Background

- Endometrial cancer (EC) is the fourth most common cancer among women in developed countries, with over 120,000 new cases being registered across the European Union (EU) and the United Kingdom (UK) per annum. 1, 2

- Patients with EC are at risk of recurrence; patients with advanced or recurrent EC have a poor prognosis, with a 5-year survival rate as low as 17%. 1

- Platinum-based treatments are recommended as first-line therapy for advanced or recurrent EC, but no standard of care for second-line (2L) therapy exists for these patients. 1

- Current data is a scarcity of real-world data for patients with advanced or recurrent EC, particularly those who progressed on or after platinum-based chemotherapy (PBCT), and there is a need for clear understanding of existing patient characteristics, treatment patterns, and responses to current treatments for this population.

Objective

The objective of this study was to describe real-world patient demographics, clinical characteristics, treatment patterns, and outcomes in European patients with EC who progressed on or after 2 prior lines of systemic chemotherapy for advanced or recurrent disease with at least one of them being PBCT.

Methods

Study design

- This retrospective study collected data from chart reviews of European patients (France, Germany, Spain, UK) with EC identified from the ICON Oncology Advantage (OA) Database, and a de novo case report form capturing relevant variables was generated.

Patient eligibility

- Eligible patients were ≥18 years of age with recurrent or advanced (stage III or IV) EC. 12 documented clinical encounters on or after January 1, 2015, and Eastern Cooperative Oncology Group (ECOG) performance status at index date (defined below) of ≤2; who had progressed on or after ≥2 prior lines of chemotherapy (CT) for treating advanced or recurrent disease, hormone therapy not counting towards a line, with at least one of them being a PBCT regimen.

- Patients were included if their index date was between January 1, 2013, and December 31, 2016, and followed to the last visit, record of death, or date of data extraction in September 2020 (whichever came first).

- For patients receiving active treatment (ex hormone monotherapy or best supportive care) after CT, the index date was the date of initiation of the post-platinum/platinum therapy regimen.

- If patients had platinum therapies in both line 1 and 2L, the index date was the date of initiating the treatment either in line 1 or line 2L and platinum therapy being based on a randomization algorithm.

- For patients not receiving active post-platinum treatment, the index date was the discontinuation date of the last therapy or the date of progression.

Measurements of interest

- Patient demographics, clinical characteristics, treatments by lines of therapy (2L and 3L), and 3L treatment.

- For patients receiving active post-platinum therapy, the following outcomes were calculated: Treatment response, defined as complete response (CR) or partial response (PR); stable disease (SD), and progressive disease (PD) per RECIST v1.1 or provider assessment.

- If a response could not be determined, the patient was classified as not evaluable (NE).

Statistical analysis

Continuous variables were summarized by the number of patients, mean standard deviation, median, minimum, and maximum. Frequencies and percentages were presented for categorical variables.

Response rates were analyzed descriptively with percentage of responders (including 95% confidence intervals).

Results

A total of 339 patients included, treated by 227 providers (333 providers in each country), with 55.5% (162/292) of providers located in teaching/hospital based settings and 44.5% in teaching/university based settings. 4

- Most providers were medical oncologists (63.9% [135/212]) and 58.6% (133/227) of providers had >15 years’ experience.

- Patient demographics are summarized in Table 1.

- Most patients had PBCT at 1L: the majority (62.6% [213/339]) received carboplatin/paclitaxel.

- Non-PBCT (including combination with hormonal agents) was received by 39.3% (237/339) of patients at 2L (26.5% [93/339] docetaxel, 82.8% [286/339] patients at 3L (22.2% [93/422] docetaxel). 22.9% (93/422) patients and 100% (7/7) at 4L.

- For treatments prior to index, 76% (262/339) had received a PBCT at 1L without a subsequent LOT, 15% (51/339) had received a PBCT at 1L followed by a non-platinum 2L therapy, 8% (28/339) had received a PBCT at both 1L and 2L.

- At the index line the most common regimens (i.e., post-platinum therapy) were docetaxel monotherapy (21.5% [70/339], pazlactom therapy (15.0% [50/339]), and carboplatin/paclitaxel (6.5% [23/339]), 20% (66/339) did not receive a recent treatment after the index date (Table 1).

- Across all countries discontinuation and paclitaxel was the most common indices therapies except for France and the UK (7.4% [26/79]) France received gemcitabine and 16.7% (10/60) in the UK received carboplatin, that was the highest percentage of patients (25.6% [19/72]) receiving no active treatment.

- In the 271 patients receiving active treatment, the most common reasons for stopping treatment were disease progression (91% [249/271]) at month 9, followed by distant progression (22% [59/271], patients' choice (16% [44/271], SD [9% [25/271]) or death (8% [22/271]).

- For all patients (n=339), only 8% received further active treatment after index treatment, the top three treatment pathways included non-platinum-based therapy such as paclitaxel (2.4%), topotecan (1.8%), and cisplatin (1.2%).

Conclusions

- Overall, the objective response rate (CR + PR) for patients receiving treatment at the index line was 44.3% (120/271), which is higher than what has been previously reported in clinical trial data. Figure 2 summarizes the best overall response at the index line.

- For those who received active treatment, responses were determined using RECIST v1.1 (56 [103/271]) or by physician-reported outcomes (52 [103/271]). 38.0% (103/273); 5.6% (15/272) were unknown

- Overall, 33.0% (24/72) had a CR, 24.6% (63/257) had a PR, 23.3% (65/272) had SD, and 25.8% (70/272) had PD: unknown for 5.6% (15/272).

- Spain and Germany had more patients with SD (29.3% [11/68] and 28.6% [6/21], respectively) than other EU countries; the UK had more patients with PR (33.0% [20/60]), and France had the most patients with PD (29.1% [23/79]).

References

1. Gastrointestinal Cancer (GSK). FDA grants accelerated designation to docetaxel for patients with advanced colorectal cancer. 2021. 4

2. Fishawack Health Limited. Please find the online version of this poster by scanning the QR code or via http://www.slidebase.com.

Disclosure

- GSK is an employee of GSK and holds stock. MS is an employee of ICON plc, which received funding from GSK in connection with this study. AP and CR are employees of ICON plc. GSK was funded by ICON for this study. MS is an employee of GSK.

- This study (ICON100) was completed by GlaxoSmithKline (GSK). Clinical assistance was provided by Claire Kiley, PhD, at Forrestcm Limited UK. The work was supported by GSK. The authors wish to acknowledge Ewa Knapik and Jessica Ungermann from GSK for their contributions to data analysis in this study.

- These results were presented at the Society of Gynecologic Oncology (SGO) 2022, Phoenix, Arizona; March 18-21, 2022.

- Please find the online version of the power point by scanning the QR code or via http://www.slidebase.com.