

Poster 7: Assessing benefit of lenvatinib and pembrolizumab after prior immunotherapy for recurrent endometrial cancer

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Topic
Endometrial

Objectives
To assess and evaluate treatment response and benefit of lenvatinib and pembrolizumab (len/pem) in patients previously treated with immunotherapy (IO) compared with immunotherapy-naive patients with recurrent endometrial cancer.

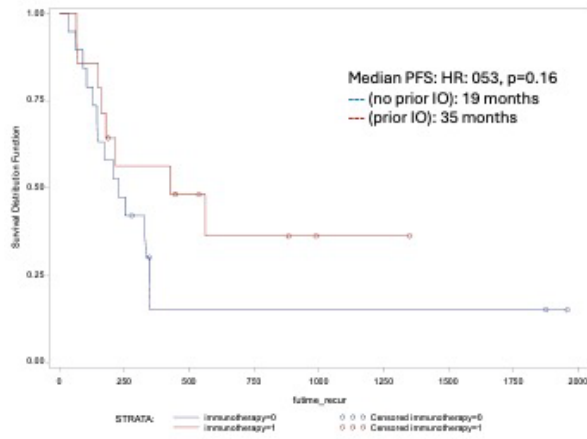
Methods
A retrospective chart review was performed of patients with recurrent endometrial cancer who were treated with len/pem between January 1, 2018 and November 1, 2025 at a single academic center. Patient demographics, histology, stage, p53 and MMR status, and chemotherapy regimen including IO exposure prior to starting len/pem were evaluated. Primary outcome was progression free survival (PFS) and overall survival (OS) stratified by prior IO status using Kaplan–Meier methods and Cox proportional hazards models. Secondary outcomes analyzed were treatment response, clinical benefit rate (CBR), and objective response rate (ORR) to len/pem based on prior IO status.

Results
A total of 33 patients were identified who received combination len/pem. Of the 14 patients who had received prior IO treatment, 9 (64%) received single agent pembrolizumab prior to initiating treatment with len/pem; 19 were IO naive. Median PFS in patients receiving prior IO compared to IO naive was 35 and 19 months, respectively, with an HR of 0.53 (95% CI: 0.22-1.28; p=0.16). For OS, HR for death was 0.49 (95% CI: 0.16-1.51; p=0.21). Median OS time is 40 months for no prior immunotherapy group, while median OS was not yet reached for the immunotherapy group. CBR (85% vs. 73%) and ORR (54% vs 32%, p=0.68) were higher in patients who had received prior IO. For patients for whom Lenvatinib was added while on single agent Pembrolizumab (“Lenvatinib salvage”), CBR of 87.5% and ORR of 50% were noted. Recurrence rates in IO naive versus prior IO patients were 79% and 57%, respectively.

Conclusions
Our study suggests a trend towards improved outcomes when lenvatinib was added to prior IO treatment compared to IO naive, although not statistically significant. Larger prospective studies are needed to bolster the utility of lenvatinib salvage in patients with recurrent endometrial cancer

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Abstract Table or Graph

Progression Free Survival (PFS): IO vs no prior IO



Overall Survival (OS): IO vs no prior IO

