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REAL-WORLD PATTERNS OF CARE AND OUTCOMES IN PATIENTS WITH MICROSATELLITE-INSTABILITY HIGH TUMORS IN ADVANCED ENDOMETRIAL CANCER IN THE UNITED STATES

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Introduction/Background* New/emerging therapies based on microsatellite instability (MSI) prognostic biomarker are altering the treatment landscape for advanced endometrial cancer (aEC). The real-world outcomes in aEC patients with MSI-high/deficient mismatch repair (MSI-H/dMMR) tumor status is not well understood.

Methodology Endometrial Cancer Health Outcomes (ECHO) is a multicenter retrospective chart review study in women diagnosed with aEC in the US. Physicians extracted de-identified data from medical records of women (≥ 18 years-old) diagnosed with inoperable aEC, with known MSI/MMR status, who progressed after prior systemic therapy between 07/01/2016-07/30/2019. Data included patient demographics, clinical/treatment characteristics, and clinical outcomes. Kaplan-Meier analyses were performed to estimate time to treatment discontinuation, real-world progression-free survival (rwPFS) and overall survival (OS). The study was IRB approved.

Result(s)* Among 130 MSI-H/dMMR aEC patients who progressed on a prior systemic therapy, mean age was 62 years, 57% had endometrioid carcinoma histology, and 93% had ECOG 0-1. As 2nd-line therapy, 79% of patients received immunotherapy (IO) $\pm$ chemotherapy (CT) (pembrolizumab monotherapy=71%), 14% received CT only, and 7% received hormonal or other therapy (HT/OT). Median duration of 2nd line therapy was 14 months. Median rwPFS from initiation of 2nd-line therapy was 17 months (95% confidence interval [CI]: 13-n/a) [IO $\pm$ CT: 29 months (95% CI: 18-n/a); CT: 4 months (95% CI: 2-9)]. Median OS from 2nd-line therapy initiation was 30 months (95% CI: 18-n/a) [IO $\pm$ CT: median not reached (95% CI: 30-n/a); CT: 5.5 months (95% CI: 4-n/a)]. (Table 1)

Conclusion* In real-world practice, most MSI-high/dMMR aEC patients in the US who failed a prior systemic therapy, initiated immunotherapy with favorable outcomes.

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BIOMARKER ANALYSIS OF THE PHASE 2 STUDY OF PEMBROLIZUMAB IN COMBINATION WITH DOXORUBICIN IN ADVANCED ENDOMETRIAL CANCER: TOPIC TRIAL/VHIO10001

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Introduction/Background* Pembrolizumab conferred a 57% objective response rate (ORR) in patients with mismatch repair deficient (MMRd) advanced endometrial cancer (EC). However, the majority of patients with advanced disease have no specific molecular profile (NSMP) tumours or p53-abnormal (p53abn). We hypothesized that pembrolizumab with an inducer of immunogenic cell death such as doxorubicin could improve clinical responses and survival in all EC molecular subtypes.

Methodology The TOPIC study (NCT03276013) was an investigator-initiated, single-arm, multi-centre, phase II study in patients with recurrent/metastatic EC who received one prior line of platinum-based chemotherapy. Patients received doxorubicin 60 mg/m² IV every 3 weeks for up to 9 cycles in combination with pembrolizumab 200 mg IV every 3 weeks up to 36 cycles, or until progression or toxicity. Tumour samples

Abstract 722 Table 1 Time to Treatment discontinuation, overall survival, and real-world progression free survival in MSI-High or dMMR aEC patients since initiation of 2nd line of therapy overall and stratified by treatment category

	Overall (N = 130)	Immunotherapy $\pm$ chemotherapy (N = 103)	Hormonal Therapy (N = 5)	Chemotherapy (N = 18)	Other therapy (N = 4)
Time to treatment discontinuation, median (95% CI), (months)	14.0 (9.0, 23.0)	21.0 (15.0, .)	6.0 (5.0, 15.0)	4.0 (2.0, 6.0)	7.0 (3.0, 9.0)
Probability at 6 months (%)	67.7 (60.1, 76.2)	78.6 (71.1, 87)	40 (13.7, 100)	16.7 (5.9, 46.8)	50.0 (18.8, 100)
Probability at 12 months (%)	57.7 (49.8, 66.8)	62.9 (54.2, 73)	20 (3.5, 100)	11.1 (3.0, 41)	0 (0, 0)
Probability at 24 months (%)	37.3 (29, 48)	47.4 (37.7, 59.5)	0 (0, 0)	0 (0, 0)	0 (0, 0)
Overall survival, median (95% CI), (months)	30.0 (18.0, .)	. (30.0, .)	18.0 (7.0, .)	5.5 (4.0, .)	12.5 (10.0, .)
Probability at 6 months (%)	86.1 (80.3, 92.3)	93.2 (88.4, 98.2)	80.0 (51.6, 100)	44.4 (26.5, 74.5)	100.0 (100, 100)
Probability at 12 months (%)	79.1 (72.4, 86.4)	78 (70.2, 86.6)	60.0 (29.3, 100)	33.3 (17.3, 64.1)	50.0 (18.8, 100)
Probability at 24 months (%)	70.1 (62.6, 78.6)	61.8 (51.5, 74.2)	60.0 (29.3, 100)	33.3 (17.3, 64.1)	. (. , .)
Real-world progression-free survival, median (95% CI), (months)	17.0 (13.0, .)	29.0 (18.0, .)	6.0 (5.0, 15.0)	4.0 (2.0, 9.0)	8.5 (3.0, 20.0)
Probability at 6 months (%)	73.5 (66.3, 81.6)	82.2 (75.1, 90)	40.0 (13.7, 100)	33.3 (17.3, 64.1)	75 (42.6, 100)
Probability at 12 months (%)	63.4 (55.5, 72.3)	70.2 (61.9, 79.8)	20.0 (3.5, 100)	11.1 (3.0, 41)	25 (4.6, 100)
Probability at 24 months (%)	58.6 (50.6, 67.8)	53.5 (43.5, 65.9)	20.0 (3.5, 100)	11.1 (3.0, 41)	0 (0, 0)