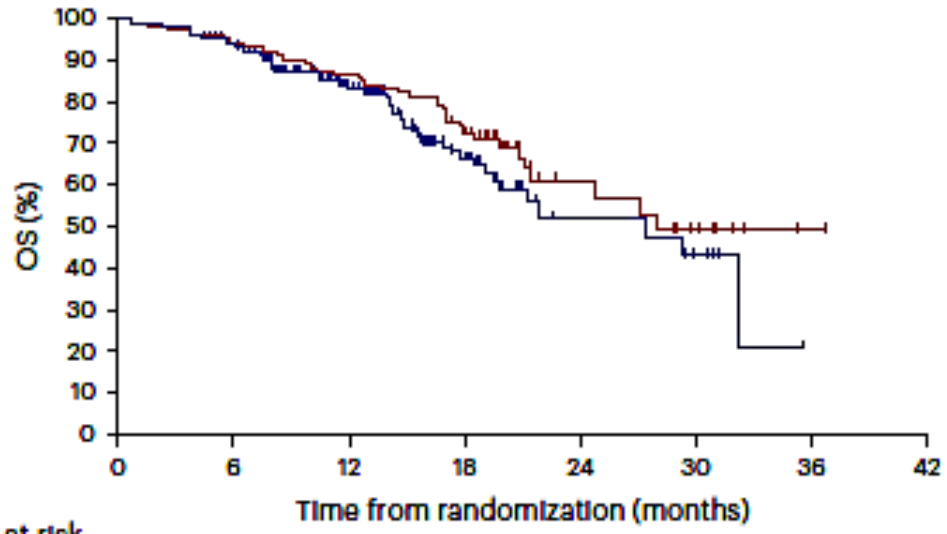


Eskander RN et al. *Nat Med* 2025;31(5):1539-46.

NRG-GY018: Interim Analysis of Overall Survival (OS) by MMR Status

pMMR

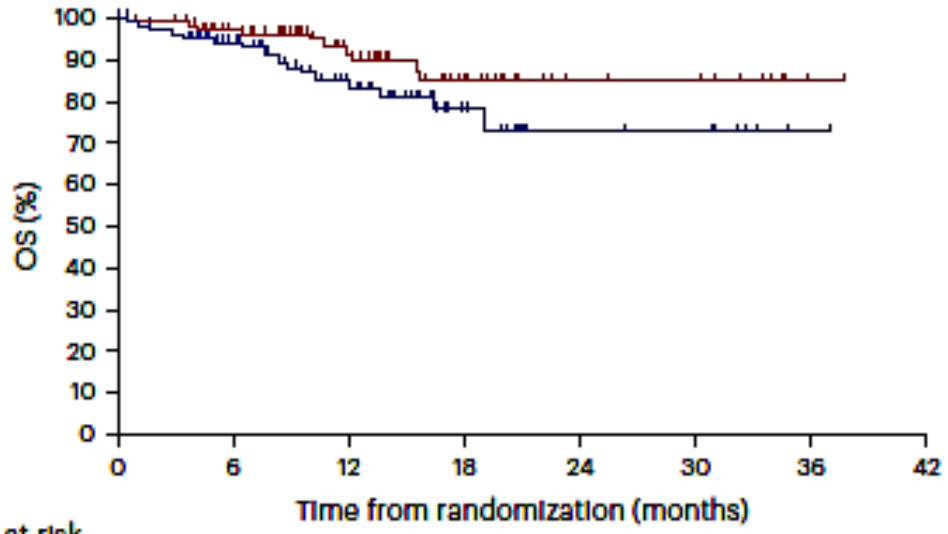
	Events, *n/N*	Follow-up Duration[a], median (range), months	Median OS (95% CI), months	HR (95% CI)[b], *P* value[c]
Pembrolizumab + CT	45/294	8.8 (0.1–37.0)	27.96 (21.42–NR)	0.79 (0.53–1.17)
Placebo + CT	54/294	8.4 (0.1–37.2)	27.37 (19.52–NR)	*P* = 0.1157



Number at risk								
Pembrolizumab + CT	294	179	97	51	16	10	1	0
Placebo + CT	294	174	94	46	11	7	0	0

dMMR

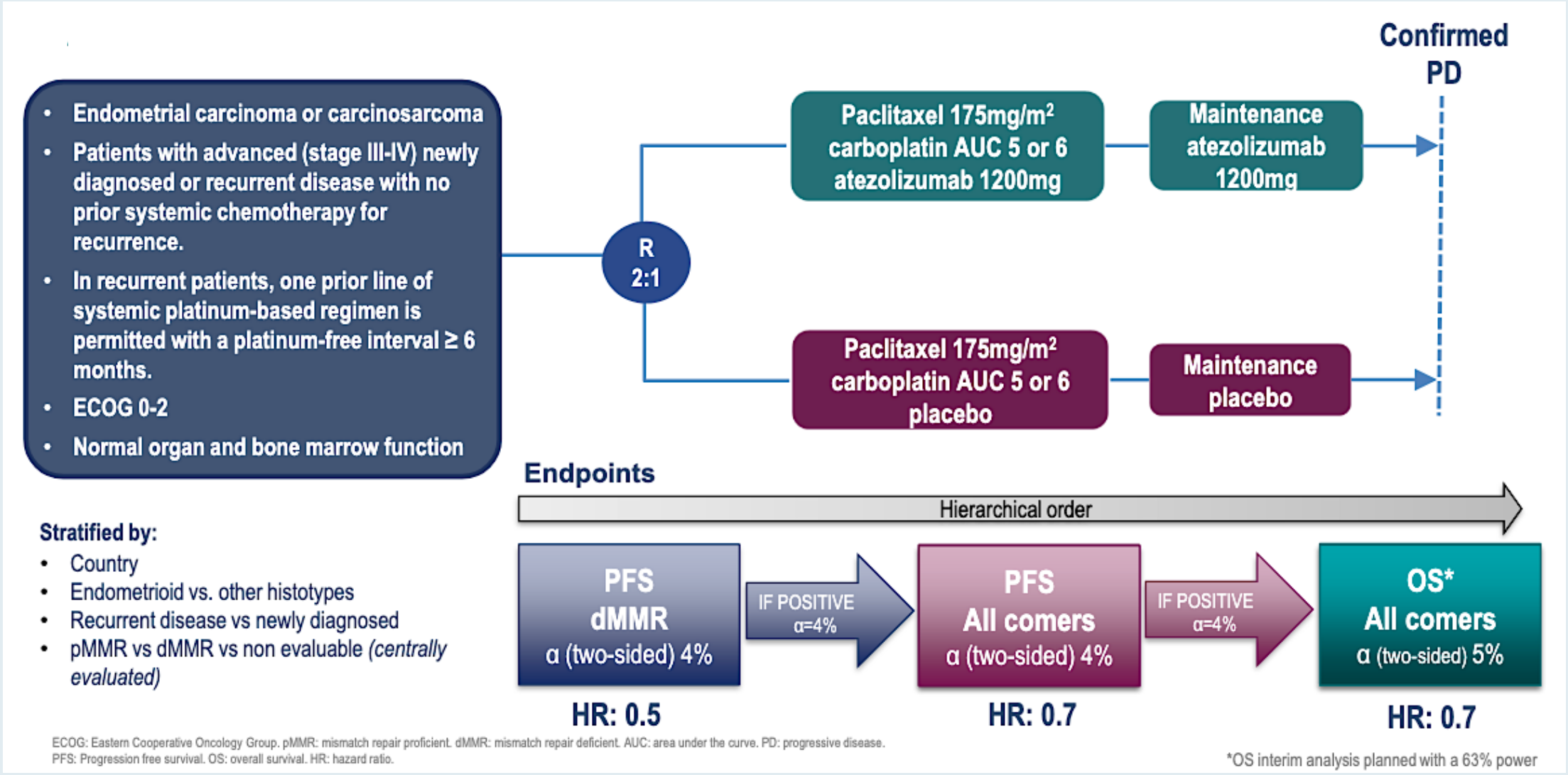
	Events, *n/N*	Follow-up Duration[a], median (range), months	Median OS (95% CI), months	HR (95% CI)[b], *P* value[c]
Pembrolizumab + CT	10/110	13.3 (0.6–39.4)	NR (NR–NR)	0.55 (0.25–1.19)
Placebo + CT	17/112	13.7 (1.0–38.0)	NR (NR–NR)	*P* = 0.0617



Number at risk								
Pembrolizumab + CT	110	88	55	29	12	11	2	0
Placebo + CT	112	87	52	18	8	7	1	0

Eskander RN et al. *Nat Med* 2025;31(5):1539-46.

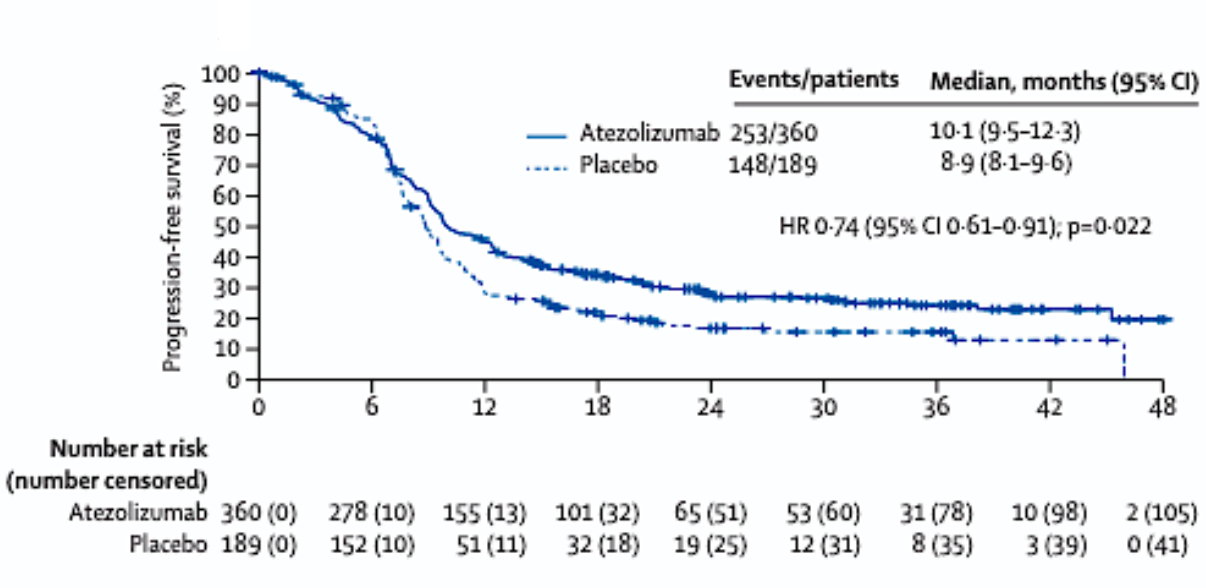
AtTEnd Phase III Study Design



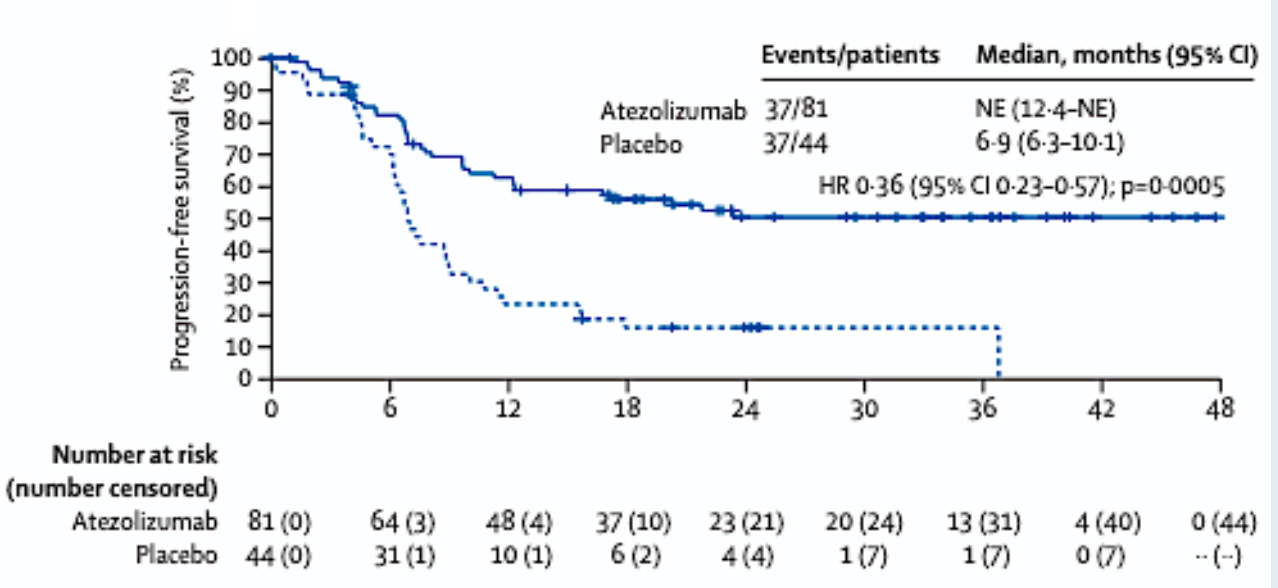
Colombo N et al. ESMO 2023;Abstract LBA40.

AtTEnd: PFS in the Overall and dMMR Populations

Overall population

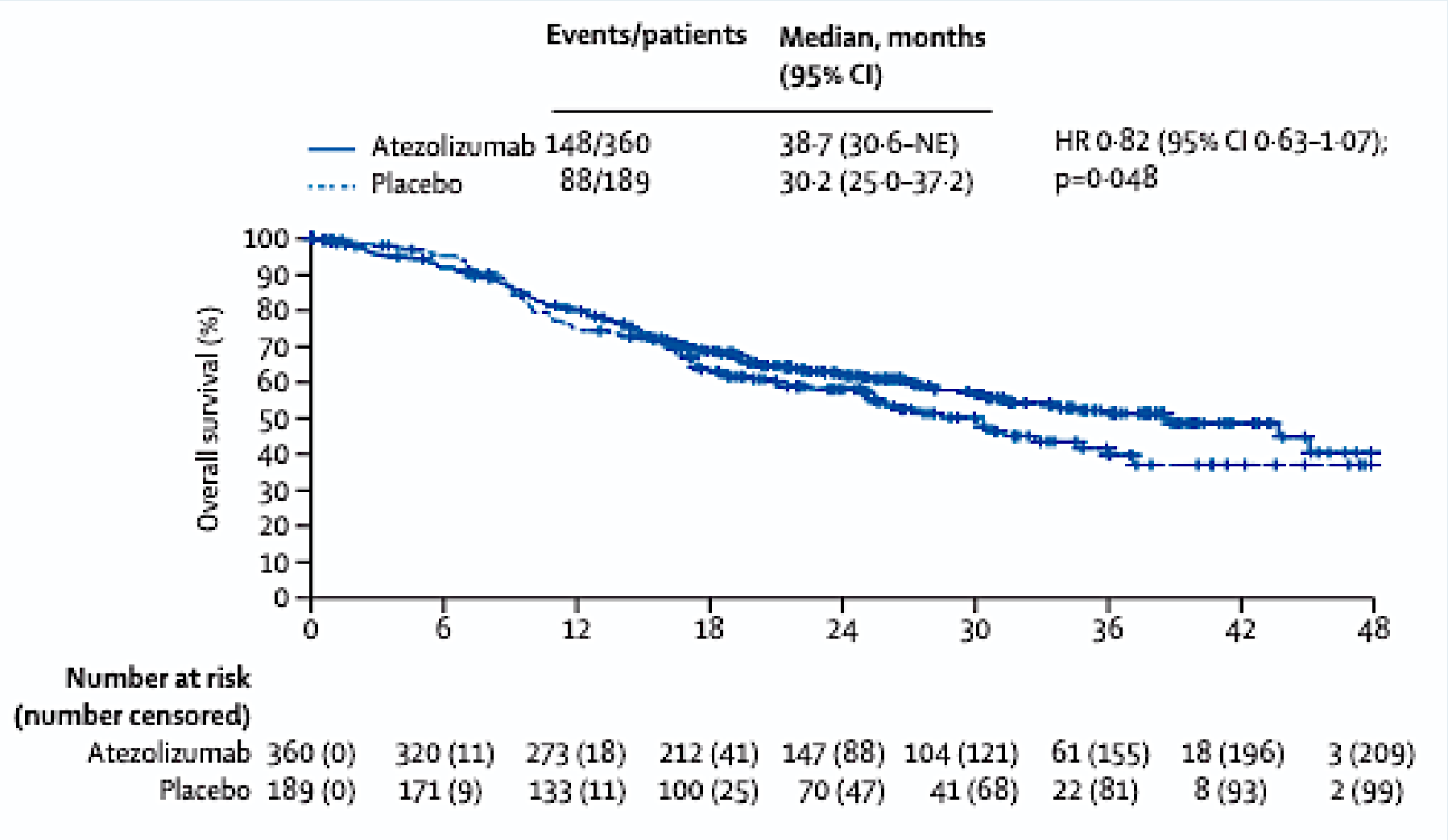


dMMR population



Colombo N et al. *Lancet Oncol* 2024;25:1135-46.

AtTEnd: Interim Analysis of OS in the Overall Population



Colombo N et al. *Lancet Oncol* 2024;25:1135-46.

Final Overall Survival (OS) Results from the Randomized Double-Blind Phase III AtTEnd/ENGOT-EN7 Trial Evaluating Atezolizumab in Combination with Paclitaxel and Carboplatin in Women with Advanced/Recurrent Endometrial Cancer

Ginesta MPB et al.

ESMO 2025;Abstract LBA39.

PROFERRED PAPER | SUNDAY, OCTOBER 19 | 14:55 CEST

RTP
RESEARCH TO PRACTICE

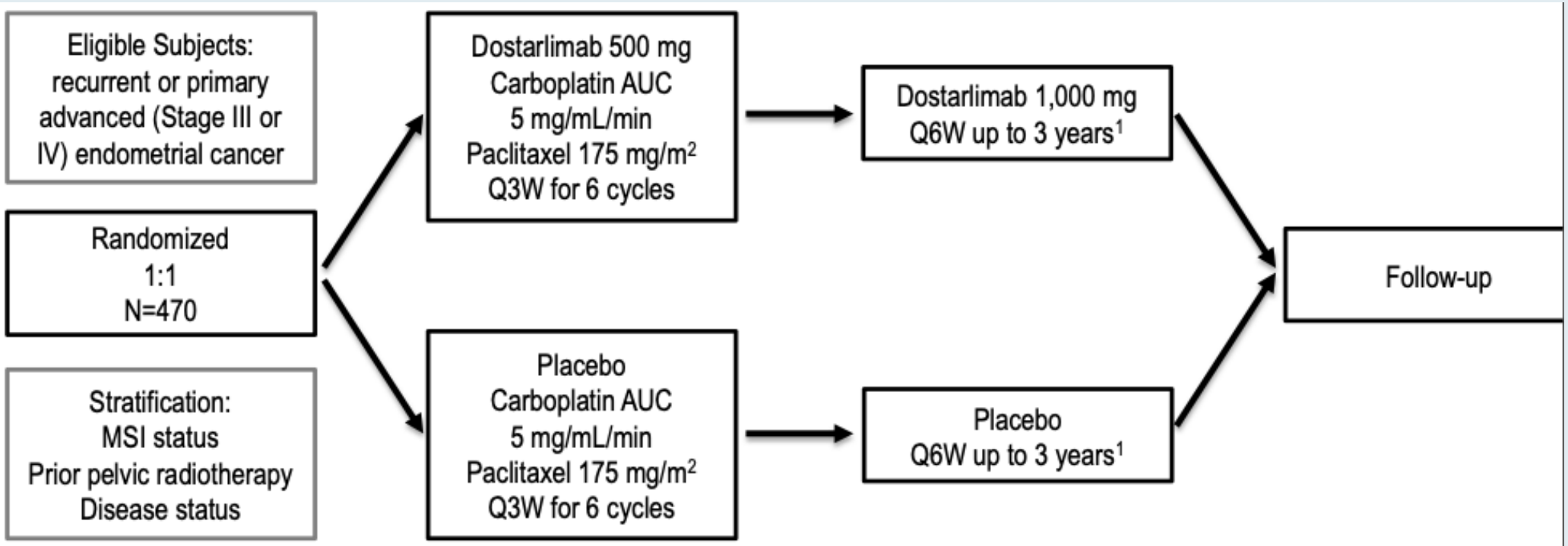
WES-Derived Aneuploidy Score (W-AS) Identifies MMRd Patients with Reduced Benefit from Immunotherapy in Endometrial Cancer: Multi-omic Analysis of the Phase III AtTEnd/ENGOT-EN7 Trial

Mazarella L et al.

