Conclusion 18F-FDG PET/CT in EC mouse models is feasible and multiple metabolic tumour features can be extracted. Using a clinically relevant imaging modality strengthens the potential for preclinical to clinical translation and reproducibility. Our work provides a basis for future studies on orthotopic mouse models of EC.

Abstract 2022-RA-915-ESGO Figure 1
Conclusion Ngs can help classify rare diseases if the classical pathological diagnostics do not give a satisfying diagnosis. There are currently no clear treatment recommendations for STK11 adnexal tumors yet. International registries and solid clinical follow-up data are urgently needed to enhance our knowledge on these potentially aggressive tumors.

Introduction/Background Dostarlimab is a programmed death 1 (PD-1) inhibitor approved as monotherapy in patients with mismatch repair deficient (dMMR) recurrent/advanced endometrial cancer (EC) that has progressed on or after platinum-based chemotherapy or solid tumors that have progressed on or after prior treatment, with no satisfactory alternative treatment options. We report a post hoc analysis of antitumour activity by PD-L1 expression and tumour mutational burden (TMB) in patients with dMMR and MMR proficient (MMRp) solid tumours in the GARNET trial.

Methodology GARNET (NCT02715284) is a phase 1, multicentre, open-label, single-arm study of dostarlimab in patients with advanced/recurrent solid tumours. Three expansion cohorts enrolled patients based on MMR status: dMMR (A1) with advanced/recurrent solid tumours. Three expansion centre, open-label, single-arm study of dostarlimab in patients with recurrent/advanced endometrial (N=12), or ovarian (N=7) cancers who received dostarlimab 500 mg IV Q3W for 4 cycles, then 1000 mg IV Q6W until progression or discontinuation. TMB and PDL1 were exploratory biomarkers. TMB status was determined by FoundationOne test; TMB-high (TMB-H) was defined as ≥10 mutations/Mb. PDL1 expression was determined by combined positive score (CPS) by Ventana assay; PDL1-high (PDL1-H) was defined as CPS ≥1. The study was not powered to assess antitumour activity within subgroups.

Results TMB-H and PDL1-H were common in dMMR solid tumours; PDL1-H was observed in 39.4% of MMRp EC tumours (table 1). Objective response rate (ORR) was higher in patients with TMB-H/PDL1-H tumours (55.6% for all cohorts, combined; Table). Safety for each cohort was previously reported.1

Conclusion PDL1-H and TMB-H were frequently observed in the dMMR EC and non-EC cohorts, regardless of tumour type; PDL1-H was also prevalent in MMRp EC tumours. Although not a powered analysis, ORR by BICR per RECIST v1.1 was higher in patients with TMB-H and PDL1-H solid tumours. Across cohorts, dMMR status was predictive of response.

REFERENCE