LYNCH SCREENING AND GENETIC TESTING WITH ENDOMETRIAL CANCER IN A DIVERSE PATIENT POPULATION

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INTRODUCTION

Lynch syndrome (LS) accounts for most of the inherited endometrial cancers. Screening for mismatch repair (MMR) defects is recommended using immunohistochemistry (IHC) to identify qualifying patients for genetic testing. We report LS screening and genetic testing rates at a tertiary care center with a large minority population.

METHODS

Retrospective cohort study of patients with newly diagnosed endometrial cancer between January 2014 and June 2022 at the NewYork-Presbyterian Brooklyn Methodist Hospital.

RESULTS

373 patients included. 45% identified as white, 42% black; 8.3% were of Hispanic ethnicity and 18% were non-English speaking. 207 (55%) patients were screened using MMR-IHC. 82 (40%) of these patients had MMR deficiencies. Of these, 63 (77%) received genetic counseling. 62 (98%) subsequently underwent genetic testing, and 71 (11%) were diagnosed with LS. The rate of LS detected was 1.9%. MMR-IHC testing rates reached 95% in 2021 and 100% in 2022. It was not influenced by race, language, BMI, family history of cancer, or stage. The proportion of patients that received genetic counseling and testing also increased over time (p<0.01).

Conclusion/Implications

There were no disparities in access to IHC screening in this diverse population, however more work must be done to reach all ethnicities for genetic counseling and testing. The rate of LS detected was less than the known prevalence in endometrial cancer, indicating demographic differences or gaps in screening.

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DOSTARILIMAB MONOTHERAPY IN MISMATCH REPAIR DEFFICIENT/MICROSATELLITE INSTABILITY-HIGH ADVANCED OR RECURRENT ENDOMETRIAL CANCER IN THE KOREAN EXPANDED ACCESS PROGRAM

Dostarlimab, a programmed death 1 inhibitor, is approved in Korea for patients with mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) recurrent or advanced endometrial cancer (EC) that has progressed on or after treatment with a platinum-based chemotherapy. Through the Korean expanded access program (EAP), patients at 16 major medical institutions were able to access dostarlimab treatment. For the first time, we present real-world data from these Korean patients.

METHODS

Patients with recurrent/advanced dMMR/MSI-H EC with ≥2 lines of prior systemic chemotherapy and no prior anti-PD-(L)1 agent received 500 mg of dostarlimab intravenously once every 3 weeks for 4 cycles, then 1000 mg once every 6 weeks until disease progression or withdrawal from treatment. Tumor response and adverse events were recorded.

RESULTS

At data cutoff of August 1, 2023, 17 patients were accepted into the EAP. Median age was 57 years (range, 42–