ESMO 2025;Abstract LBA40.

PROFERRED PAPER | SUNDAY, OCTOBER 19 | 10:15 CEST

Phase III RUBY Part 1 Study Design

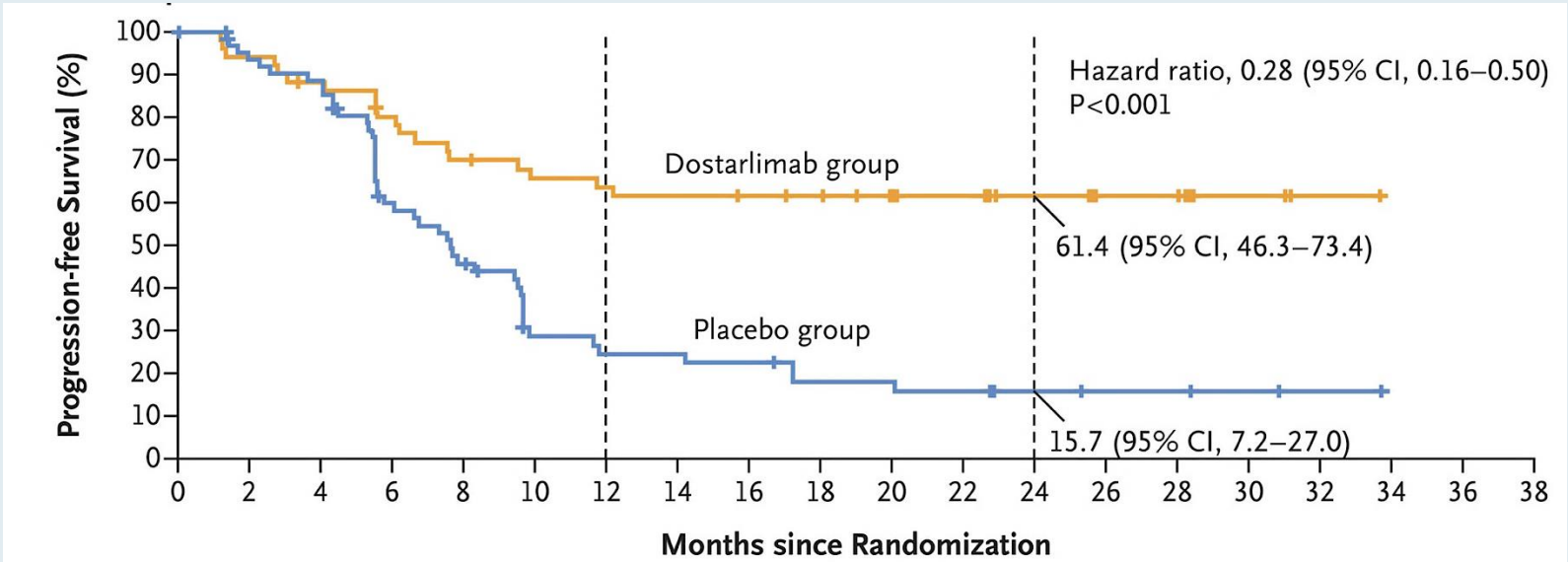


Abbreviations: AUC = area under the plasma or serum concentration-time curve; MSI = microsatellite instability; QxW = every x weeks.

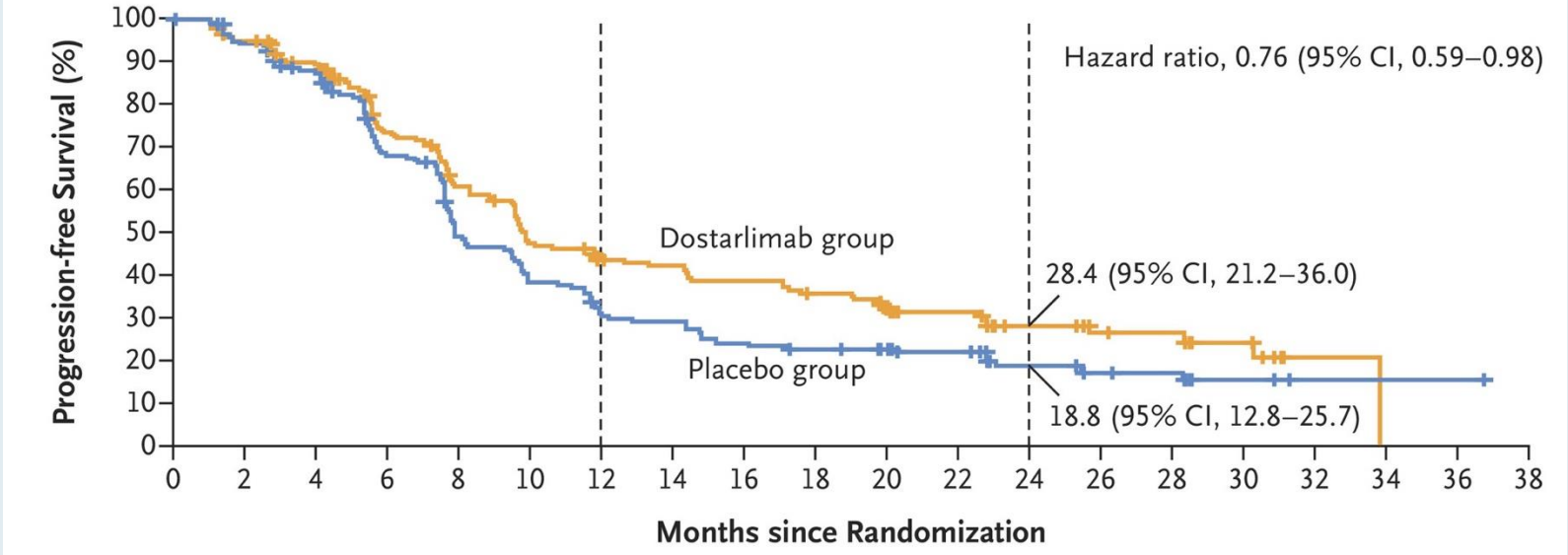
[1] Treatment ends after 3 years, progression of disease, toxicity, withdrawal of consent, Investigator's decision, or death, whichever occurs first. Continued treatment with dostarlimab or placebo beyond 3 years may be considered following discussion between the Sponsor and the Investigator.

Mirza MR et al. *N Engl J Med* 2023;388:2145-58.

Phase III RUBY Part 1: PFS by Mismatch Repair (MMR) Status



dMMR/MSI-H population

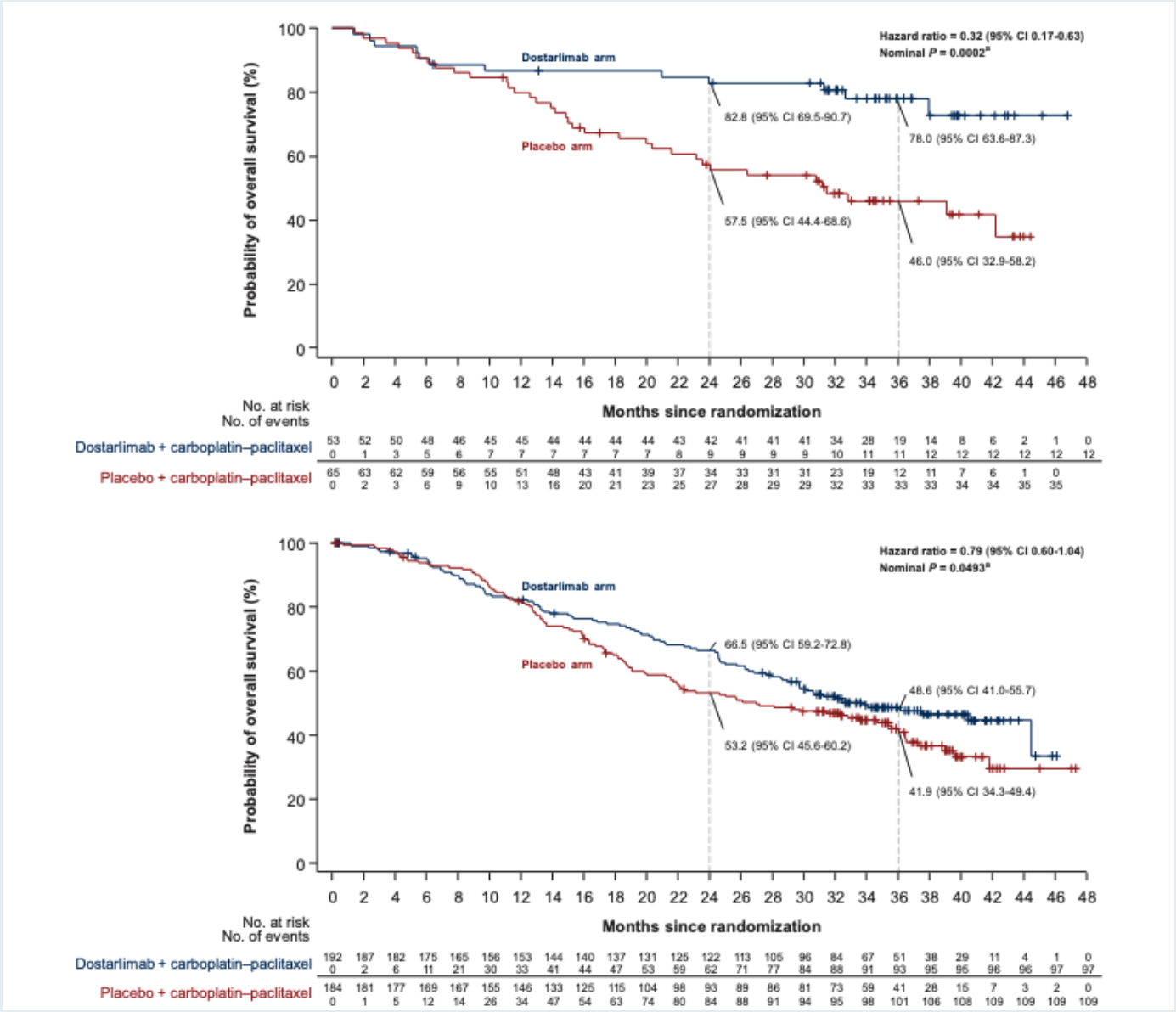


pMMR/MSS population

dMMR = MMR deficient; MSI-H = microsatellite instability high;
pMMR = MMR proficient; MSS = microsatellite stable

Mirza MR et al. *N Engl J Med* 2023;388:2145-58.

Phase III RUBY Part 1: Overall Survival by MMR Status



dMMR/MSI-H population

pMMR/MSS population

Powell MA et al. *Ann Oncol* 2024;35(8):728-38.

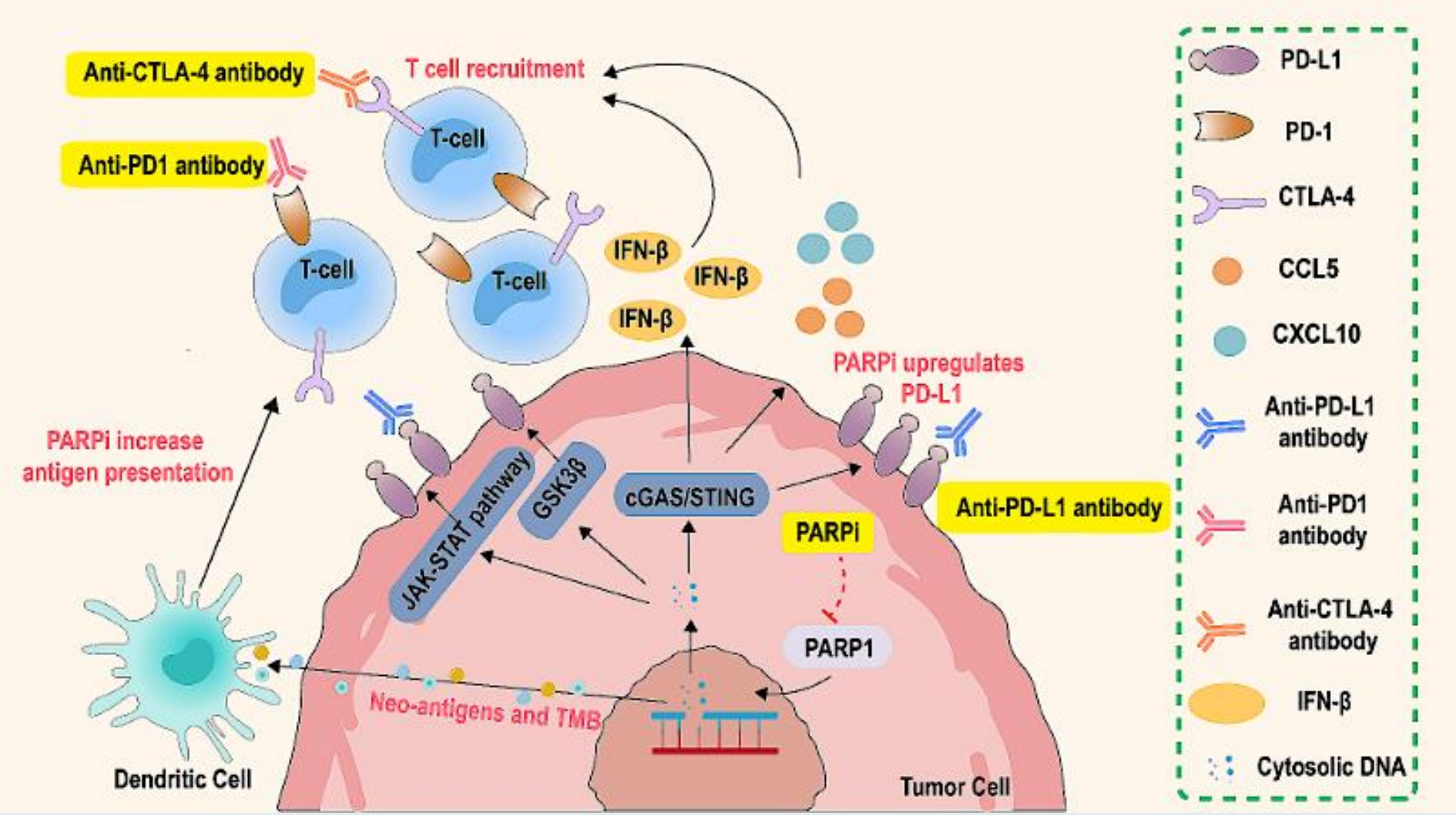
Post Hoc Survival Outcomes Based on Initial and Subsequent Treatment in Patients (pts) with Mismatch Repair Proficient/Microsatellite Stable (MMRp/MSS) Primary Advanced or Recurrent Endometrial Cancer (pA/R EC) in the ENGOT-EN6-NSGO/GOG-3031/RUBY Trial

Monk BJ et al.

ESMO 2025;Abstract 1113P.

POSTER SESSION 1 | SATURDAY, OCTOBER 18

Interaction Between PARP Inhibitors and Immune Checkpoint Inhibitors



Xiao F et al. *J Transl Med* 2024;22(1):778.

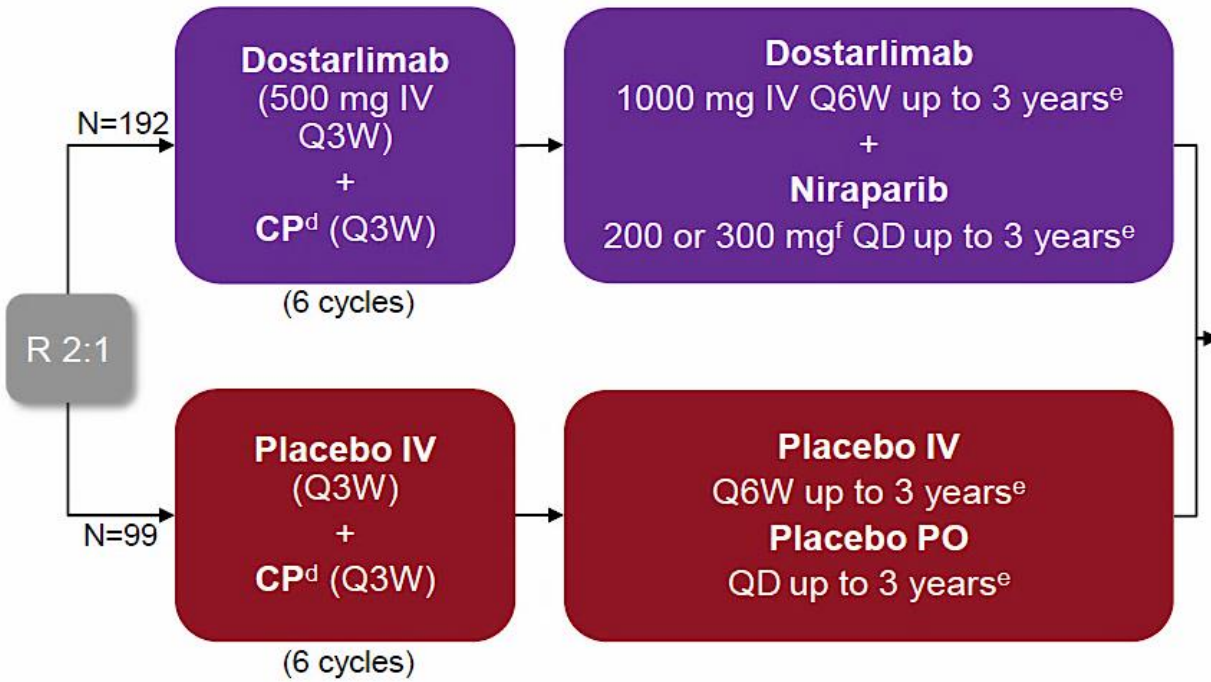
Phase III RUBY Part 2 Study Design

Eligible patients

- Stage III/IV disease or first recurrent EC[a]
  - All histologies except sarcomas[b]
- Naive to systemic anticancer therapy or had a recurrence or PD ≥6 months after completing systemic anticancer therapy
- Naive to PARP inhibitor therapy

Stratification

- MMR/MSI status[c]
  - 25% dMMR/MSI-H
  - 75% MMRp/MSS
- Prior external pelvic radiotherapy
- Disease status



