# THERAPIES IN ENDOMETRIAL CANCER WITH DNA MISMATCH REPAIR DEFICIENT OR MICROSATELLITE INSTABILITY: A SYSTEMATIC REVIEW

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#### Background and importance

- Standard therapy for advanced endometrial cancer (EC) pre-treated with platinum-based chemotherapy (PCT) showed limited efficacy.
- DNA mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) neoplasms are associated with increased PD-1 and PD-L1 expression. Thus, immunotherapy could play an important role in EC with dMMR/MSI-H.

## Aim and objectives

To conduct a systematic review of scientific evidence on treatments for EC with dMMR/MSI-H in patients who previously received PCT

## Material and methods

#### PRISMA methodology

A literature search in PubMed® database was performed until August 2023.

- Inclusion criteria: clinical trials (CTs) involving patients with dMMR, or MSI-H diagnosed with advanced and/or metastatic EC who had previously received PCT.
- <u>Efficacy endpoints</u>: overall survival (OS), progression-free survival (PFS) and objective response rate (ORR).
- <u>Data collected</u>: publication date, study design, stage, median patient follow-up, sample size, therapies, comparator arm and efficacy data.

## <u>Results</u>

30 search results \_\_\_\_\_\_13 CTs met the inclusion criteria.

- 11 studies had no comparator arm.
- Median follow-up: 6 42.6 months.
- Sample size: 11 130 patients.
- Therapies: pembrolizumab, pembrolizumab + lenvatinib, durvalumab, durvalumab + tremelimumab, dostarlimab, nivolumab and avelumab.

Pembrolizumab achieved the highest numerical efficacy.

Dostarlimab and durvalumab presented the next best numerical efficacy.

Therapy	OS	PFS	ORR
Pembrolizumab	40.0 months	23.5 months	58%
	(95%CI 25.3-NR)	(95%CI 10.7-NR)	(95%CI 37-78)



### **Conclusion and relevance**

The greatest numerical efficacy data were achieved by pembrolizumab, followed by dostarlimab and durvalumab. CTs with adequate comparisons are needed for reliable data interpretation



