Background

- Endometrial cancer (EC) is the sixth most commonly diagnosed cancer in women in the United States, and its incidence and mortality have increased in recent years.
- In the United States, approximately 10%–15% of women present with advanced disease at diagnosis, which is associated with a worse prognosis, an increased likelihood of recurrence, and limited treatment options.
- For patients with advanced or recurrent EC, platinum-based chemotherapy regimens are preferred for first-line treatment.
- Regardless of the treatment approach, the median survival OS (OS) for patients with advanced or recurrent EC treated in clinical trials is ≈1 year.

Conclusions

- Among patients with advanced/recurrent EC treated with first-line (1L) platinum-based chemotherapy, platinum-based regimens remained prevalent treatment choices in later lines of treatment, and immunotherapy was used infrequently overall.
- Median time to next treatment (TTNT) decreased with each subsequent line of treatment.

This study highlights a critical need for novel, more effective therapy options in later lines of treatment to optimize outcomes among patients with advanced/recurrent EC.

Abstract 291

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Objective

To describe patient characteristics, treatment patterns, TTNT, and OS among patients with advanced/recurrent EC treated with a 1L platinum-based regimen in a real-world setting in the United States.

Methods

This retrospective study used data from Optum’s de-identified Clininformatics® Data Mart Database from January 1, 2004, to December 31, 2019.

This analysis included adult patients with advanced/recurrent EC who received a 1L platinum-based regimen (carboplatin, cisplatin, or oxaliplatin), had evidence of EC-related disease before 1L treatment initiation, and subsequently initiated second-line (2L) antineoplastic therapy.

To ensure that the antineoplastic therapy did not occur in response to the limitations of the database itself, such as the inability to uniformly capture encounters outside the Optum network, coding inaccuracies or missing data, and the possibility of underreporting of patient death data.

The index date was defined as the date of initiation of 1L treatment with a platinum-based antineoplastic agent; patients were followed from index date until the last day of continuous eligibility, death, loss to follow-up, or end of data availability, whichever occurred first.

The number of lines of treatment that patients received, the sequence of treatments received, and the proportion of patients who received each type of treatment for each line of treatment were assessed.

Kaplan-Meier rates were used to report OS from 2L treatment and TTNT from 2L, third line (3L), and fourth line (4L) separately.

Results

In total, 1317 patients with advanced/recurrent EC who received 1L platinum-based chemotherapy and initiated 3L treatment were included in the analysis (Figure 1).

Table 1. Demographic and Clinical Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Overall (N=1317)</th>
<th>1L (N=1317)</th>
<th>1L platinum-based (N=1317)</th>
<th>2L (N=1317)</th>
<th>3L (N=1317)</th>
<th>4L (N=1317)</th>
<th>5L (N=1317)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>57 (37–77)</td>
<td>59 (40–78)</td>
<td>59 (40–78)</td>
<td>58 (40–79)</td>
<td>57 (37–77)</td>
<td>56 (37–77)</td>
<td>54 (37–77)</td>
</tr>
<tr>
<td>Median OS (months)</td>
<td>26.0 (9.1–51.5)</td>
<td>28.0 (10.0–55.0)</td>
<td>28.0 (10.0–55.0)</td>
<td>24.0 (9.0–48.0)</td>
<td>26.0 (9.0–51.5)</td>
<td>24.0 (9.0–48.0)</td>
<td>22.0 (9.0–44.0)</td>
</tr>
</tbody>
</table>

Results (cont’d)

- The median total follow-up time was 25.2 months following the index date.
- Median OS was 26.0 months.
- Median TTNT was 19.3 months from 2L to 3L, 10.5 months from 3L to 4L, and 8.1 months from 4L to 5L.

For 2L treatment, 58.4% of patients were re-treated with platinum-based chemotherapy, and no treatment with chemotherapy remained common in later treatment lines (Table 2).

Table 2. Duration of Treatment and Treatment-Free Interval by Treatment Line

<table>
<thead>
<tr>
<th>Treatment Line</th>
<th>Overall (N=1317)</th>
<th>1L (N=1317)</th>
<th>2L (N=1317)</th>
<th>3L (N=1317)</th>
<th>4L (N=1317)</th>
</tr>
</thead>
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<td>Median OS (months)</td>
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<td>24.0 (9.0–48.0)</td>
</tr>
<tr>
<td>Median TTNT (months)</td>
<td>19.3 (7.2–40.0)</td>
<td>22.1 (8.7–42.0)</td>
<td>16.6 (7.2–31.5)</td>
<td>16.5 (7.2–34.5)</td>
<td>16.5 (7.2–34.5)</td>
</tr>
</tbody>
</table>

- Platinum-based chemotherapy was the most common 2L treatment, and chemotherapeutic drug overall (platinum- or non-platinum-based regimens) remained common across all treatment lines examined (Figure 2).
- The percentage of patients who received targeted therapies increased with each line of treatment, increasing from 9.5% of patients in 2L to 32.3% of patients for 4L chemotherapy use remained low (Figure 2).

For 2L treatment, the percentage of patients alive at 1, 2, 3, and 4 years were 70.9%, 51.7%, 43.3%, and 36.5%, respectively.

Median OS was 26.0 months (Figure 5).

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References


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Conflicts of Interest

Dr. Liu and Hurteau are current employees of GlaxoSmithKline. Mr. Emond, Ms. Lafeuille, Dr. Lafeuille, and Mr. Ghouder are employees of Analysis Group, Inc., a consulting company that has been paid by GlaxoSmithKline for services related to this study and paper. Dr. Maltese was an employee of GlaxoSmithKline at the time this analysis was conducted.

Mr. Ghouder reports consulting fees from Janssen Scientific Affairs, Pfizer, and Pharmacyclics. Ms. Lafeuille reports consulting fees from Janssen Scientific Affairs, Pfizer, and Pharmacyclics. Ms. Lafeuille reports consulting fees from Janssen Scientific Affairs, Pfizer, Pharmacyclics, and Pharmacyclics, Mr. Ghouder reports consulting fees from Janssen Scientific Affairs, Pfizer, and Pharmacyclics, Mr. LeFebvre reports consulting fees from Janssen Scientific Affairs, Pfizer, Pharmacyclics, and Pharmacyclics. Ms. Ghouder reports consulting fees from Janssen Scientific Affairs, Novartis, and Regeneron. Mr. Liu, Mr. Ghouder, and Mr. LeFebvre have been employees of GlaxoSmithKline, Inc. for the majority of their careers. Dr. Lafeuille was an employee of GlaxoSmithKline, Inc. for the majority of his career. Ms. Liu and Dr. Thaker are current employees of GlaxoSmithKline. Ms. Wu was an employee of GlaxoSmithKline at the time this analysis was conducted. Ms. Wu and Dr. Thaker have been employees of GlaxoSmithKline, Inc. for the majority of their careers.