Primary endpoint

- PFS by INV per RECIST v1.1
  - Overall
  - MMRp/MSS

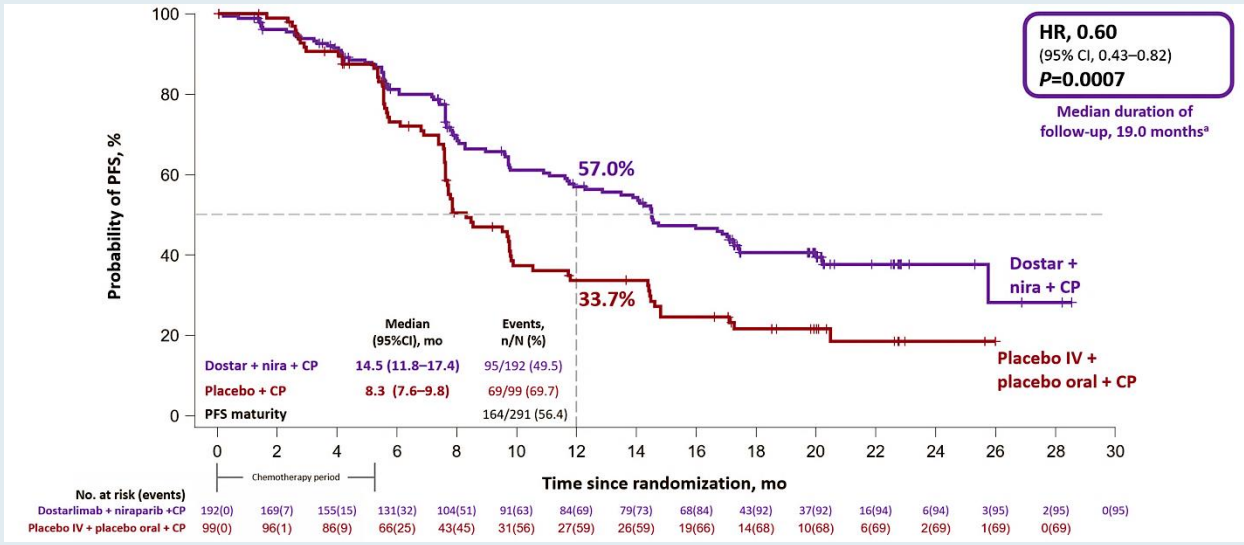
Secondary endpoints

- OS
- PFS by BICR
- ORR
- DOR
- DCR (BOR of CR, PR, or SD)
- PFS2
- HRQOL/PRO
- PK

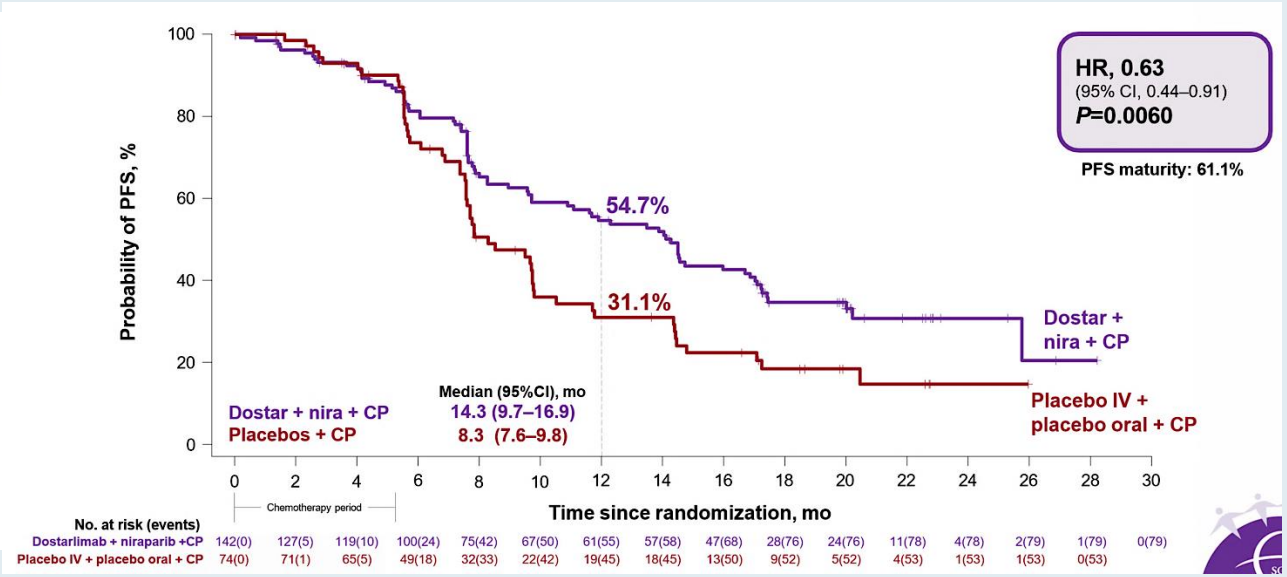
Mirza MR et al. SGO 2024.

Phase III RUBY Part 2 Coprimary Endpoints: PFS in the Overall and pMMR Populations

Overall population

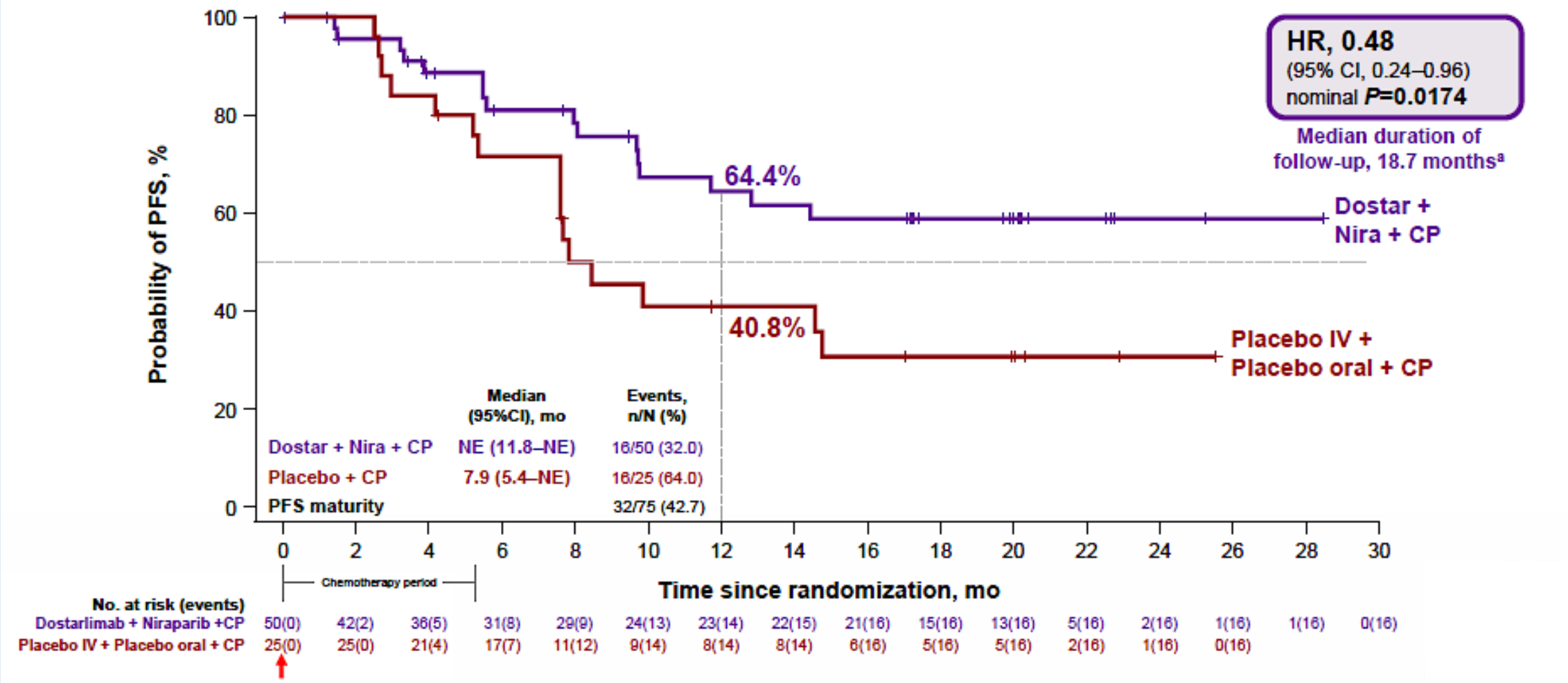


pMMR/MSS population



Mirza MR et al. SGO 2024.

Phase III RUBY Part 2 Exploratory Analysis: PFS in the dMMR/MSI-H Population

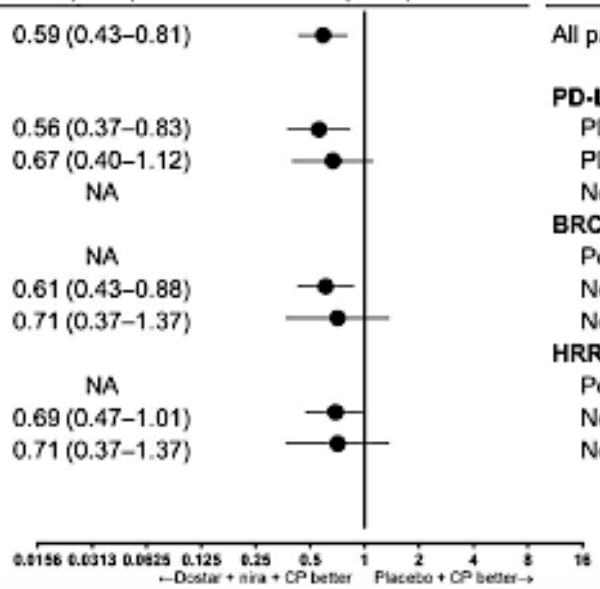


Mirza MR et al. SGO 2024.

Phase III RUBY Part 2 Exploratory Analysis: PFS by PD-L1, BRCA and Homologous Recombination Repair (HRR) Status

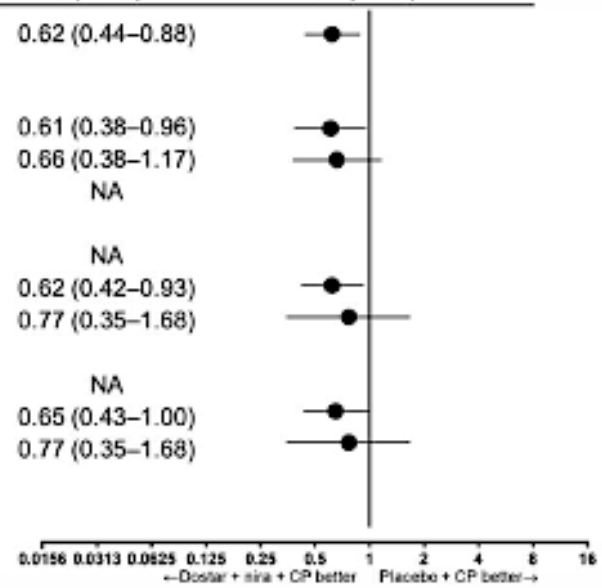
Overall population

	Dostarlimab + Niraparib + CP N=192	Placebo IV + Placebo oral + CP N=99	HR (95%CI)
	No. of patients with events/No. of patients		
All patients	95/192	69/99	0.59 (0.43–0.81)
PD-L1 Status[a]			
PD-L1+	56/123	43/62	0.56 (0.37–0.83)
PD-L1-	37/64	24/31	0.67 (0.40–1.12)
Not evaluable[b]	2/5	2/6	NA
BRCA mutation status			
Positive	1/6	3/4	NA
Negative	75/148	49/71	0.61 (0.43–0.88)
Not evaluable[b]	19/38	17/24	0.71 (0.37–1.37)
HRR mutation status[c]			
Positive	3/20	10/14	NA
Negative	73/134	42/62	0.69 (0.47–1.01)
Not evaluable[b]	19/38	17/24	0.71 (0.37–1.37)



MMRp/MSS population

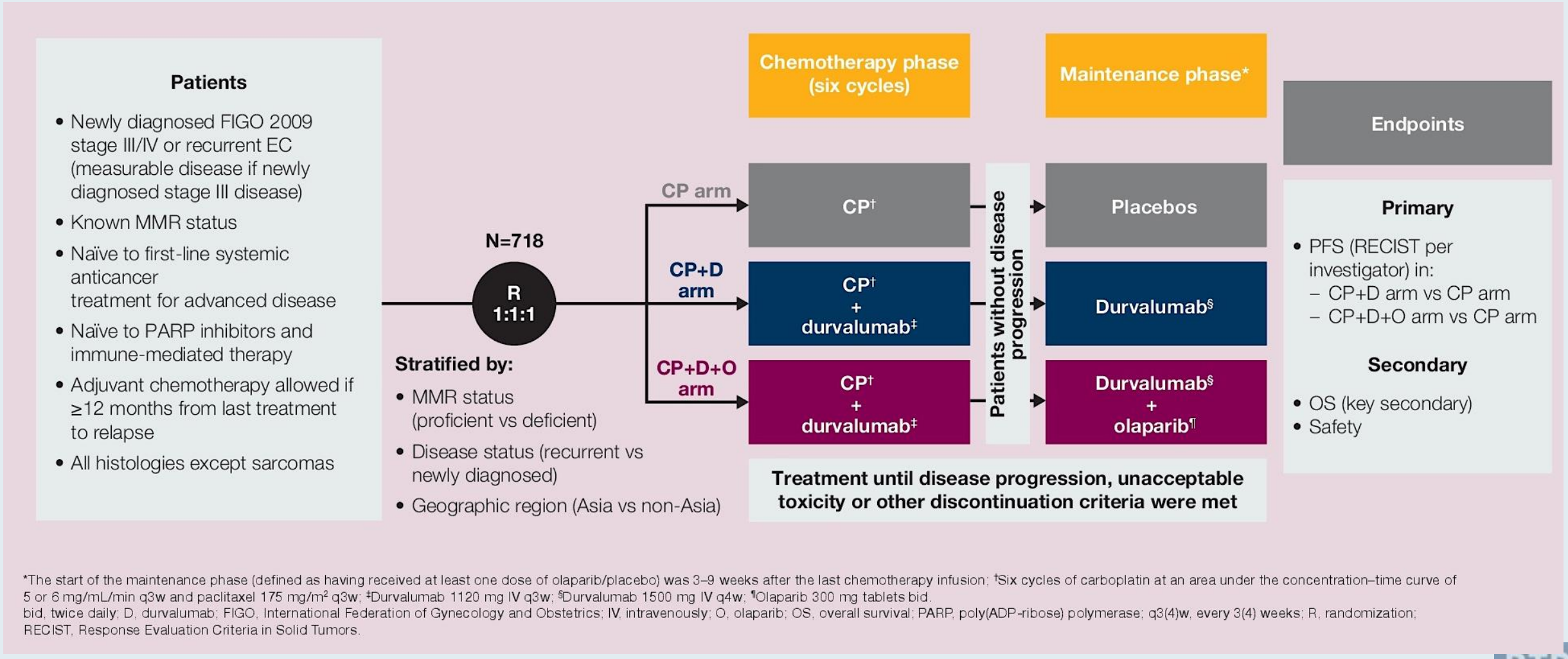
	Dostarlimab + Niraparib + CP N=142	Placebo IV + Placebo oral + CP N=74	HR (95%CI)
	No. of patients with events/No. of patients		
All patients	79/142	53/74	0.62 (0.44–0.88)
PD-L1 Status[a]			
PD-L1+	46/88	31/44	0.61 (0.38–0.96)
PD-L1-	32/53	20/26	0.66 (0.38–1.17)
Not evaluable[b]	1/1	2/4	NA
BRCA mutation status			
Positive	1/4	2/3	NA
Negative	63/113	40/55	0.62 (0.42–0.93)
Not evaluable[b]	15/25	11/16	0.77 (0.35–1.68)
HRR mutation status[c]			
Positive	3/10	8/11	NA
Negative	61/107	34/47	0.65 (0.43–1.00)
Not evaluable[b]	15/25	11/16	0.77 (0.35–1.68)



Mirza MR et al. SGO 2024.

Phase III DUO-E Study Design

Durvalumab (D) with Carboplatin (C) and Paclitaxel (P) Followed by Maintenance D with or without Olaparib (O) for Advanced Endometrial Cancer (EC)



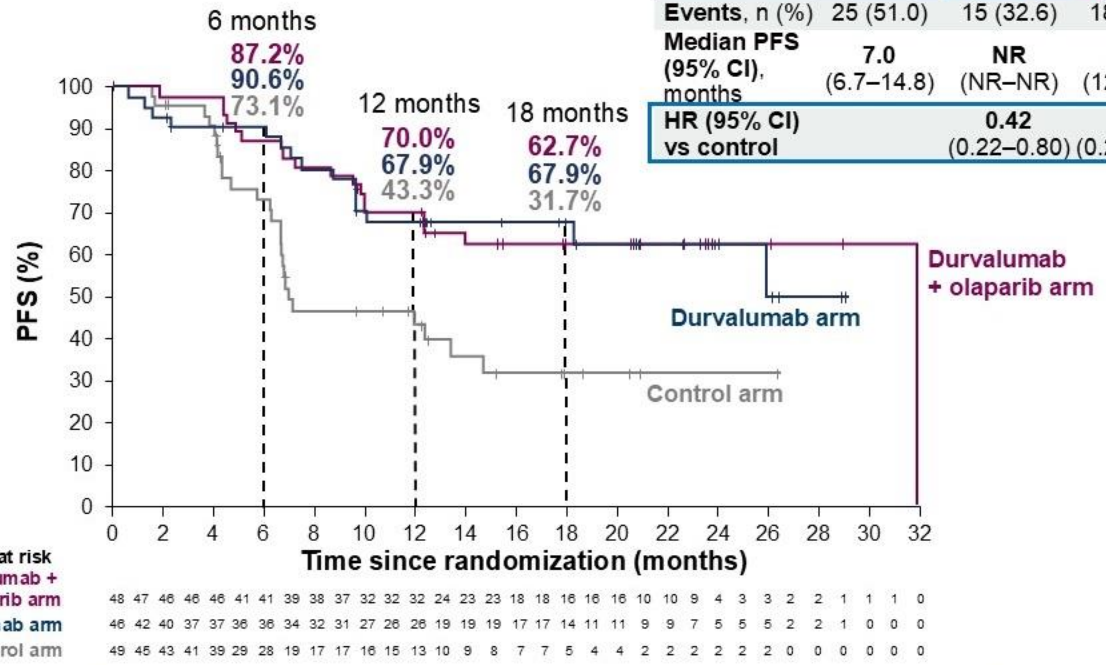
*The start of the maintenance phase (defined as having received at least one dose of olaparib/placebo) was 3–9 weeks after the last chemotherapy infusion; †Six cycles of carboplatin at an area under the concentration–time curve of 5 or 6 mg/mL/min q3w and paclitaxel 175 mg/m^2 q3w; ‡Durvalumab 1120 mg IV q3w; §Durvalumab 1500 mg IV q4w; ¶Olaparib 300 mg tablets bid.
bid, twice daily; D, durvalumab; FIGO, International Federation of Gynecology and Obstetrics; IV, intravenously; O, olaparib; OS, overall survival; PARP, poly(ADP-ribose) polymerase; q3(4)w, every 3(4) weeks; R, randomization; RECIST, Response Evaluation Criteria in Solid Tumors.

Pepin JT et al. ASCO 2024;Abstract 5599.

