Abstracts

Abstract 0002/#43 Table 1

Table	LEN+pembro (n = 65)	TPC (n = 65)
Median PFS, months (95% CI)	10.7 (5.6, NR)	3.7 (3.1, 4.4)
PFS HR (95% CI)	0.36 (0.23, 0.57)	
P-value	<0.0001	
Median OS, months (95% CI)	NR (NR)	8.6 (5.5, 12.9)
OS HR vs TPC (95% CI)	0.37 (0.22, 0.62)	
P-value	<0.0001	
ORR, % (95% CI)	40.0 (28.0, 52.9)	12.3 (5.5, 22.8)
Difference, % (95% CI)	27.7 (12.9, 41.7)	
P-value	0.0002	
Disease control rate, % (95% CI)	73.8 (61.5, 84.0)	47.7 (35.1, 60.5)
Median duration of response*, months (range)	NR (2.1*, 20.4*)	4.1 (1.9*, 15.6*)
Median time to response*, months (range)	2.9 (1.7, 16.3)	1.9 (1.8, 3.7)

*Duration of response and time to response are based on responders.

*No progressive disease reported at the last disease assessment.

CI, confidence interval; HR, hazard ratio; PFS, progression-free survival; OS, overall survival; NR, not reached; TPC, treatment with physician's choice (doxorubicin or paclitaxel).

the TPC group (data cutoff: October 26, 2020). PFS (median 10.7 vs 3.7 months) and OS (median not reached vs 8.6 months) were longer with LEN+pembro vs TPC. ORR was greater with LEN+pembro (40.0%) vs TPC (12.3%). Additional results are in the Table. Grade ≥ 3 treatment-emergent adverse events occurred in 95% and 73% of patients in the LEN+pembro and TPC groups, respectively.

Conclusions LEN+pembro improved PFS, OS, and ORR vs TPC in patients with dMMR aEC, with a manageable safety profile generally consistent with all-comers and previous studies.

0003/#149

ANTITUMOR ACTIVITY OF DOSTARLIMAB IN PATIENTS WITH ADVANCED OR RECURRENT MISMATCH REPAIR-DEFICIENT OR PROFICIENT-CANCER BY PRIOR THERAPY: RESULTS FROM THE GARNET STUDY

¹A Oaknin*, ²L Gilbert, ³A Tinker, ⁴J Brown, ⁵C Mathews, ⁶J Press, ⁷R Sabatier, ⁸D O'Malley, ⁹V Samouëlian, ¹⁰V Boni, ¹¹L Duska, ¹²S Ghamande, ¹³P Ghatage, ¹⁴R Kristeleit, ¹⁵C Leath III, ¹⁶J Veneris, ¹⁷T Duan, ¹⁸E Im, ¹⁹B Pothuri. ¹Vall d'Hebron University Hospital, Vall d'Hebron Institute of Oncology (VHIO), Department of Medical Oncology, Barcelona, Spain; ²McGill University Health Centre-RI, Gynecologic Oncology Division, Montreal, Canada; ³BC Cancer, Department of Medical Oncology/department of Medicine, Vancouver, Canada; ⁴Levine Cancer Institute, Atrium Health, Division of Gynecologic Oncology, Charlotte, USA; ⁵Women and Infants Hospital of Rhode Island, Gynecologic Oncology, Providence, USA; ⁶Swedish Cancer Institute Gynecologic Oncology and Pelvic Surgery, Gynecologic Oncology and Pelvic Surgery, Seattle, USA; ⁷Institut Paoli Calmettes, Aix-Marseille University, Department of Medical Oncology, Marseille, France; ⁸The Ohio State University – James CCC, Department of Obstetrics and Gynecology, Columbus, USA; ⁹Gynecologic Oncology Service, CHUM, Université de Montréal, Department of Obstetrics and Gynecology, Montreal, Canada; ¹⁰START Madrid-CIOCC, Centro Integral Oncológico Clara Campal, Hospital Universitario HM Sanchinarro, Early Drug Development Unit, Medical Oncology, Madrid, Spain; ¹¹Emily Couric Clinical Cancer Center, University of Virginia, Department of Obstetrics and Gynecology, Charlottesville, USA; ¹²Georgia Cancer Center, Augusta University, Gynecologic Oncology, Augusta, USA; ¹³University of Calgary, Department of Gynecological Oncology, Calgary, Canada; ¹⁴Guy's and St Thomas' Hospital NHS Foundation Trust, Medical Oncology, London, UK; ¹⁵O'Neal Comprehensive Cancer Center, University of Alabama at Birmingham, Division of Gynecologic Oncology, Birmingham, USA; ¹⁶GlaxoSmithKline, Oncology Clinical Department, Waltham, USA; ¹⁷GlaxoSmithKline, Oncology Clinical Statistics, Waltham, USA; ¹⁸GlaxoSmithKline, Clinical Development, Waltham, USA; ¹⁹New York University, NYU Langone Health, Perlmutter Cancer Center, Department of Obstetrics and Gynecology, New York, USA

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Objectives Dostarlimab is a humanized programmed death 1 (PD-1) receptor monoclonal antibody that blocks interactions

