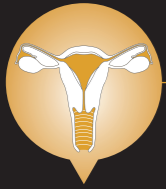


Standard of Care for the Treatment of Endometrial Cancer: Change Is Afoot

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<https://doi.org/10.33590/emjoncol/10308081>.

This infographic was funded by a medical educational grant from GSK, with the purpose of enhancing the fundamental understanding of oncology specialists of key data and the latest advancements in endometrial cancer care.



Endometrial cancer is the most common gynaecological cancer in high-income countries and its incidence is increasing worldwide.¹



Standard first-line chemotherapy for endometrial cancer is paclitaxel plus carboplatin.²



The combination of chemotherapy and immunotherapy may have synergistic effects in the treatment of endometrial cancer.³

NCCN Guidelines: Systemic Therapy Standard of Care for Endometrial Cancer⁴



Primary or Adjuvant Therapy

Systemic Therapy (Preferred Regimens)

- Carboplatin/paclitaxel

- Carboplatin/paclitaxel/trastuzumab (stage III/IV HER2+ uterine serous carcinoma)
- Carboplatin/paclitaxel/trastuzumab (stage III/IV HER2+ carcinosarcoma) (category 2B)



Recurrent Disease

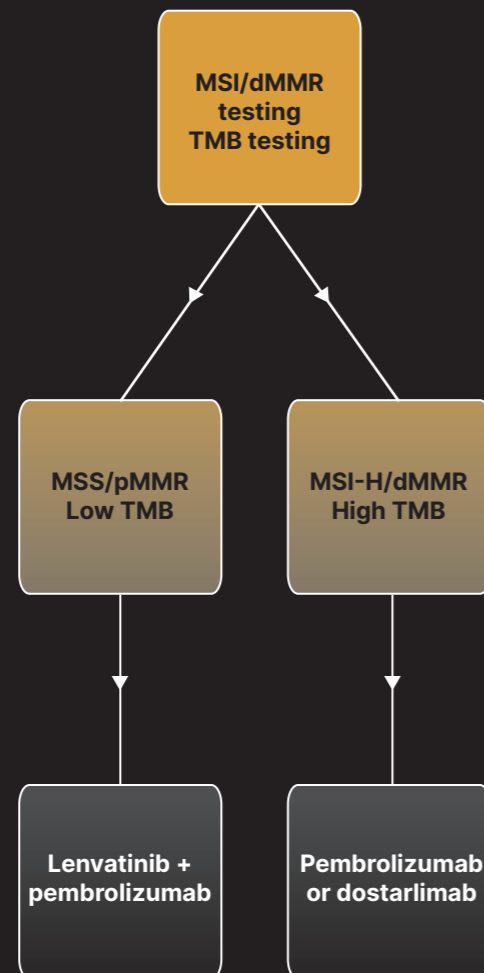
First-Line Therapy

- Lenvatinib/pembrolizumab (category 1) for pMMR tumours
- Pembrolizumab (category 1) for TMB-H or MSI-H/dMMR tumours

Second-Line or Subsequent Line Therapy

- Lenvatinib/pembrolizumab (category 1) for pMMR tumours
- Pembrolizumab (category 1) for TMB-H or MSI-H/dMMR tumours
- Dostarlimab for dMMR/MSI-H (category 1)
- Larotrectinib or entrectinib for NTRK gene fusion-positive tumours (category 2B)
 - Avelumab for dMMR/MSI-H tumours
 - Nivolumab for dMMR/MSI-H tumours

Current Treatment Algorithm for Recurrent Endometrial Cancer⁴



Clinically Meaningful PFS Benefit in RUBY³ and NRG-GY018²

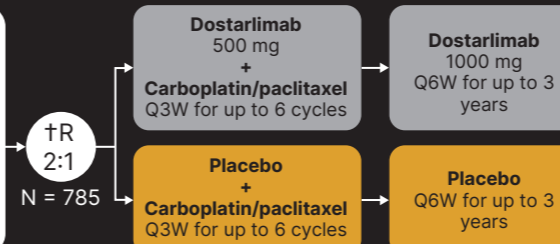
- Phase III randomised controlled trials evaluating first-line immunotherapy in combination with chemotherapy in patients with advanced or recurrent endometrial cancer:

- RUBY with dostarlimab³
- NRG-GY0183 with pembrolizumab²

- Clinically meaningful PFS benefit of dostarlimab or pembrolizumab in combination with chemotherapy versus standard of care chemotherapy was seen, regardless of MMR status

Phase III RUBY³: Dostarlimab plus chemotherapy

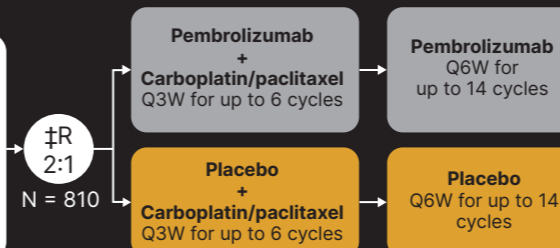
- Key Inclusion Criteria**
- Advanced or recurrent EC
 - Naïve to systemic therapy or had been treated with systemic therapy and had recurred or progressed ≥6 mo after completion of treatment
 - ECOG PS 0 or 1