DUO-E: PFS by MMR Status

PFS in the dMMR subpopulation

	Control (N=49)	D arm (N=46)	D+O arm (N=48)
Events, n (%)	25 (51.0)	15 (32.6)	18 (37.5)
Median PFS (95% CI), months	**7.0** (6.7–14.8)	**NR** (NR–NR)	31.8 (12.4–NR)
HR (95% CI) vs control		**0.42** (0.22–0.80)	0.41 (0.21–0.75)



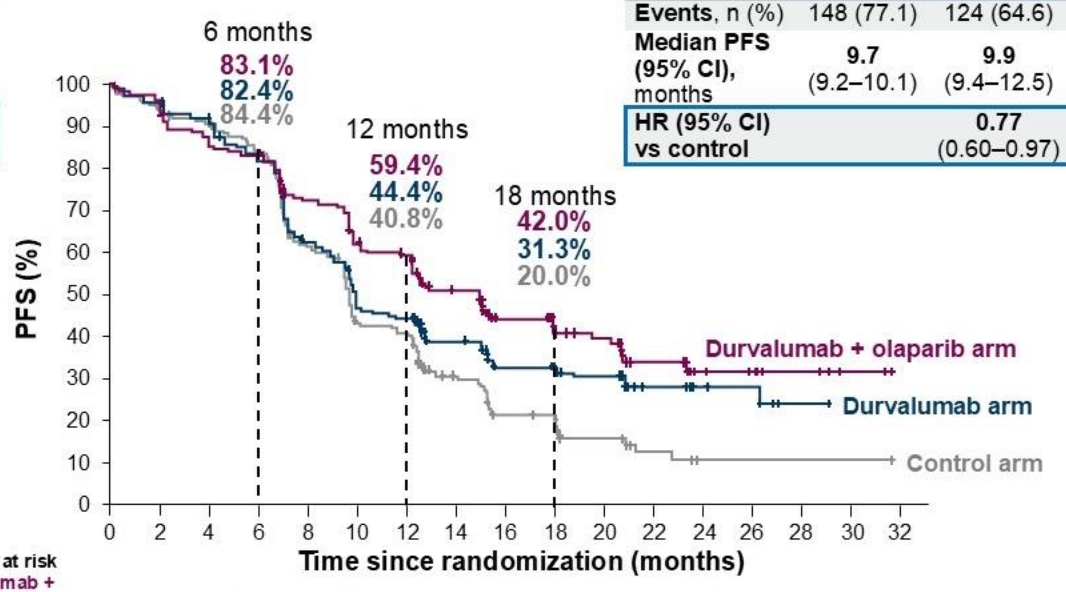
No. at risk

Durvalumab + olaparib arm	48	47	46	46	46	41	41	39	38	37	32	32	32	24	23	23	18	18	16	16	16	10	10	9	4	3	3	2	2	1	1	1	0
Durvalumab arm	46	42	40	37	37	36	36	34	32	31	27	26	26	19	19	19	17	17	14	11	11	9	9	7	5	5	5	2	2	1	0	0	0
Control arm	49	45	43	41	39	29	28	19	17	17	16	15	13	10	9	8	7	7	5	4	4	2	2	2	2	2	2	0	0	0	0	0	0

- The greatest benefit with CP + durvalumab versus CP was in the dMMR subpopulation[1]

PFS in the pMMR subpopulation

	Control (N=192)	D arm (N=192)	D+O arm (N=191)
Events, n (%)	148 (77.1)	124 (64.6)	108 (56.5)
Median PFS (95% CI), months	**9.7** (9.2–10.1)	**9.9** (9.4–12.5)	**15.0** (12.4–18.0)
HR (95% CI) vs control		**0.77** (0.60–0.97)	**0.57** (0.44–0.73)



No. at risk

Durvalumab + olaparib arm	191	185	183	168	164	159	157	141	134	132	114	109	107	77	75	72	46	46	35	32	31	20	19	19	12	11	10	5	5	4	2	2	0
Durvalumab arm	192	186	182	174	169	159	152	128	113	107	83	81	79	53	53	50	36	36	31	27	27	17	15	15	8	7	7	3	2	2	0	0	0
Control arm	192	184	178	172	170	163	156	126	113	108	77	76	73	44	40	37	25	25	21	13	13	8	7	6	1	1	1	1	1	1	1	1	0

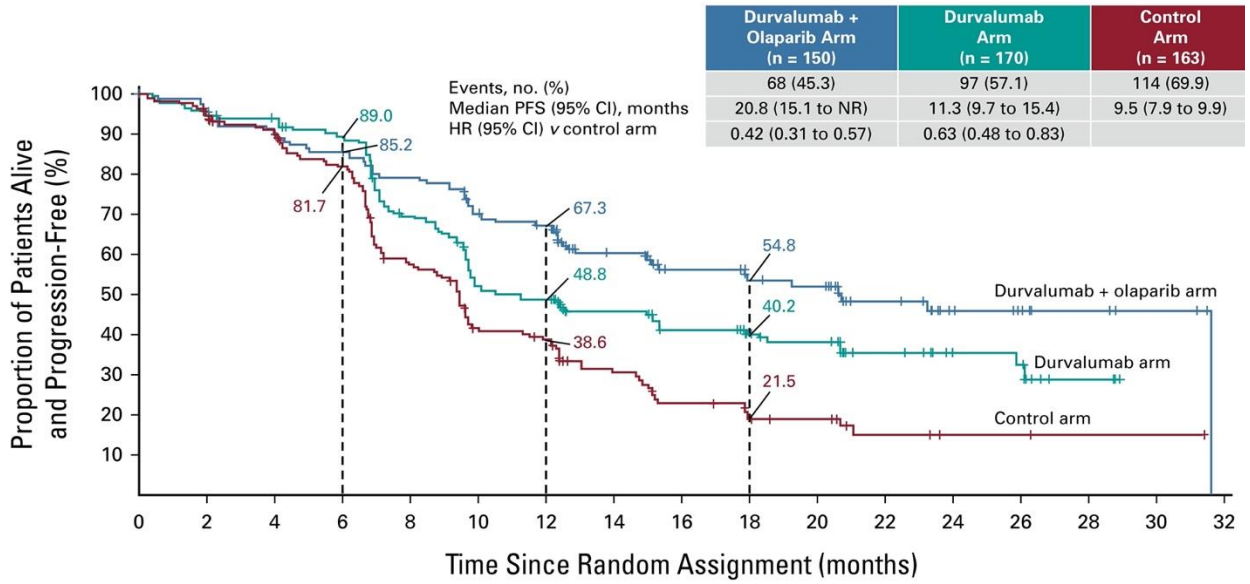
- In the pMMR subpopulation, the addition of olaparib further enhanced the PFS benefit[1]

dMMR, mismatch repair deficient; NR, not reported; pMMR, mismatch repair proficient. 1. Westin SN, et al. *J Clin Oncol* 2024;42:283–99. Kaplan–Meier figure borrowed with permission from Westin SN, et al. Durvalumab plus carboplatin/paclitaxel followed by maintenance durvalumab with or without olaparib as first-line treatment for advanced endometrial cancer: the phase III DUO-E trial. *J Clin Oncol* 2024;42:283–99: https://ascopubs.org/doi/full/10.1200/JCO.23.02132. © American Society of Clinical Oncology.

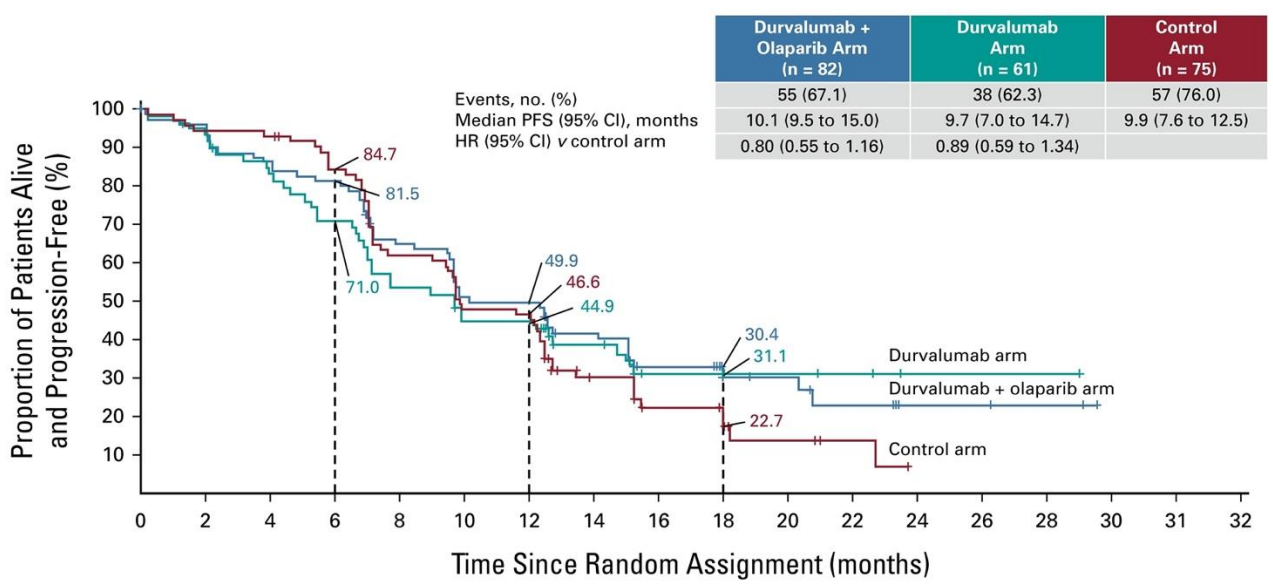
Westin SN et al. ASCO 2025;Abstract 5512.

DUO-E: PFS by PD-L1 Status

PD-L1-Positive



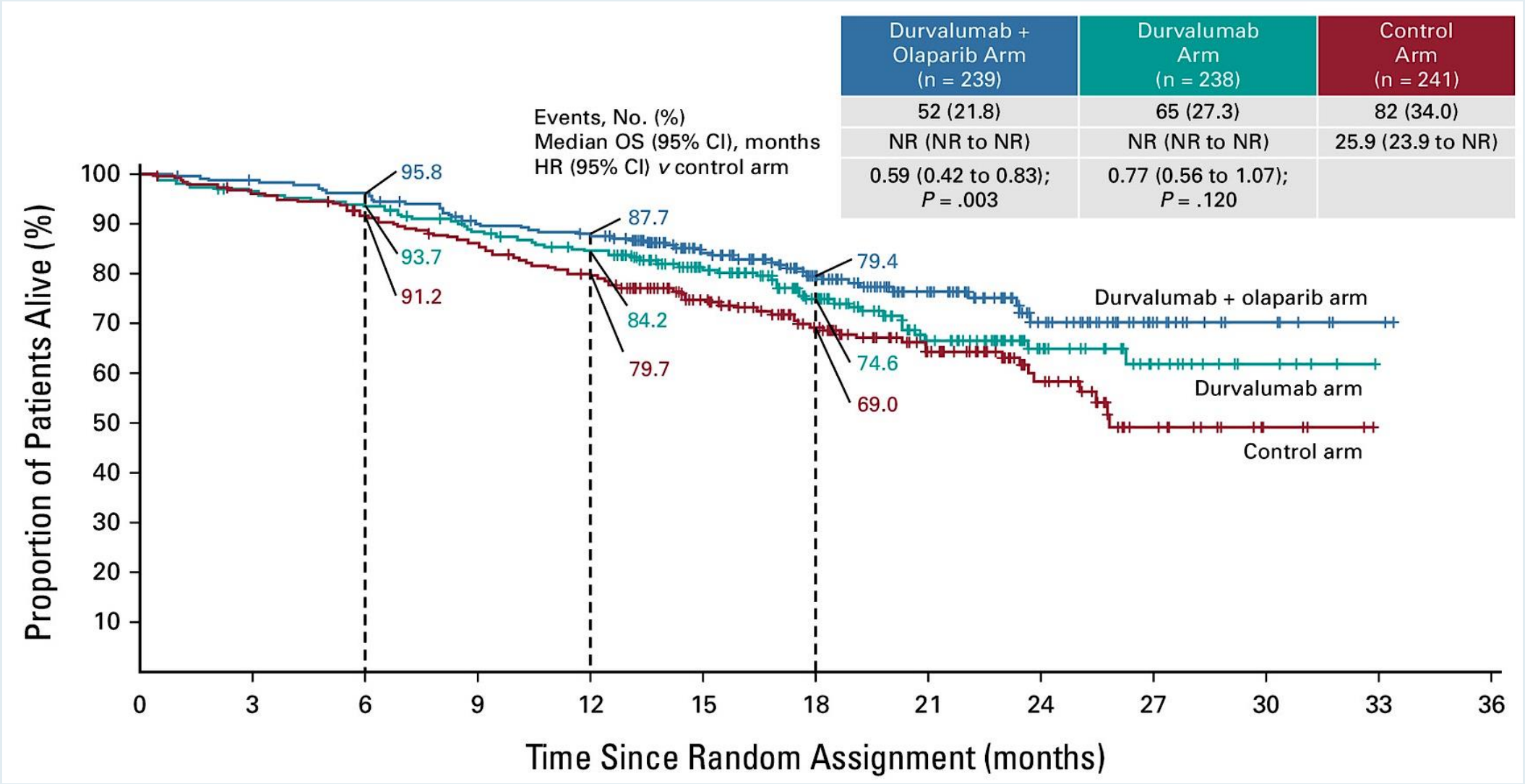
PD-L1-Negative



Westin SN et al. *J Clin Oncol* 2024 January 20;42(3):283-99.

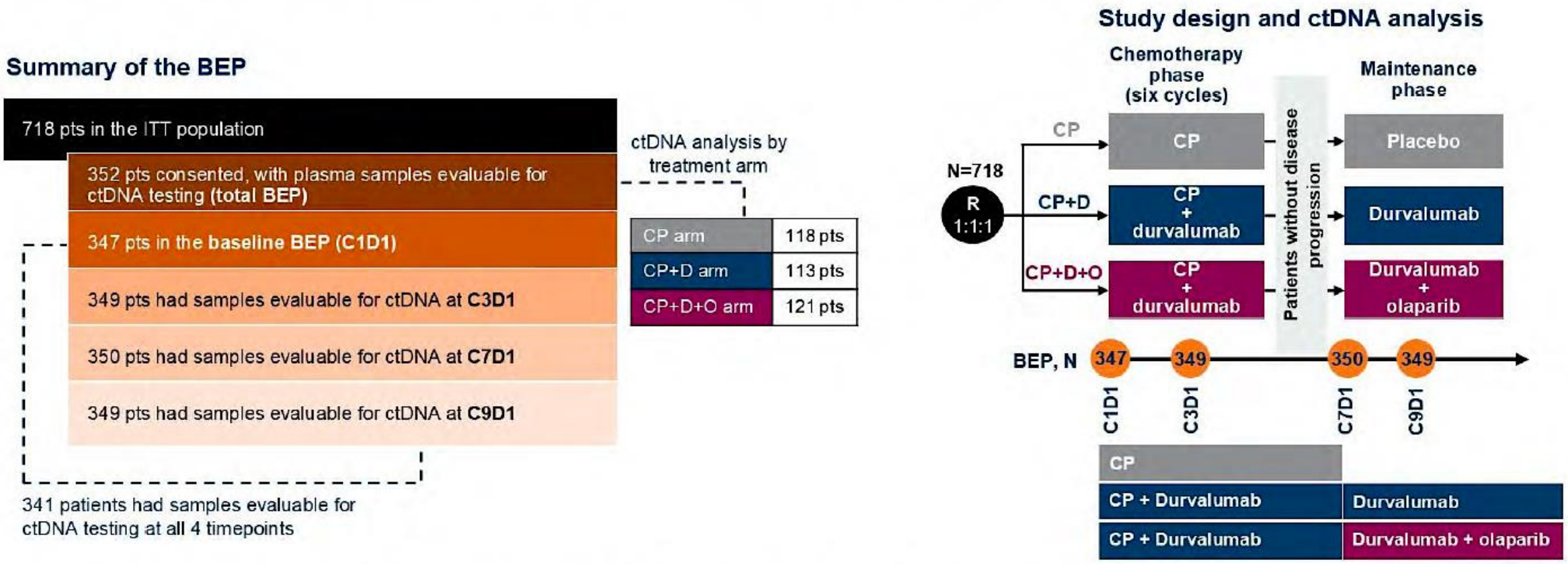
DUO-E: Interim Overall Survival

	Durvalumab + Olaparib Arm (n = 239)	Durvalumab Arm (n = 238)	Control Arm (n = 241)
Events, No. (%)	52 (21.8)	65 (27.3)	82 (34.0)
Median OS (95% CI), months	NR (NR to NR)	NR (NR to NR)	25.9 (23.9 to NR)
HR (95% CI) *v* control arm	0.59 (0.42 to 0.83); *P* = .003	0.77 (0.56 to 1.07); *P* = .120	



Westin SN et al. *J Clin Oncol* 2024 January 20;42(3):283-99.

Circulating Tumor DNA (ctDNA) Analysis in DUO-E



- Samples were collected at baseline (C1D1), during the chemotherapy phase (C3D1), prior to maintenance initiation (C7D1), and during the maintenance phase (C9D1)
- ctDNA was analyzed using the methylation-based Guardant Infinity™ assay (Guardant Health, Palo Alto, CA)

C, cycle; D, day; pts, patients

BEP = biomarker-evaluable population; ITT = intent-to-treat

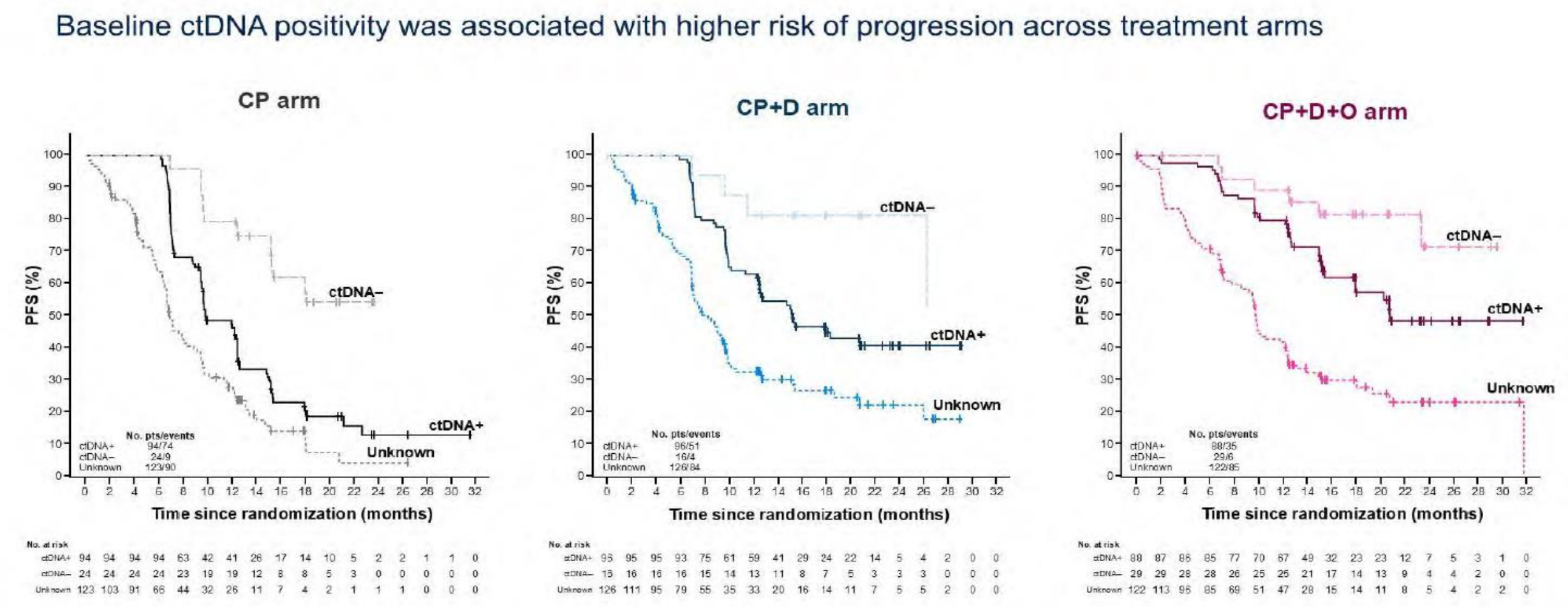
Westin S et al. ASCO 2025;Abstract 5512.

ctDNA Analysis in DUO-E: Baseline Characteristics

		ITT (N=718)			BEP (N=352)		
		CP (n=241)	CP+D (n=238)	CP+D+O (n=239)	CP (n=118)	CP+D (n=113)	CP+D+O (n=121)
Age, years	Median (range)	64 (31–85)	64 (22–84)	63 (27–86)	64 (36–85)	64 (28–78)	64 (29–84)
MMR status, n (%)	dMMR	49 (20)	46 (19)	48 (20)	14 (12)	23 (20)	28 (23)
	pMMR	192 (80)	192 (81)	191 (80)	104 (88)	90 (80)	93 (77)
ctDNA status, n (%)	ctDNA+	94 (39)	96 (40)	88 (37)	94 (80)	96 (85)	88 (73)
	ctDNA–	24 (10)	16 (7)	29 (12)	24 (20)	16 (14)	29 (24)
	Unknown	123 (51)	126 (53)	122 (51)	0 (0)	1 (1)	4 (3)
Disease type, n (%)	Newly diagnosed	115 (48)	113 (48)	114 (48)	56 (48)	60 (53)	65 (54)
	Recurrent	126 (52)	125 (53)	125 (52)	62 (53)	53 (47)	56 (46)
Region, n (%)	Asia	68 (28)	68 (29)	67 (28)	34 (29)	33 (29)	36 (30)
	Rest of the world	173 (72)	170 (71)	172 (72)	84 (71)	80 (71)	85 (70)
ECOG, n (%)	Normal activity	156 (65)	156 (66)	166 (70)	88 (75)	84 (74)	92 (76)
	Restricted activity	85 (35)	81 (34)	73 (31)	30 (25)	29 (26)	29 (24)

Westin S et al. ASCO 2025;Abstract 5512.

