Pembrolizumab (P) +/- Lenvatinib (L) in Patients (pts) with advanced Endometrial Cancer (EC) in Northern California

Tiffany Seto, MD – Kaiser Permanente San Francisco

Topic:Endometrial

Objectives

More effective treatments are needed for women with advanced or recurrent EC. P+L received FDA approval JUL2021 for recurrent EC with proficient (p) MisMatch Repair (MMR). P received FDA approval MAR2022 for deficient (d) MMR advanced EC. Addition of L is associated with frequent toxicities managed with dose and/or schedule modifications. We describe our community-based experience within Kaiser Permanente Northern California.

Methods

Pts with recurrent or metastatic EC who received P+/-L between JAN2016 through JUN2021 were ascertained from our national pharmaceutical database. Demographics, pathology, MMR screening, P53 status, and other variables were extracted from the clinical data repository. Clinical outcomes and treatment-related adverse events were identified through chart abstraction. Statistical analyses included Chi-squared or Fisher exact tests, independent sample t-tests, and bivariate comparisons.

Results

We included 148 pts with median age 64.8 y, dMMR in 42 (39.2%) with MSI in 31 (28.9%). Aberrant p53 in 67 (45.3%) with confirmed TP53 mutation in 65 (43.9%). Median duration of P therapy was 11 wks. For P+L, 65.4% of pts started at 20 mg, 23.4% started at 10 mg, 32.7% had dose adjustments, and 10.3% discontinued therapy due to treatment related toxicities, with a median duration of 10.1 wks. Clinical outcomes are summarized in Table 1. Median follow up was 7.2 m. Overall response rate (ORR) was similar between P and P+L and comparable to the ORR for pMMR/MSS pts on P+L. ORR by histology was 35/67 (52.2%) for endometrioid, 18/45 (40.0%) for serous, 3/4 (75%) for clear cell, 3/6 (50%) for de-differentiated, 3/11 (27.2%) for carcinosarcoma, and 5/15 (33.3%) for mixed.

Conclusions

In our cohort, the ORR for pts with pMMR on P+L was similar to KEYNOTE-775. Dose adjustments and discontinuation rates in L were lower compared to clinical trials, although the optimal dose and schedule remains uncertain, and we are currently starting with L 20 mg daily for 5 days each week.

Abstract Table or Graph

SPAZFWFX-1512018-1-ANY.pdf