Results A total of 7751 patients diagnosed with EC were included, with 685 (9%) exposed to aspirin and 620 (8%) exposed to non-aspirin NSAIDs. The median follow-up time was 5.0 years, with 1518 (20%) deaths observed (728, 9%, EC-specific). In multivariable analysis, non-aspirin NSAID use was associated with poorer OS (HR 1.12, 95% CI 0.93–1.34) and CSS (HR 1.37, 95%CI 1.08–1.73) compared to non-users. This association was robust to additional adjustment for BMI. Associations between non-aspirin NSAID use and CSS were strongest among women with BMI <25 kg/m2. Aspirin use was not associated with OS or CSS.

Conclusion In line with a previous population-based study, we report a higher risk of death among patients that used non-aspirin NSAIDs after the diagnosis of EC. Use of aspirin was not associated with survival. The interaction between the immune system, chronic inflammation and EC should be further explored.

Methodology SIENDO (NCT03555422) was a phase 3 double-blind study evaluating selinexor vs placebo as maintenance in patients with advanced/recurrent EC. The primary endpoint was progression-free survival (PFS) and first presented at the ESMO plenary in March 2022. Selinexor efficacy and safety was now further assessed with long-term follow-up in a pre-specified subgroup of patients with TP53wt EC.

Results 113 patients with TP53wt EC were randomized (selinexor, n=77/placebo, n=36). As of data cutoff on Nov 30, 2022, median follow-up was 20.3 months, with 26.3% and 22.9% patients still on selinexor and placebo treatment, respectively. Median PFS for TP53wt subgroup was 20.8 months with selinexor vs 5.2 months with placebo (HR [Stratified by chemotherapy response CR vs PR] 0.46; 95% CI (0.27, 0.79), nominal one-sided p-value=0.0020). The most common adverse events (AEs) of any grade (selinexor/placebo) were nausea (90%/34%), vomiting (61%/11%) and diarrhea (38%/34%); and most common grade 3+ AEs: neutropenia (18%/0%); nausea (12%/0%); and thrombocytopenia (9%/0%). TEAEs leading to discontinuations occurred at a rate of 15%/0%.

Conclusion Long-term follow-up of a pre-specified subgroup analyses showed durable PFS with selinexor maintenance in TP53wt EC, which offers the potential to prolong prior chemotherapy response. These data suggest that TP53 status is a robust prognostic biomarker for EC and selinexor may provide meaningful benefits for these patients. Updated data will be presented. A phase 3 trial of selinexor as a maintenance therapy in TP53wt EC is underway (NCT05611931).


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QUALITY-ADJUSTED TIME WITHOUT SYMPTOMS OF DISEASE OR TOXICITY IN PATIENTS WITH PRIMARY ADVANCED OR RECURRENT ENDOMETRIAL CANCER TREATED WITH DOSTARLIMAB PLUS CARBOPLATIN-PACLITAXEL VERSUS CARBOPLATIN-PACLITAXEL IN THE ENGOT-ENG/GOG-3031/RUBY TRIAL

Dana Chase*, Line Bjørge, Robert L. Coleman, Oleksandr Zub, Etinwen Miller, Roberto Angioli, Cara Mathews, Lars C. Hacker, Michael G. Teneriello, Anna Reynolds, Matthew Powell, Lucy Gilbert, Noelle Cloven, Sarah Gill, Bradley J. Monk, Bhavana Pothuri, Jamie Gandirada, Odette Allonby, Carolyn McCorr, Mansoor Raza Mirza. University of California, Los Angeles (UCLA), Los Angeles, USA; Haukeland University Hospital and University of Bergen, Bergen, Norway; US Oncology Research; The Woodlands, USA; Chemnitz Medical Center of Modern Oncology, Chemnitz, Germany; Allegheny Health Network; Pittsburgh, USA; University of Rome – Campus Bio-Medico, Rome, Italy; Women and Infants Hospital, Loretto Cancer Center, Alpert Medical School of Brown University, Providence, USA; AGO Study Group – University Hospital Schleswig-Holstein, Campus Lübeck, Lübeck, Germany; University Medical Center Groningen, University of Groningen, Groningen, The Netherlands; Washington University St Louis, St Louis, USA; McGill University Health Centre, Montreal, Canada; Tessa Oncology, Fort Worth, USA; Lewis Cancer and Research Pavilion, Savannah, USA; Honor Health Research Institute, University of Arizona College of Medicine and Creighton University School of Medicine, Phoenix, USA; Laura and Isaac Perlmutter Cancer Center, NYU Langone Health, New York, USA; GSK, London, UK; GSK, Mississauga, Canada; Rigshospitalet, Copenhagen University Hospital and Nordic Society of Gynaecologic Oncology-Clinical Trial Unit, Copenhagen, Denmark.

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Introduction/Background In the Phase III randomised, double-blind, multicentre RUBY study (NCT03981796), dostarlimab plus carboplatin-paclitaxel (dostarlimab+CP) resulted in significant improvement in progression-free survival versus CP alone in patients with primary advanced or recurrent endometrial cancer (AR EC). This post-hoc survival analysis explored quality-adjusted time without symptoms of disease or toxicity (Q-TWIST) in RUBY part 1.