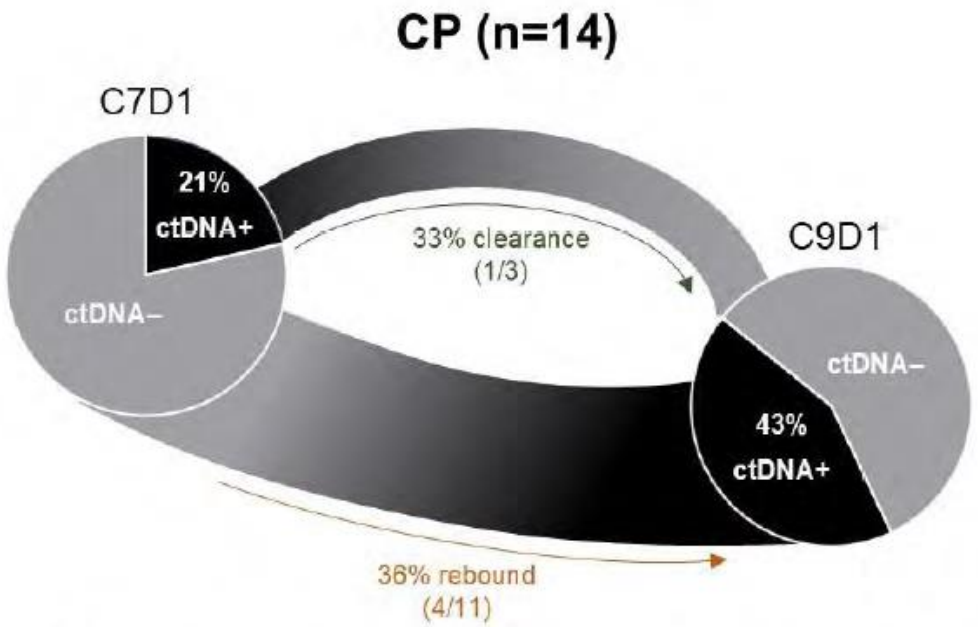
ctDNA Analysis in DUO-E: PFS by ctDNA status in ITT Population

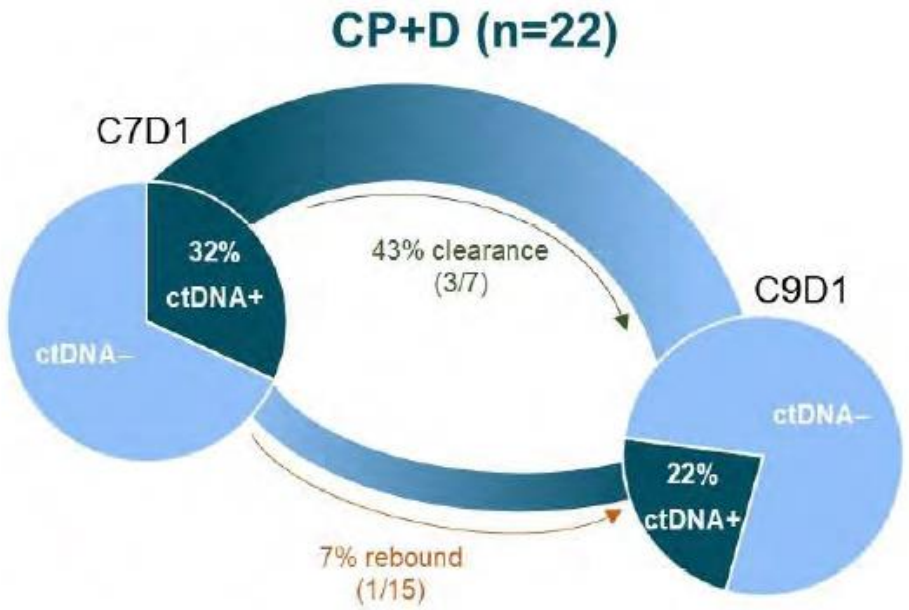


Westin S et al. ASCO 2025;Abstract 5512.

ctDNA Analysis in DUO-E: Durvalumab-Mediated ctDNA Changes During Maintenance Phase (C7D1-C9D1) in Patients with dMMR Disease

Continued durvalumab treatment maintained existing responses established during the chemotherapy phase



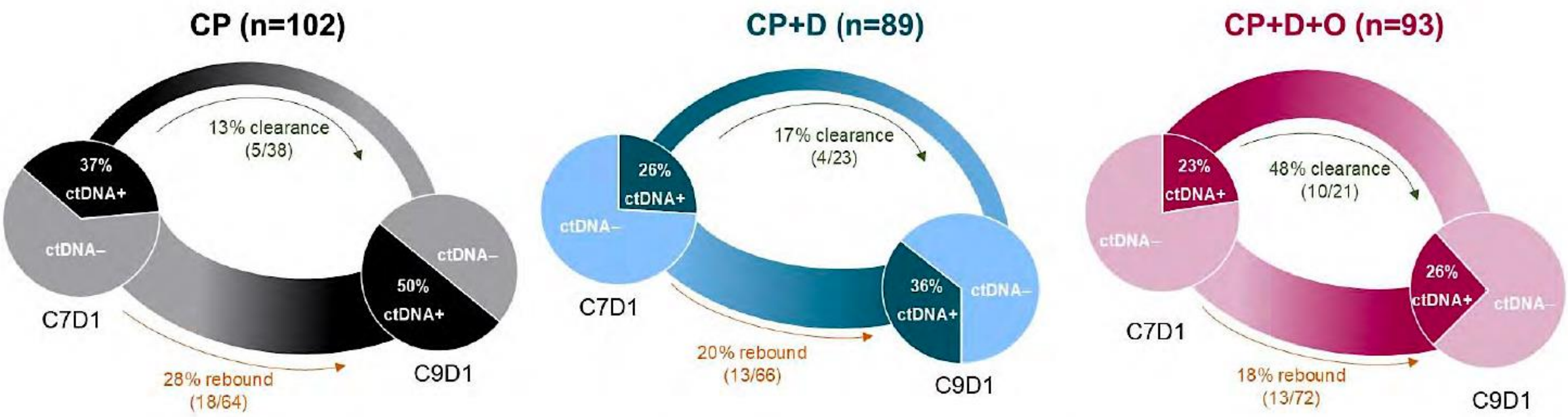


- Durvalumab led to 10% greater clearance of ctDNA between C7D1 and C9D1 within dMMR patients, vs CP arm
- Durvalumab led to 29% less ctDNA rebound between C7D1 and C9D1 within dMMR patients, vs CP arm

Westin S et al. ASCO 2025;Abstract 5512.

ctDNA Analysis in DUO-E: Durvalumab/Olaparib-Mediated ctDNA Changes During Maintenance Phase in Patients with pMMR Disease

Addition of olaparib may be driving novel anti-tumor activity in pMMR tumors not seen with durvalumab alone



- Durvalumab led to 4% more clearance of ctDNA and 8% less rebound, vs CP arm
- Addition of olaparib to durvalumab led to 35% more clearance of ctDNA and 10% less rebound, vs CP arm

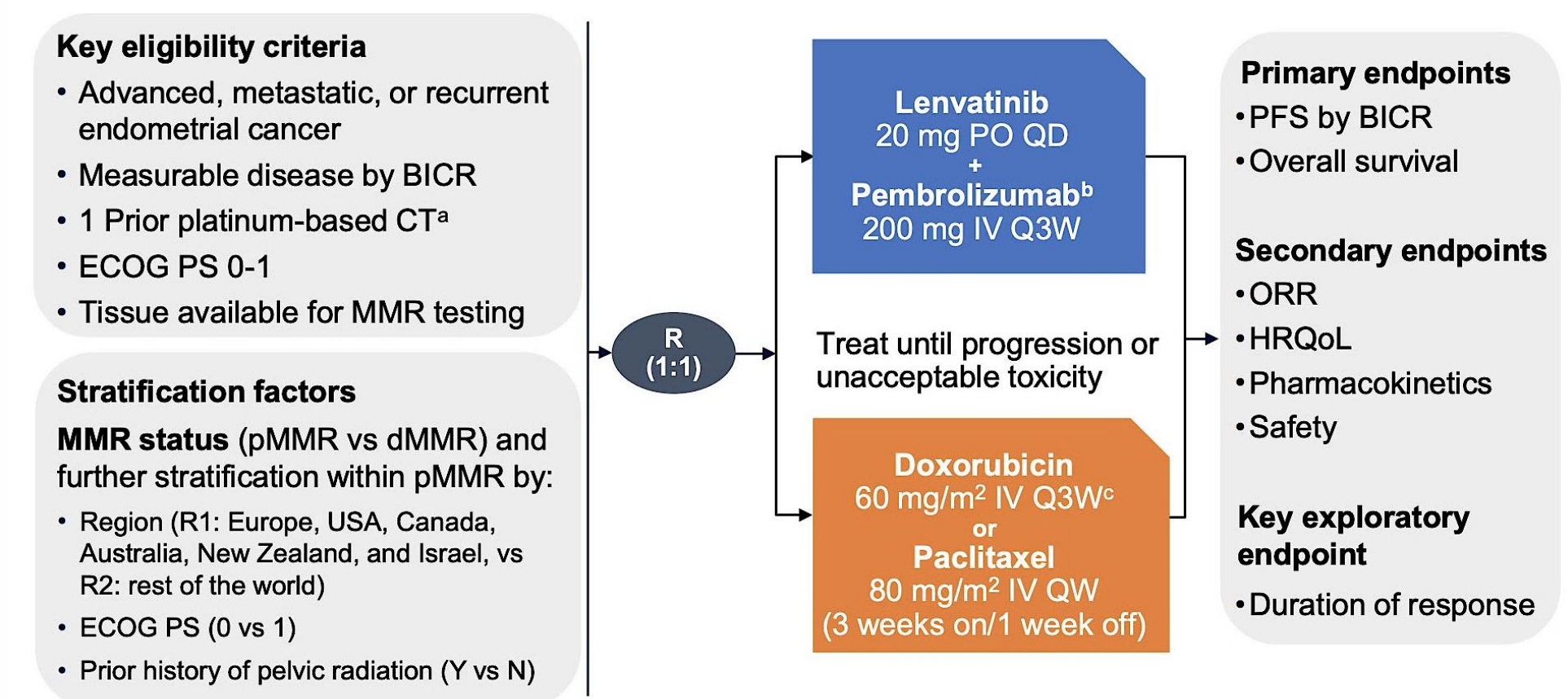
Westin S et al. ASCO 2025;Abstract 5512.

ctDNA Analysis in DUO-E: Author's Conclusions

- DUO-E met its dual primary endpoints in the ITT population
  - The greatest benefit with CP + durvalumab vs CP was observed in the dMMR population
  - The addition of olaparib maintenance to durvalumab further enhanced PFS benefit in the pMMR population
- ctDNA+ status at baseline was associated with shorter PFS in all treatment arms, compared with ctDNA– status at baseline
- The addition of durvalumab was associated with rapid reductions in ctDNA detection during chemotherapy phase and less rebound of ctDNA during maintenance phase, compared with CP arm
- The addition of maintenance olaparib was associated with additional ctDNA clearance, resulting in a further reduction of detectable ctDNA in patients with pMMR tumors
  - Addition of olaparib may be driving novel anti-tumor activity in pMMR tumors not seen with durvalumab alone

Westin S et al. ASCO 2025;Abstract 5512.

Phase III KEYNOTE-775 Study Design

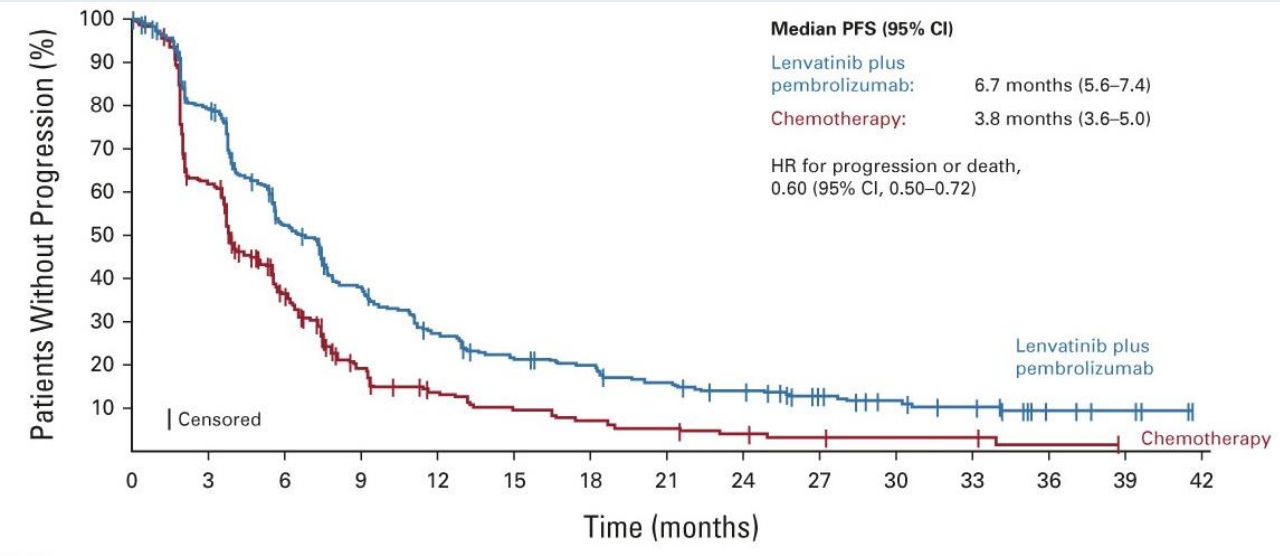


[a]Patients may have received up to 2 prior platinum-based CT regimens if 1 is given in the neoadjuvant or adjuvant treatment setting. [b]Maximum of 35 doses. [c]Maximum cumulative dose of 500 mg/m^2.
BICR, blinded independent central review; ECOG PS, Eastern Cooperative Oncology Group performance status; HRQoL, health-related quality of life; IV, intravenous; PFS, progression-free survival; pMMR, mismatch repair-proficient; ORR, objective response rate; PO, per os (by mouth); QD, once daily; Q3W, every 3 weeks; QW, once weekly.

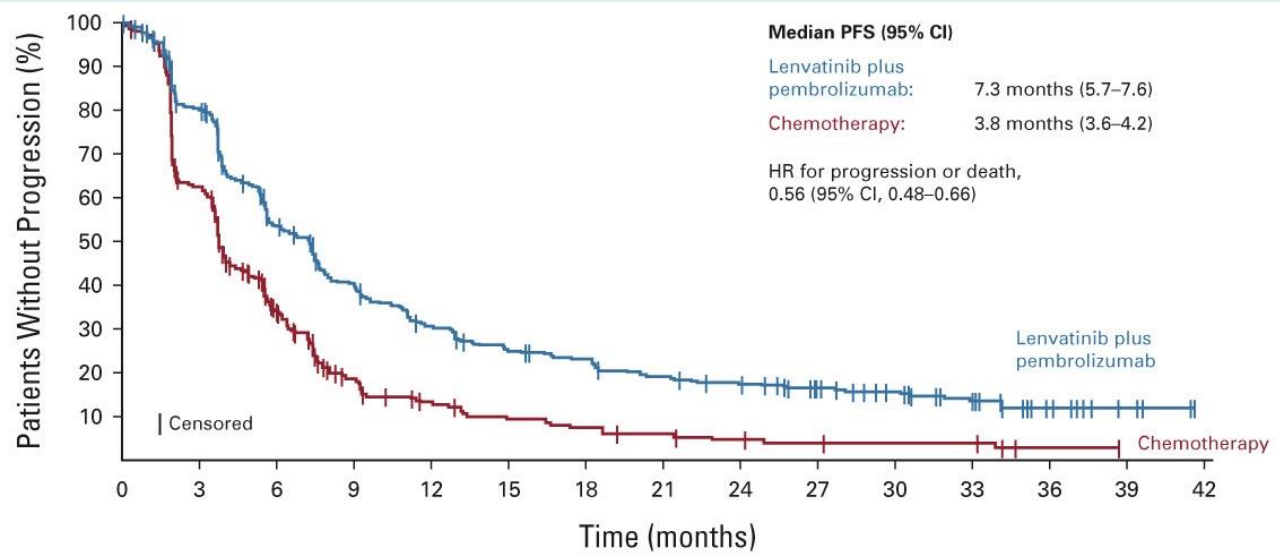
Makker V et al. SGO 2021.