Abstract 0003/#149 Table 1

Variable	dMMR/MSI-H EC*		MMRp EC	
	N	n (%; 95% CI)	N	n (%; 95% CI)
ORR by RECIST v1.1	108	47 (43.5; 34.0–53.4)	142	19 (13.4; 8.3–20.1)
Prior anticancer therapy ^b				
1 prior LOT	69	33 (47.8; 35.6–60.2)	65	9 (13.8; 6.5–24.7)
≥ 2 prior LOTs	39	14 (35.9; 21.2–52.8)	77	10 (13.0; 6.4–22.6)

*Includes 2 patients with MSI-H/MMR unknown EC; ^bExcludes hormonal therapy as single-agent treatment.

with PD-1 ligands. GARNET is a phase 1 study assessing anti-tumor activity and safety of dostarlimab monotherapy in patients with advanced solid tumors.

Methods This multicenter, open-label, single-arm study is conducted in 2 parts: dose escalation and expansion. Patients with advanced or recurrent mismatch repair-deficient (dMMR) or microsatellite instability-high (MSI-H) endometrial cancer (EC) or mismatch repair-proficient (MMRp) EC that progressed on or after a platinum regimen received dostarlimab 500 mg intravenously Q3W for 4 cycles, then 1000 mg Q6W until disease progression or discontinuation. Primary endpoints were objective response rate (ORR) and duration of response by BICR using RECIST v1.1. Here we report ORR in dMMR/MSI-H and MMRp EC by prior lines of therapy (LOTs).

Results Efficacy analyses included 108 dMMR/MSI-H and 142 MMRp patients. ORR was 43.5% in dMMR/MSI-H and 13.4% in MMRp. ORR was slightly higher (47.8%) in patients with dMMR/MSI-H with 1 prior LOT but lower (35.9%) in those who received ≥ 2 prior LOTs. In the MMRp population, ORR was similar, regardless of prior LOTs. Safety has been previously reported.¹

Conclusions Dostarlimab demonstrated antitumor activity in recurrent or advanced dMMR/MSI-H and MMRp EC regardless of number of prior LOTs. Patients with dMMR/MSI-H EC who received 1 prior LOT had slightly higher ORR than those who received ≥ 2 prior LOTs. 1. Oaknin A, et al. Ann Oncol 2020;31(suppl 4):S1142–S1215.

Plenary 2: Oral Abstract Presentations

0004/#393

DOES INTENSIVE FOLLOW-UP IMPROVE OVERALL SURVIVAL IN ENDOMETRIAL CANCER PATIENTS? RESULTS FROM THE TOTEM RANDOMIZED CONTROLLED TRIAL

¹P Zola*, ²G Ciccone, ³R Angioli, ³C Terranova, ⁴E Piovano, ⁵L Fuso, ⁶D Di Cunzio, ¹E Peirano, ⁷AM Perrone, ⁸VD Mandato, ⁹L Zavallone, ¹⁰F Chiudinelli, ¹¹R Berretta, ¹²S Loda, ¹³S Greggi, ¹⁴M Adorni, ¹⁵E Busato, ¹⁶G Comerici, ¹⁷M Fambrini, ⁵A Ferrero. ¹University of Turin, Surgical Sciences, Turin, Italy; ²Città della Salute e della Scienza, University of Turin, Cancer and Epidemiology Unit, Cermis and Cpo Piemonte, Turin, Italy; ³Campus Biomedico, Gynecologic Oncology, Rome, Italy; ⁴Ospedale Regina Montis Regalis, Obstetrics and Gynaecology Unit, Mondovì, Italy; ⁵ASO Ordine Mauriziano, Obstetrics and Gynaecology Unit, Turin, Italy; ⁶Città della Salute e della Scienza, University of Turin, Cancer and Epidemiology Unit, Cpo Piemonte, Turin, Italy; ⁷University of Bologna, Gynecologic Oncology, Bologna, Italy; ⁸Azienda Unità Sanitaria Locale – IRCCS, Reggio Emilia, Unit of Obstetrics and Gynecology, Reggio Emilia, Italy; ⁹Ospedale degli Infermi, Department of Medical Oncology, Biella, Italy; ¹⁰PO Manerbio, ASST Garda, Obstetrics and Gynaecology Unit, Manerbio, Italy; ¹¹University of Parma, Department of Medicine and Surgery, Parma, Italy; ¹²AO Spedali Civili, Obstetrics and Gynaecology Unit, Brescia, Italy; ¹³Istituto Nazionale Tumori, IRCCS, 'Fondazione G. Pascale', Department of Gynecologic Oncology, Naples, Italy; ¹⁴ASO San Gerardo de' Tintori, Obstetrics and Gynaecology Unit, Monza, Italy; ¹⁵Treviso Hospital, Obstetrics and Gynaecology Unit, Treviso, Italy; ¹⁶Santa Maria delle Croci Hospital, Obstetrics and Gynaecology Unit, Ravenna, Italy; ¹⁷University of Florence, Department of Biomedical, Experimental and Clinical Sciences, Division of Obstetrics and Gynecology, Florence, Italy

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