- Primary endpoints: PFS, OS

Phase III NRG-GY018²: Pembrolizumab plus chemotherapy

- Key Inclusion Criteria**
- Advanced or recurrent EC
 - No previous chemotherapy for EC (previous adjuvant chemotherapy allowed if completed ≥12 mo ago)
 - ECOG PS 0, 1, or 2

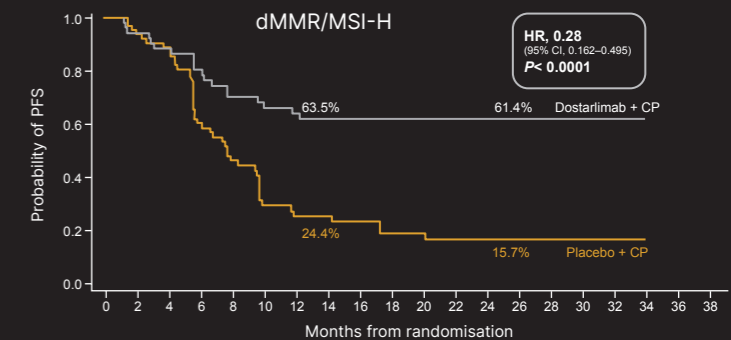


- Primary endpoints: PFS in dMMR, PFS in pMMR

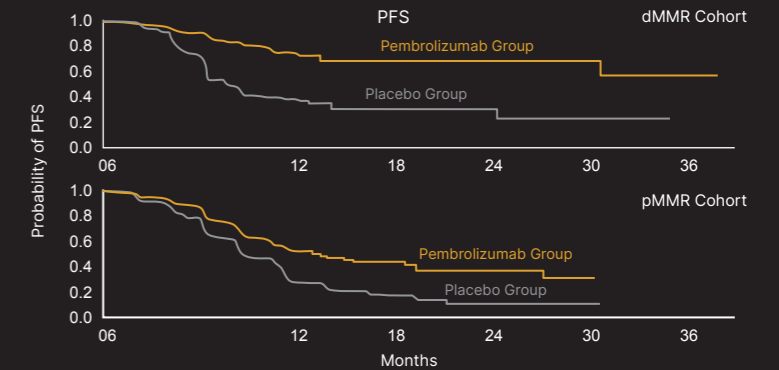
Stratification

- † Microsatellite status (MSI-H versus MSS); Disease status (stage III versus IV versus recurrent); Prior pelvic radiotherapy (yes or no)
- ‡ dMMR status (yes or no); Prior chemotherapy (yes or no); ECOG PS (0 or 1 vs. 2)

Statistically Significant and Clinically Meaningful PFS in RUBY³



Significantly Longer PFS Than Chemotherapy Alone in NRG-GY018²

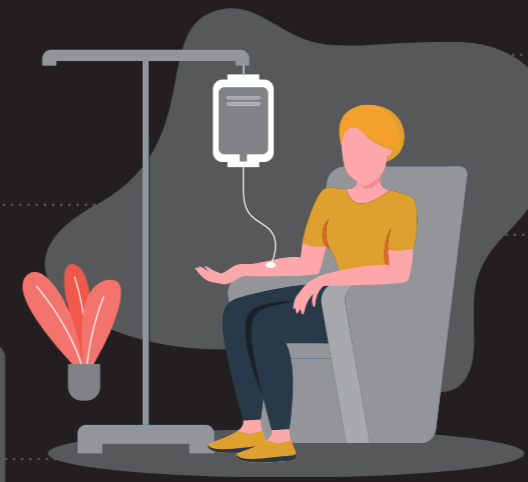


NCCN Guidelines for Uterine Neoplasms⁵

The panel consensus based on RUBY³ and NRG-GY018² findings was to include:

- Carboplatin/paclitaxel/dostarlimab-gxly as a primary or adjuvant treatment option for stage III-IV endometrial carcinoma

- Carboplatin/paclitaxel/dostarlimab-gxly as a first-line treatment option for recurrent endometrial carcinoma



- Carboplatin/paclitaxel/pembrolizumab as a primary or adjuvant treatment option for stage III-IV endometrial carcinoma (except for carcinosarcoma)

- Carboplatin/paclitaxel/pembrolizumab as a first-line treatment option for recurrent endometrial carcinoma (except for carcinosarcoma)

Conclusion

Unprecedented PFS data from RUBY³ and NRG-GY018² are impacting NCCN treatment guidelines,^{4,5} and are changing the future of treatment for patients with endometrial cancer

References (and links):

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Key:

CI: confidence interval; CP: carboplatin/paclitaxel; (d/p)MMR: (deficient/proficient) mismatch repair; EC: endometrial cancer; ECOG PS: Eastern Cooperative Oncology Group Performance Scale; HR: hazard ratio; MSI(-H): microsatellite instability(-high); MSS: microsatellite stable; NCCN: National Comprehensive Cancer Network; OS: overall survival; PFS: progression-free survival; PR: partial response; Q3W: every 3 weeks; Q6W: every 6 weeks; SD: stable disease; TMB(-H): tumour mutational burden (-high).