Phase III KEYNOTE-775: Progression-Free Survival

pMMR Population



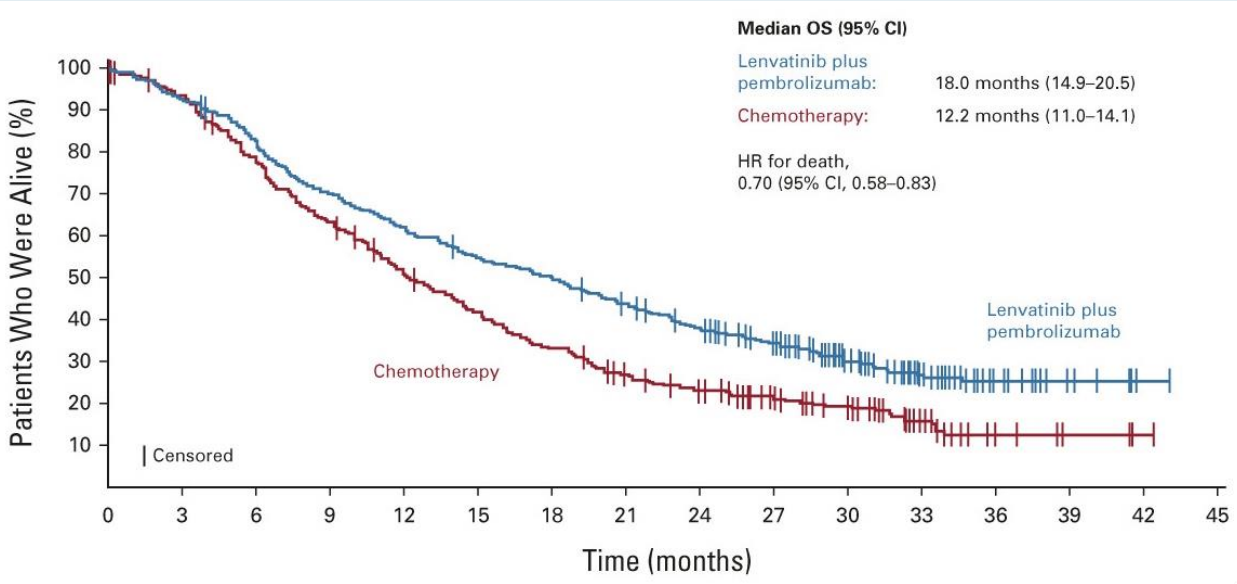
All-Comer Population



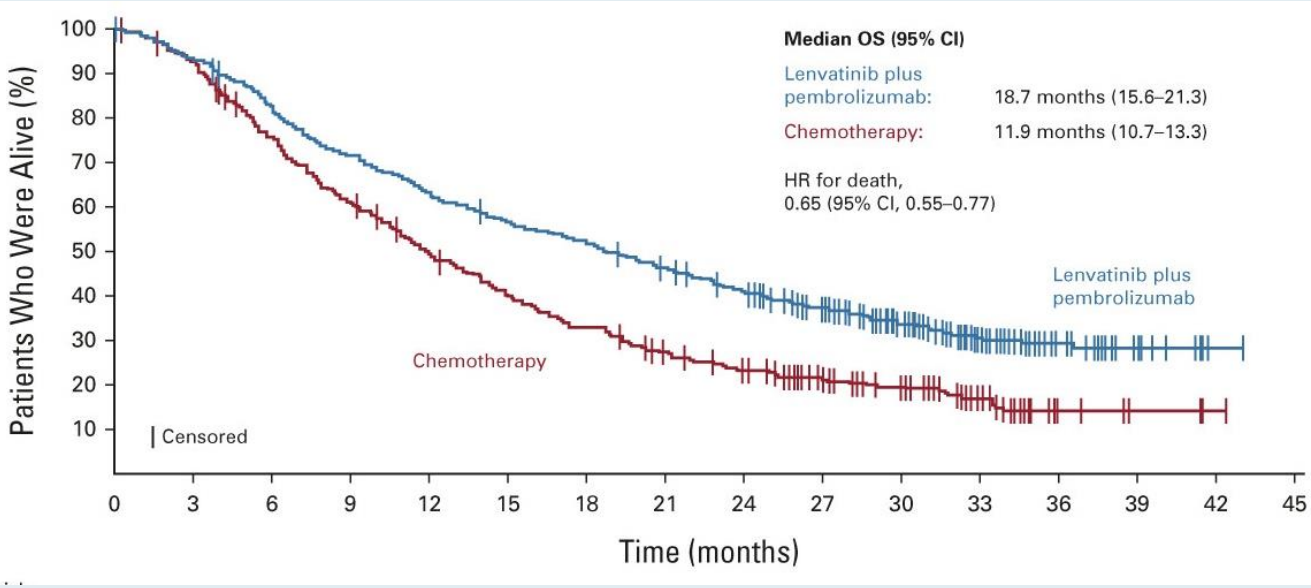
Makker V et al. *J Clin Oncol* 2023 June 1;41(16):2904-10.

Phase III KEYNOTE-775: Overall Survival

pMMR Population



All-Comer Population



Makker V et al. *J Clin Oncol* 2023 June 1;41(16):2904-10.

Phase III KEYNOTE-775: Safety

	LEN Plus Pembro (n = 406)		Chemotherapy (n = 388)	
Preferred Term[a]	Any Grade	Grade ≥ 3[b]	Any Grade	Grade ≥ 3[b]
TEAEs, No. (%)	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)
Constipation	115 (28.3)	3 (0.7)	95 (24.5)	2 (0.5)
Anemia	114 (28.1)	28 (6.9)	189 (48.7)	60 (15.5)
Urinary tract infection	112 (27.6)	17 (4.2)	40 (10.3)	4 (1.0)
Headache	107 (26.4)	2 (0.5)	35 (9.0)	1 (0.3)
Neutropenia	37 (9.1)	8 (2.0)	132 (34.0)	101 (26.0)
Alopecia	24 (5.9)	0 (0.0)	120 (30.9)	1 (0.3)
Treatment-related TEAEs, No, (%)[c]	395 (97.3)	320 (78.8)	364 (93.8)	233 (60.1)
AEOSIs, No. (%)[d]	279 (68.7)	54 (13.3)	17 (4.4)	1 (0.3)
CSAEs, No. (%)[d]	386 (95.1)	227 (55.9)	149 (38.4)	51 (13.1)

TEAEs = treatment-emergent adverse events; AEOSIs = adverse events of special interest; CSAEs = clinically significant adverse events

Makker V et al. *J Clin Oncol* 2023 June 1;41(16):2904-10.

RTP RESEARCH TO PRACTICE

Lenvatinib plus Pembrolizumab (L + P) vs Treatment of Physician's Choice (TPC) for Advanced Endometrial Cancer (EC): 5-Year Outcomes from Study 309/ KEYNOTE-775

Makker V et al.

ESMO 2025;Abstract 1119P.

POSTER SESSION 1 | SATURDAY, OCTOBER 18

First-Line Lenvatinib + Pembrolizumab (L + P) vs Chemotherapy (CT) for Advanced or Recurrent Endometrial Cancer (EC): Additional 1-Year Follow-Up Results from ENGOT-en9/LEAP-001

Marth C et al.

ESMO 2025;Abstract 1114P.

POSTER SESSION 1 | SATURDAY, OCTOBER 18

Management of Metastatic Endometrial Cancer

Introduction: A pan-tumor perspective on MSI-high disease — Immunotherapy for localized disease

Case 1: Dr Peles – 60-year-old woman

Case 2: Dr Divers – 64-year-old woman

- Data Review: Immune Checkpoint Inhibitors

Case 3: Dr Schneider – 32-year-old woman

Case 4: Dr Zafar – 82-year-old woman

Case 5: Dr Willmott – 67-year-old woman

- Data Review: HER2-Targeted Treatment

Case 6: Dr Giffi – 73-year-old woman

Case 7: Dr ElSahwi – 68-year-old woman

- Data Review: Autoimmune Toxicity with Immunotherapy
- Data Review: Novel Antibody-Drug Conjugates

RTP RESEARCH TO PRACTICE

Case Presentation: 32-year-old woman with metastatic recurrence of pMMR endometrial carcinoma has partial response to carboplatin/paclitaxel/pembrolizumab

Dr Kellie Schneider (Charlotte, North Carolina)

RTP RESEARCH TO PRACTICE

Management of Metastatic Endometrial Cancer

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- Data Review: Novel Antibody-Drug Conjugates

RTP RESEARCH TO PRACTICE

Case Presentation: 82-year-old woman with recurrent MSS endometrial carcinoma s/p chemotherapy receives pembrolizumab/lenvatinib

Dr Syed Zafar (Fort Myers, Florida)

RTP RESEARCH TO PRACTICE

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- Data Review: Novel Antibody-Drug Conjugates

RTP RESEARCH TO PRACTICE

Case Presentation: 67-year-old woman with HER2-positive metastatic uterine serous carcinoma with progression after carboplatin/paclitaxel/trastuzumab → trastuzumab maintenance receives trastuzumab deruxtecan

Dr Lyndsay Willmott (Phoenix, Arizona)

RTP RESEARCH TO PRACTICE

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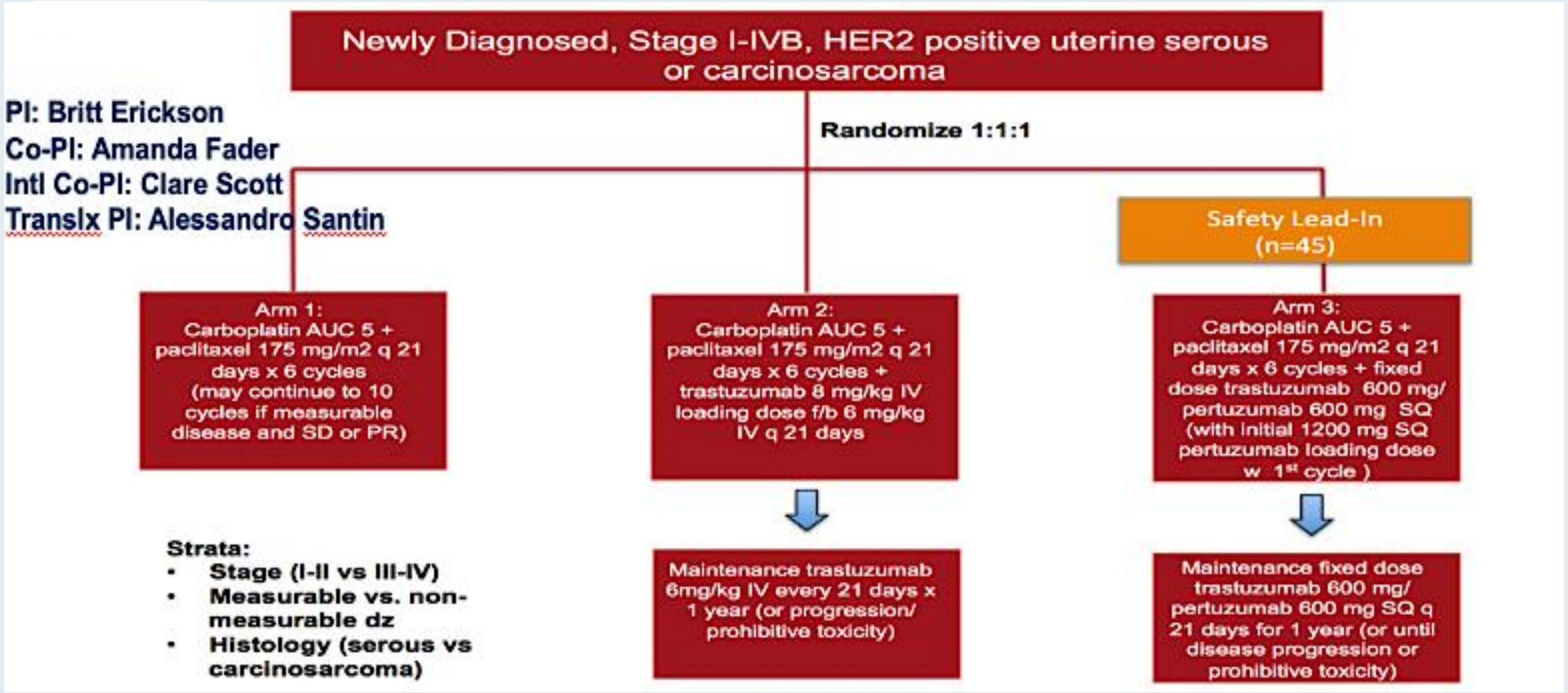
RTP RESEARCH TO PRACTICE

NRG-GY026: An Ongoing Phase II/III Trial of Paclitaxel/Carboplatin Alone or with Either Trastuzumab or Trastuzumab/Pertuzumab for HER2-Positive Endometrial Cancer



Courtesy of Matthew A Powell, MD

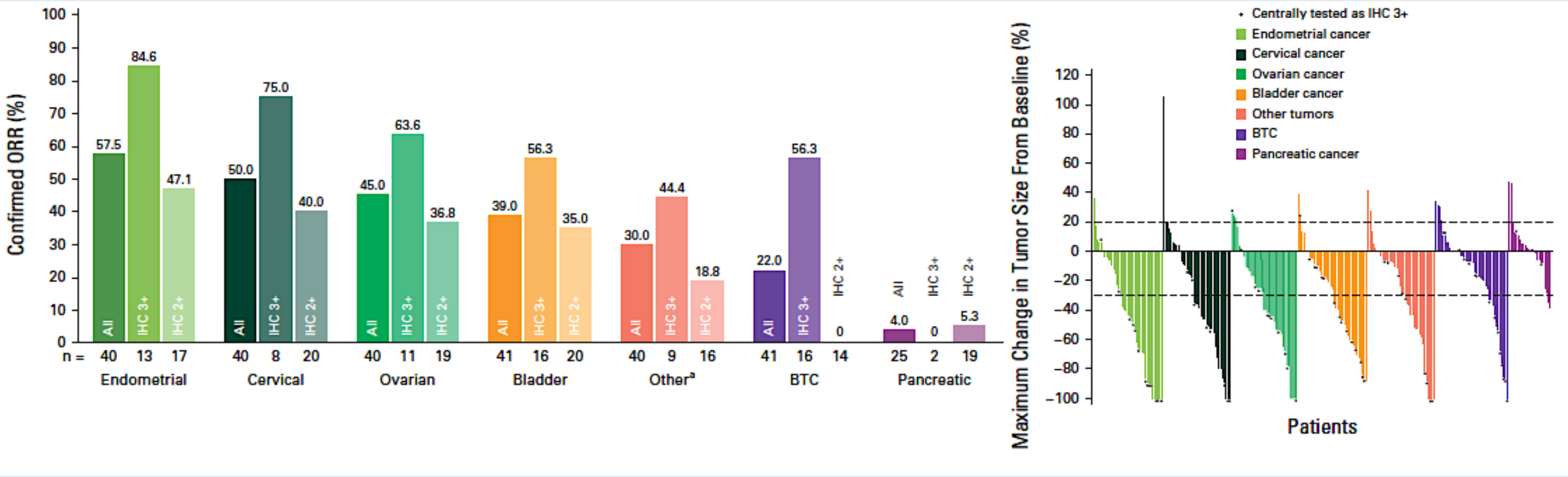
Original Reports | Gynecologic Cancer

Efficacy and Safety of Trastuzumab Deruxtecan in Patients With HER2-Expressing Solid Tumors: Primary Results From the DESTINY-PanTumor02 Phase II Trial

Funda Meric-Bernstam, MD[1]; Vicky Makker, MD[2,3]; Ana Oaknin, MD[4]; Do-Youn Oh, MD[5]; Susana Banerjee, PhD[6]; Antonio González-Martín, MD[7]; Kyung Hae Jung, MD[8]; Iwona Ługowska, MD[9]; Luis Manso, MD[10]; Aránzazu Manzano, MD[11]; Bohuslav Melichar, MD[12]; Salvatore Siena, MD[13]; Daniil Stroyakovskiy, MD[14]; Anitra Fielding, MBChB[15]; Yan Ma, MSc[16]; Soham Puvvada, MD[15]; Norah Shire, PhD[15]; and Jung-Yun Lee, MD[17]

J Clin Oncol 2024;42(1):47-58.

DESTINY-PanTumor02: A Phase II Trial of Trastuzumab Deruxtecan for Patients with HER2-Expressing Solid Tumors



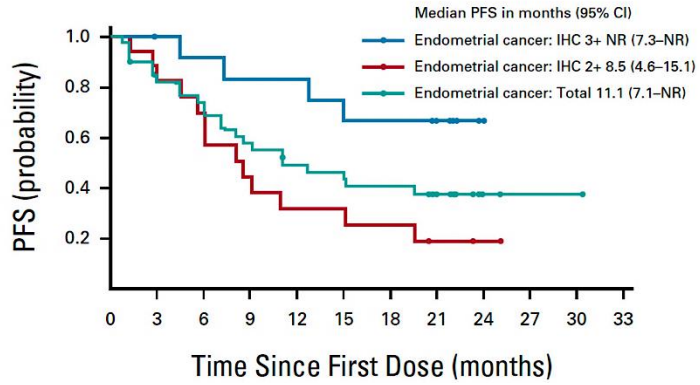
ORR = objective response rate

Meric-Bernstam F et al. *J Clin Oncol* 2024;42(1):47-58.

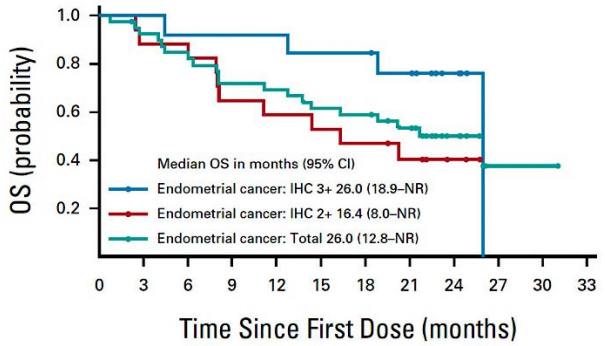
DESTINY-PanTumor02: Survival

Endometrial

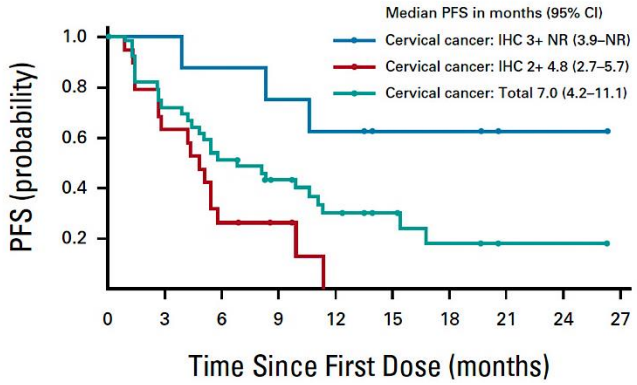
PFS

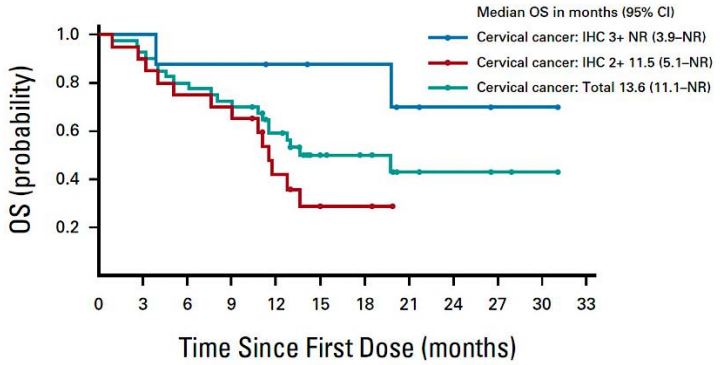


OS

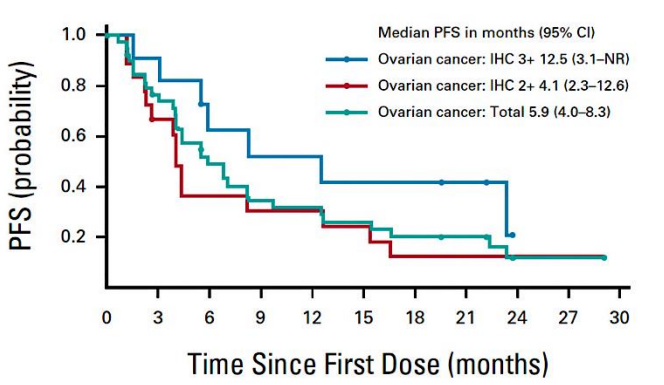


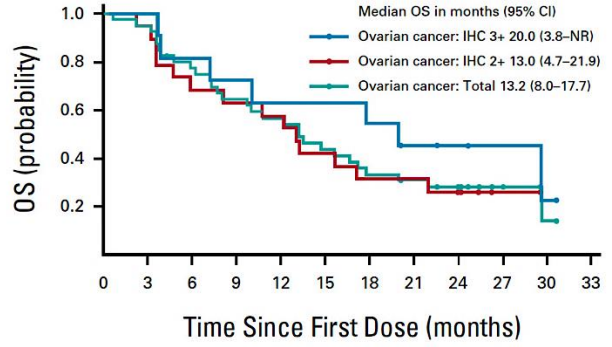
Cervical





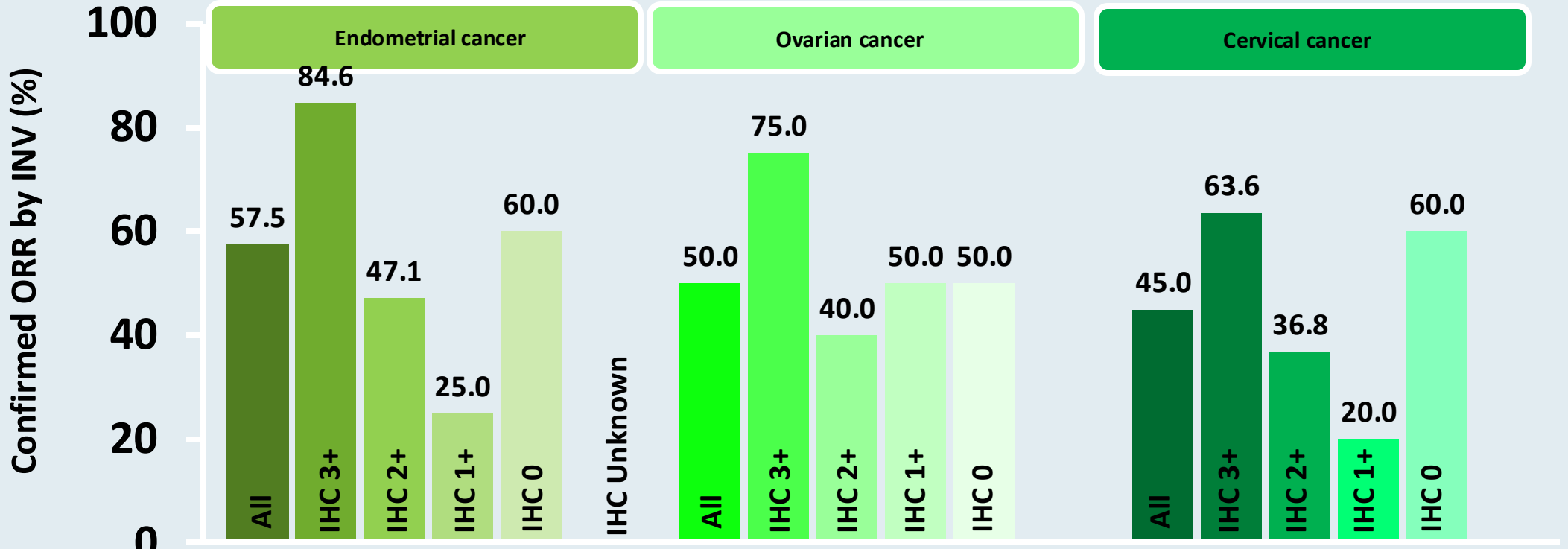
Ovarian





Meric-Bernstam F et al. *J Clin Oncol* 2024;42(1):47-58.

