Survival Outcomes for Dostarlimab and Real-World Treatment Paradigms in Post-Platinum Patients With Advanced/Recurrent Endometrial Cancer: The GARNET Trial Vs an External Control Arm From the Flatiron Health Database

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Introduction

The GARNET (Gynecologic Oncology Research Group/Endometrial Cancer Research Group) trial was a single-arm, Phase I study that evaluated the safety and efficacy of dostarlimab (an anti-PD-L1 monoclonal antibody) in patients with advanced/recurrent endometrial cancer (EC) who had progressed after one to two prior lines of platinum-based chemotherapy (PBCT).

The dostarlimab treatment arm was a subset of patients from the safety analysis data set (N=129) of the GARNET trial with an external control arm. The external control arm was constructed by applying GARNET eligibility criteria to the Flatiron Health de-identified database. Patients with advanced/recurrent EC treated with dostarlimab in the GARNET trial with an external control real-world non-anti-PD-1/2 treatments.

Methods

Study Design

This was a comparative external control arm study, which compared survival outcomes of patients with advanced/recurrent EC who had progressed after one to two lines of PBCT treated with dostarlimab in the GARNET trial with those from a real-world cohort receiving, non-anti-PD-1/2 treatments.

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Limitations

All patients in the GARNET cohort were dostarlimab (MRRM)/MMRM status was not a fully available real-world cohort.

The analysis was adjusted for stratification factors non-anti-PD-1/2 treatments in the advanced/recurrent setting.

Comparison of certain survival measures was restricted and was therefore not fully available in the internal control real-world arm.

Conclusion

This is consistent with previous studies showing that dostarlimab-treated patients with advanced/recurrent EC had improved OS when compared with placebo-treated patients.

References