

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/project-oncology/redefining-first-line-care-exploring-immunotherapy-in-endometrial-cancer/36392/>

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Redefining First-Line Treatment in Endometrial Cancer: The Role of Immunotherapy

Announcer Introduction:

You're listening to *Project Oncology* on ReachMD. On this episode, we'll hear from Dr. Brian Slomovitz, who's the Director of Gynecologic Oncology and Co-Chair of the Cancer Research Committee at Mount Sinai Medical Center as well as a Professor of Obstetrics and Gynecology at Florida International University in Miami. He'll be discussing the integration of immunotherapy into first-line endometrial cancer management. Here's Dr. Slomovitz now.

Dr. Slomovitz:

So regarding the management of endometrial cancer particularly those with recurrent or advanced disease it's been a very exciting couple of years as far as changes and figuring out ways to better treat our patients. I think the most important advancement that we've seen has really been the incorporation of immunotherapy into the first-line management of this disease.

Now, prior to this, we used chemotherapy alone. And prior to incorporating into the first line, we had done a series of studies demonstrating that immunotherapy in the second line worked. So then we did four trials. We did a trial called GY018 evaluating pembrolizumab. We evaluated a trial called DUO-E evaluating the immunotherapy with durvalumab. Another study looked at atezolizumab. And one that I was closely involved with is the RUBY trial evaluating dostarlimab. All were very similar, looking at immunotherapy in combination with chemotherapy.

The results were consistent remarkable. In patients who received immunotherapy with chemotherapy, there was improved progression-free survival, and a clinically meaningful overall survival in some of the studies as well, leading to the FDA approval of dostarlimab and pembrolizumab in all patients with endometrial cancer and durvalumab in a biomarker subset called mismatch repair deficient endometrial cancers.

So in patients with endometrial cancer, again, in the first-line or advanced recurrence setting, it's important first to distinguish two different types of endometrial cancer. Okay and what I mean by this is it's based on mismatch repair status. Tumors are either mismatch repair proficient also called microsatellite stable or mismatch repair deficient or demonstrating microsatellite instability.

We know in later-line trials that were previously done KEYNOTE-158 and the GARNET trial that immunotherapy alone works in patients with deficient mismatch repair. That being said, in the first-line setting, the results were remarkable when we added immunotherapy to the management of disease with deficient mismatch repair in combination with chemotherapy. So it's a no brainer 70 percent or more decreased risk of recurrence or deaths due to this disease leading to the standard of care for deficient mismatch repair tumors of immunotherapy with chemotherapy.

Now, the results were also positive in those patients with proficient mismatch repair tumors, but I don't want to say as positive. But it's really not the only option, meaning that it is an option for all patients with this disease, but we could still improve upon the results, so we're still looking for better treatment options.

Announcer Close:

That was Dr. Brian Slomovitz talking about first-line immunotherapy in endometrial cancer. To access this and other episodes in our series, visit *Project Oncology* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!