DESTINY-PanTumor02: Response by HER2 Expression Level (Central)



	Endometrial cancer						Ovarian cancer					Cervical cancer				
	All	IHC 3+	IHC 2+	IHC 1+	IHC 0	IHC Unknown	All	IHC 3+	IHC 2+	IHC 1+	IHC 0	All	IHC 3+	IHC 2+	IHC 1+	IHC 0
Total n in subgroup	40	13	7	4	5	1	40	8	20	8	4	40	11	19	5	5
n of responders	23	11	8	1	3	0	20	6	8	4	2	18	7	7	1	3
Median DOR, months	NR	NR	18.2	NR	9.9	–	14.2	NR	3.8	14.2	NR		11.3	22.1	11.3	8.3	4.5
95% CR	9.9, NE	9.6, NE	3.0, NE	–	2.8, NE	–		4.1, NE	9.3, NE	2.8, NE	8.3, NE	6.8, NE	4.4, 22.1	4.2, NE	2.8, NE	–	2.6, NE

INV = investigator; NR = not reached; NE = not estimable

Lee J-Y et al. International Gynecologic Cancer Society (IGCS) 2023; Makker V et al. SGO 2024.

DESTINY-PanTumor02: Adverse Events

Adverse Event	Endometrial Cancer (n = 40)	Cervical Cancer (n = 40)	Ovarian Cancer (n = 40)
Drug-related adverse events, No. (%)	36 (90.0)	36 (90.0)	34 (85.0)
Grade ≥3	14 (35.0)	19 (47.5)	21 (52.5)
Serious adverse events	4 (10.0)	3 (7.5)	11 (27.5)
Leading to discontinuation	3 (7.5)	3 (7.5)	1 (2.5)
Leading to dose modification[a]	13 (32.5)	13 (32.5)	18 (45.0)
Associated with death	2 (5.0)	0	0
Most common drug-related adverse events (>10% of total patients), No. (%)			
Nausea	29 (72.5)	26 (65.0)	22 (55.0)
Anemia	7 (17.5)	15 (37.5)	15 (37.5)
Diarrhea	16 (40.0)	15 (37.5)	8 (20.0)
Fatigue	10 (25.0)	9 (22.5)	11 (27.5)
Vomiting	16 (40.0)	10 (25.0)	7 (17.5)
Neutropenia	4 (10.0)	8 (20.0)	5 (12.5)
Decreased appetite	8 (20.0)	7 (17.5)	8 (20.0)
Asthenia	11 (27.5)	9 (22.5)	6 (15.0)
Alopecia	9 (22.5)	8 (20.0)	5 (12.5)
Thrombocytopenia	2 (5.0)	2 (5.0)	5 (12.5)

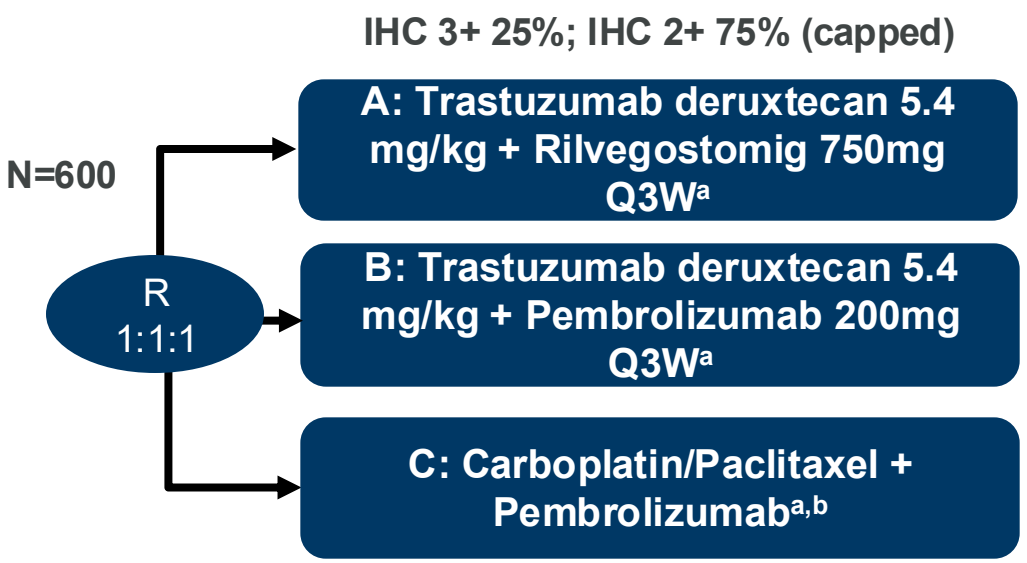
Adjudicated drug-related events of interstitial lung disease (ILD)/pneumonitis: 28 patients overall (10.5%)
Majority were low grade (grade 1, n = 7 [2.6%]; grade 2, n = 17 [6.4%]), but there were 3 fatal adjudicated drug-related cases of ILD/pneumonitis, one each in the biliary tract, endometrial and other tumors cohorts

Meric-Bernstam F et al. *J Clin Oncol* 2024;42(1):47-58.

DESTINY-Endometrial01/ GOG-3098/ ENGOT-EN24: A Phase III Study of Trastuzumab Deruxtecan Plus Rilvegostomig or Pembrolizumab as First-Line Treatment of HER2-Expressing (IHC 3+/2+), Mismatch Repair Proficient (pMMR) Endometrial Cancer

Patient Population

- HER2 expressing (IHC 3+/2+) EC by central test
- pMMR EC by central test
- Stage III, Stage IV, or recurrent, histologically-confirmed endometrial cancer
- Stage III must have measurable disease
- Any histological subtype except for sarcomas
- May have received 1 prior line of adjuvant/ neoadjuvant chemotherapy (chemotherapy and/or chemoradiation) if recurrence ≥ 6 months after last dose of chemo
- No prior exposure to ADCs or ICIs
- ECOG PS 0 or 1



Stratification factors:
- HER2 IHC 3+ vs 2+
- PD-L1 TAP ≥1% vs TAP <1%
- Asia vs Non-Asia

Endpoints

Primary:
- PFS (BICR) in ITT

Secondary:
- OS (key secondary endpoint)
- PFS (Investigator)
- ORR
- PFS2
- HRQoL

[a] Treatment will continue until objective disease progression according to RECIST v1.1 as assessed by the Investigator and confirmed by BICR or until other discontinuation criterion is met, whichever occurs first.
[b] Carboplatin AUC5, paclitaxel 175 mg/m2, and pembrolizumab 200 mg IV once Q3W x 6 cycles*, followed by maintenance with pembrolizumab 400 mg IV Q6W. Treatment with pembrolizumab will continue for up to 20 total cycles (approximately 24 months, accounting for combination and maintenance phases) or until other discontinuation criteria is met, whichever occurs first.
* At the discretion of the treating Investigator, participants may continue to receive carboplatin, paclitaxel and pembrolizumab Q3W for up to 10 cycles.

Slide Courtesy of David M O'Malley, MD

GOG FOUNDATION Transforming the standard of care
ENGOT European Network of Gynaecological Oncological Trial groups
NSGO-CTU Nordic Society of Gynaecological Oncology - Clinical Trial Unit

A Randomized Phase 3 Study of First-Line (1L) Trastuzumab Deruxtecan (T-DXd) with Rilvegostomig or Pembrolizumab in Patients with HER2-Expressing, Mismatch Repair-Proficient (pMMR), Primary Advanced or Recurrent Endometrial Cancer (EC): DESTINY-Endometrial01/GOG-3098/ENGOT-EN24

Slomovitz BM et al.

ESMO 2025;Abstract 1223TiP.

POSTER SESSION 1 | SATURDAY, OCTOBER 18

Management of Metastatic Endometrial Cancer

Introduction: A pan-tumor perspective on MSI-high disease — Immunotherapy for localized disease

Case 1: Dr Peles – 60-year-old woman

Case 2: Dr Divers – 64-year-old woman

- Data Review: Immune Checkpoint Inhibitors

Case 3: Dr Schneider – 32-year-old woman

Case 4: Dr Zafar – 82-year-old woman

Case 5: Dr Willmott – 67-year-old woman

- Data Review: HER2-Targeted Treatment

Case 6: Dr Giffi – 73-year-old woman

Case 7: Dr ElSahwi – 68-year-old woman

- Data Review: Autoimmune Toxicity with Immunotherapy
- Data Review: Novel Antibody-Drug Conjugates

RTP RESEARCH TO PRACTICE

Case Presentation: 73-year-old woman with MSS metastatic endometrial carcinoma has disease progression after multiple regimens, including IO/chemotherapy with carboplatin/ gemcitabine/pembrolizumab; biopsy: weak to moderate ER staining, FGFR and PIK3CA mutations

Dr Victoria Giffi (Hagerstown, Maryland)

RTP RESEARCH TO PRACTICE

Management of Metastatic Endometrial Cancer

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RTP RESEARCH TO PRACTICE

Case Presentation: 68-year-old woman with dMMR metastatic endometrial carcinoma receives carboplatin/paclitaxel/ pembrolizumab and develops pericarditis

Dr Karim ElSahwi (Neptune City, New Jersey)

RTP
RESEARCH
TO PRACTICE

Management of Metastatic Endometrial Cancer

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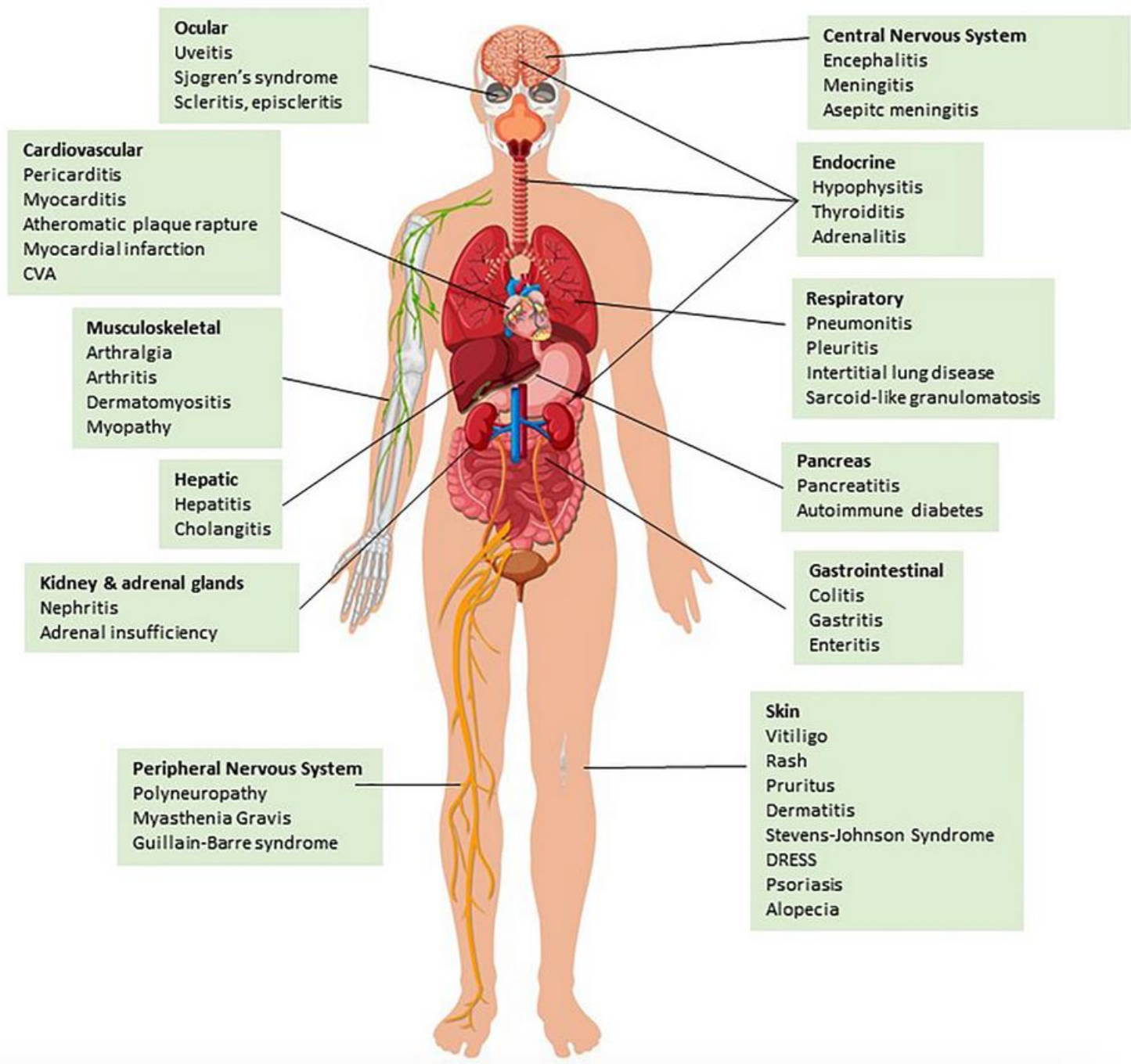
RTP RESEARCH TO PRACTICE

Immune-Related AEs Associated with Checkpoint Inhibitors



Ibis B et al. *Front Immunol* 2023;14:1197364.

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RTP RESEARCH TO PRACTICE

Targeting TROP2

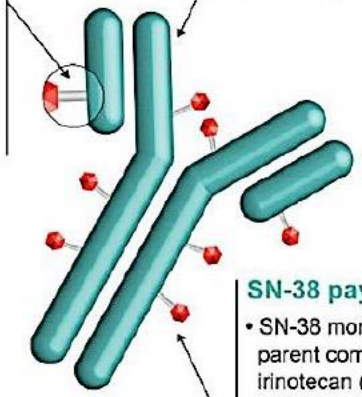
Sacituzumab govitecan

Linker for SN-38

- pH-sensitive, hydrolyzable linker for SN-38 release in targeted tumor cells and tumor microenvironment, allowing bystander effect
- High drug-to-antibody ratio (7.6:1)

Humanized anti–Trop-2 antibody

- Directed toward Trop-2, an epithelial antigen expressed on many solid cancers



SN-38 payload

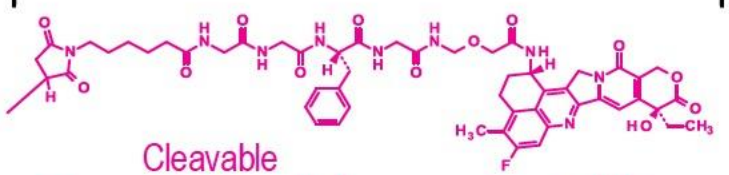
- SN-38 more potent than parent compound, irinotecan (topoisomerase I inhibitor)
- SN-38 chosen for its moderate cytotoxicity (with IC50 in the nanomolar range), permitting delivery in high quantity to the tumor

Internalization and enzymatic cleavage by tumor cell not required for SN-38 liberation from antibody

Datopotamab deruxtecan

- Payload mechanism of action: Topo-I inhibitor*
- High potency payload*
- Optimised drug to antibody ratio ≈4*†
- Payload with short systemic half-life*†
- Stable linker-payload*
- Tumour-selective cleavable linker*
- Bystander antitumour effect*

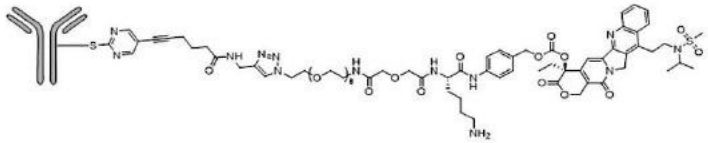
Deruxtecan



Cleavable tetrapeptide-based linker

Topo-I inhibitor payload (DXd)

Sacituzumab tirumotecan (SKB264/MK-2870)

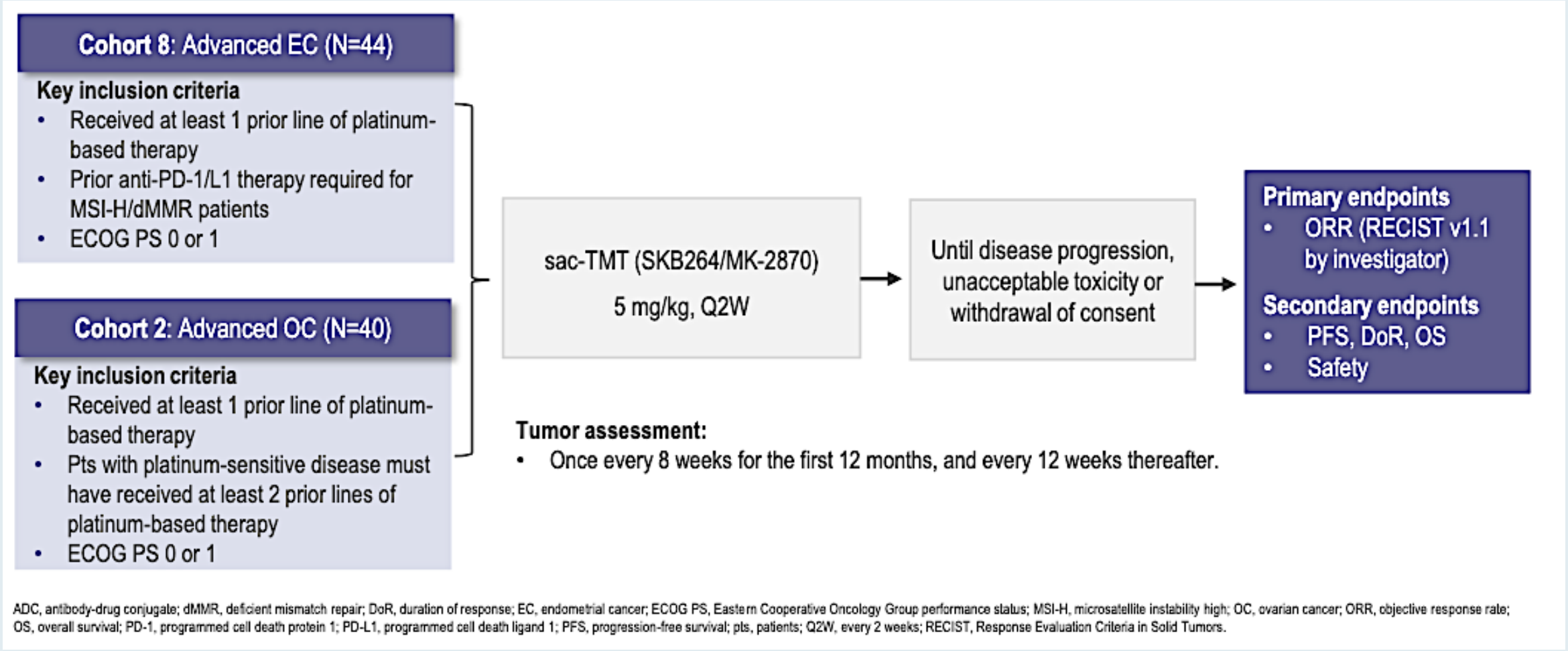


- anti-TROP2 ADC
- Sulfonyl pyrimidine-CL2A-carbonate linker
- **Payload**: belotecan-derivative topoisomerase I inhibitor
- **DAR**: 7.4

Courtesy of Rebecca A Dent, MD, MSc

KL264-01 Phase II Study Design: Endometrial and Ovarian Cohorts

Sacituzumab Tirumotecan (sac-TMT) for Locally Advanced, Refractory Metastatic Solid Tumors



ADC, antibody-drug conjugate; dMMR, deficient mismatch repair; DoR, duration of response; EC, endometrial cancer; ECOG PS, Eastern Cooperative Oncology Group performance status; MSI-H, microsatellite instability high; OC, ovarian cancer; ORR, objective response rate; OS, overall survival; PD-1, programmed cell death protein 1; PD-L1, programmed cell death ligand 1; PFS, progression-free survival; pts, patients; Q2W, every 2 weeks; RECIST, Response Evaluation Criteria in Solid Tumors.

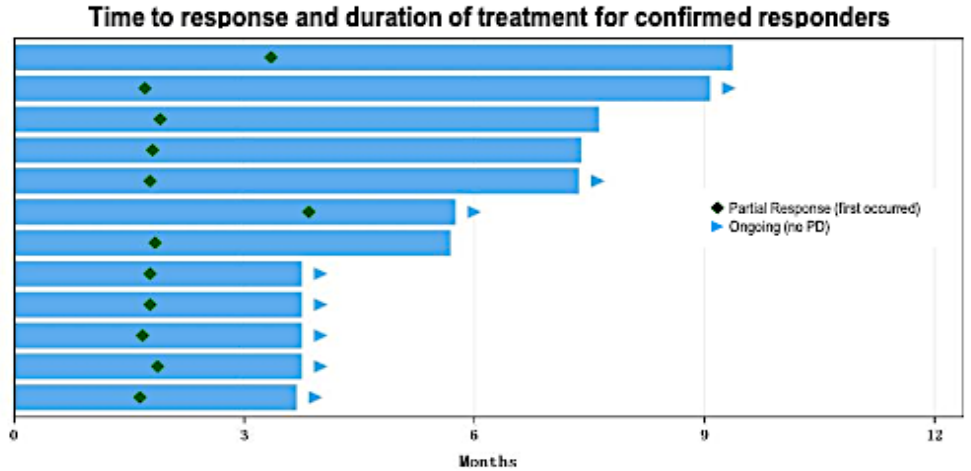
Wang D et al. ESMO 2024;Abstract 715MO.

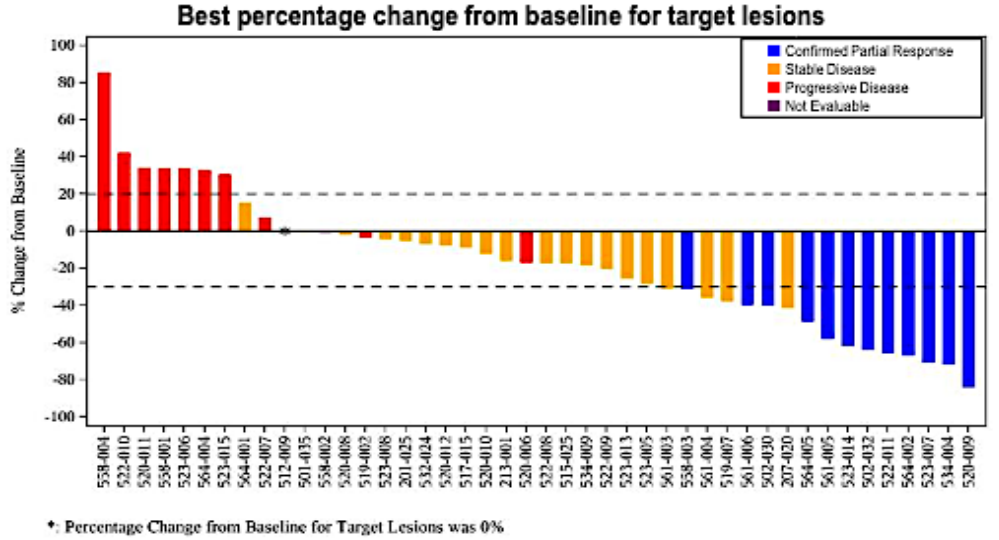
KL264-01 Phase II: Preliminary Efficacy with Sacituzumab Tirumotecan for Endometrial Cancer

	EC (N = 44)[a]
ORR, % (n/N)	**34.1 (15/44)[b]**
Confirmed ORR	27.3 (12/44)
Subgroups	
TROP2 H-score >200	41.7 (5/12)
Prior IO	37.5 (6/16)
DCR, % (n/N)	**75.0 (33/44)**
PR	34.1 (15/44)
SD	40.9 (18/44)
DoR	
Median (range), months	5.7 (3.8, 7.4+)
PFS	
Median (95% CI), months	5.7 (3.7, 9.4)

a. Responses assessed per RECIST v1.1 by investigator.
b. Two patients with unconfirmed response were still receiving treatment at the data cutoff date.

CI, confidential interval; DCR, disease control rate; DoR, duration of response; EC, endometrial cancer; IO, immunotherapy; ORR, objective response rate; PFS, progression-free survival; PR, partial response; RECIST, Response Evaluation Criteria in Solid Tumors; SD, stable disease; TROP2, trophoblast cell surface antigen 2.





*: Percentage Change from Baseline for Target Lesions was 0%

Data cutoff: March 05, 2024.

Wang D et al. ESMO 2024;Abstract 715MO.

KL264-01 Phase II: Preliminary Safety with Sacituzumab Tirumotecan for Endometrial Cancer

% (n)	EC (N = 44)[a]		OC (N = 40)[a]	
TRAEs	100% (44)		100% (40)	
Grade ≥3 TRAEs	72.7% (32)		67.5% (27)	
Serious TRAEs	20.5% (9)		37.5% (15)	
TRAEs leading to discontinuation[b]	2.3% (1)		12.5% (5)	
TRAE preferred term	**All grades**	**Grade ≥3[c]**	**All grades**	**Grade ≥3[c]**
Anemia	88.6% (39)	29.5% (13)	85.0% (34)	35.0% (14)
WBC decreased	81.8% (36)	40.9% (18)	60.0% (24)	22.5% (9)
Neutrophil count decreased	65.9% (29)	43.2% (19)	57.5% (23)	30.0% (12)
Stomatitis	38.6% (17)	13.6% (6)	57.5% (23)	15.0% (6)
Vomiting	36.4% (16)	0	40.0% (16)	0
Alopecia	34.1% (15)	0	45.0% (18)	0
Nausea	27.3% (12)	0	42.5% (17)	2.5% (1)
Platelet count decreased	25.0% (11)	6.8% (3)	42.5% (17)	7.5% (3)
Rash	15.9% (7)	2.3% (1)	32.5% (13)	2.5% (1)

a. Both cohorts received sac-TMT treatment at a dosage of 5 mg/kg (Q2W).
b. TRAEs leading to discontinuation: EC cohort - neutrophil count decreased. OC cohort (n=1 each): myocardial infarction, mucosal inflammation, hypokalemia, hypersensitivity and hematologic toxicity.
c. Additional grade ≥3 TRAES with incidence ≥5%: EC cohort - none. OC cohort- neutropenia (10.0%), malaise (5.0%), mucosal inflammation (5.0%), amylase increased (5.0%), lymphocyte count decreased (5.0%) and hypokalemia (5.0%).

EC, endometrial cancer; ILD, interstitial lung disease; OC, ovarian cancer; TRAE, treatment-related adverse event; WBC, white blood cell.

- The most common hematologic toxicities were anemia, WBC decreased and neutrophil count decreased.
- The most common gastrointestinal toxicities were stomatitis, vomiting and nausea. Incidence rates diarrhea among TRAEs were 2.3% and 10.0% in EC and OC cohorts.
- No TRAEs led to death.
- No drug-related ILD/pneumonitis.

Data cutoff: March 05, 2024.

Wang D et al. ESMO 2024;Abstract 715MO.

Sacituzumab Tirumotecan (Sac-TMT) Monotherapy in Advanced/Metastatic Endometrial Carcinoma (EC): Results from a Phase 1/2 Study (MK-2870-001/KL264-01)

Wang K et al.

ESMO 2025;Abstract 1111P.

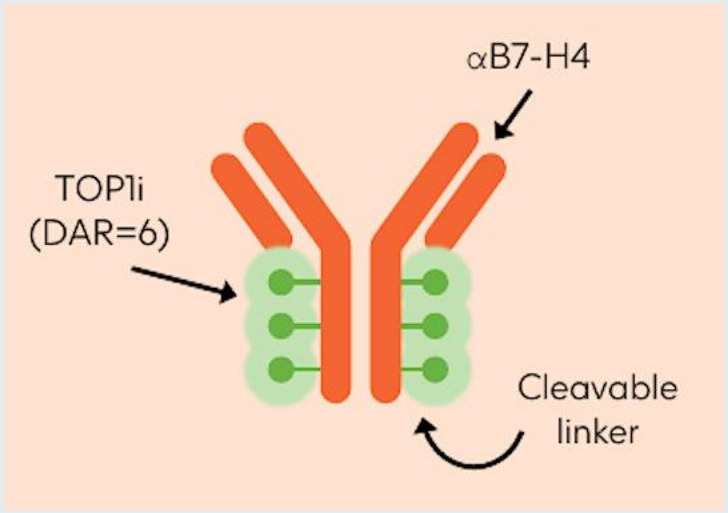
POSTER SESSION 1 | SATURDAY, OCTOBER 18

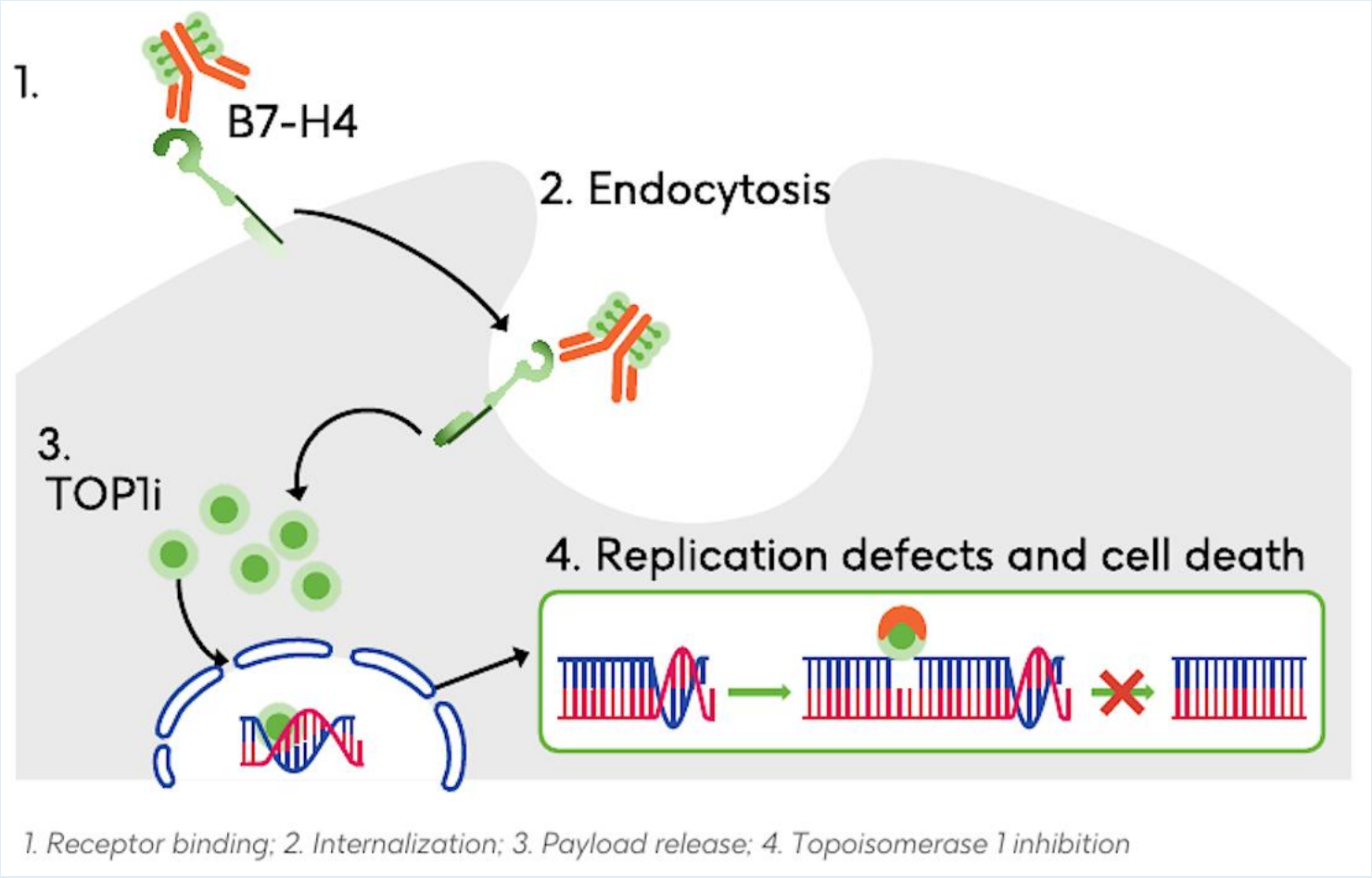
Ongoing Phase III Trials of Sacituzumab Tirumotecan for Endometrial Cancer

Trial identifier	Study population	Treatment arms	Estimated primary completion date
TroFuse-005 (NCT06132958)	After platinum and immunotherapy	• Sacituzumab tirumotecan • Chemotherapy	January 2028
TroFuse-033 (NCT06952504)	MMR proficient, first line	Pembrolizumab + chemotherapy followed by maintenance: • Sacituzumab tirumotecan + pembrolizumab • Pembrolizumab	May 2032

www.clinicaltrials.gov. Accessed October 2025.

GSK5733584: A B7-H4-Targeted Antibody-Drug Conjugate



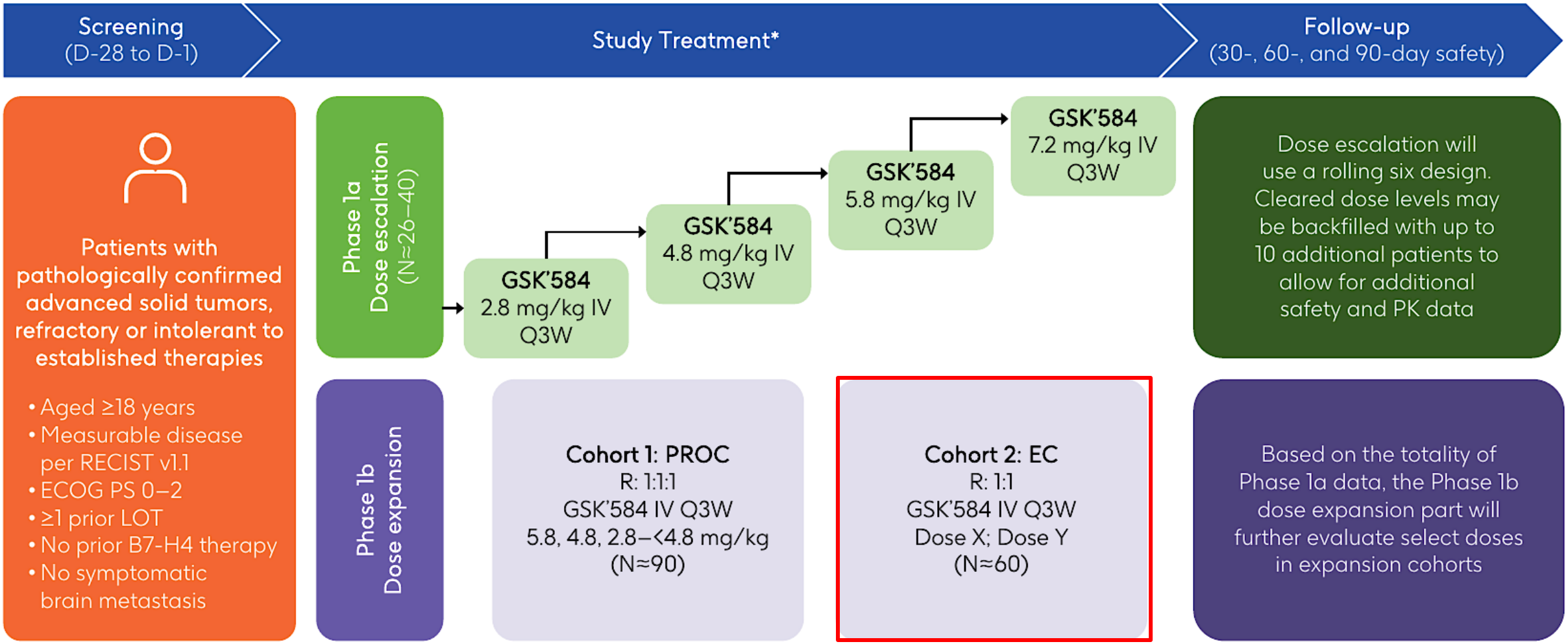


1. Receptor binding; 2. Internalization; 3. Payload release; 4. Topoisomerase 1 inhibition

McKean W et al. SGO 2025;Abstract 1124.

GSK5733584: Phase I Study Design

- Two-part, multiregional, open-label, Phase I dose escalation and dose expansion study.



*Treatment received until progression, unacceptable toxicity, loss-to-follow-up, or death.

McKean W et al. SGO 2025;Abstract 1124.

Contributing General Medical Oncologists

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RTP
RESEARCH
TO PRACTICE

Practical Perspectives: Experts Review Actual Cases of Patients with HER2-Positive Gastrointestinal Cancers

A CME/MOC-Accredited Live Webinar

Tuesday, October 21, 2025
5:00 PM – 6:00 PM ET

Faculty

Tanios Bekaii-Saab, MD
Kristen K Ciombor, MD, MSCI

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Thank you for joining us!

Please take a moment to complete the survey currently up on Zoom. Your feedback is very important to us. The survey will remain open for 5 minutes after the meeting ends.

Information on how to obtain CME, ABIM MOC and ABS credit is provided in the Zoom chat room. Attendees will also receive an email in 1 to 3 business days with these instructions.

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RESEARCH TO PRACTICE