

Progression free survival in advanced or recurrent endometrial cancer: systemic therapies beyond the chemotherapy protocols

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INTRODUCTION

Optimal second line systemic treatment for recurrent or advanced endometrial cancer is still debated. Emerging evidence suggests that addition of immune checkpoint inhibitors (ICI) to chemotherapy (ChT) increases progression free survival. Yet, progestin, aromatase inhibitor treatment, targeted therapies and ICI alone or in combination still represent a treatment solution. Our aim was to systematically review the literature for therapy possibilities.

MATERIALS AND METHODS

We collected systemic therapy possibilities and pooled the different subgroups.

RESULTS

Five randomized controlled trials summarized the addition of ICI to the conventional ChT (paclitaxel + carboplatine). Regardless to the mismatch repair status, addition of ICI increased median progression free survival (PFS) and overall survival (OS) compared to the ChT only group. At the mismatch repair deficient (MMRd) median PFS was 8.39 months in the ChT and 22.73 months at the ICI group, respectively. At mismatch repair proficient (MMRp) patients, PFS was 9.4 months at the ChT group and 10.18 months at the ICI group.

We performed several single arm subgroup analyses and multiple meta-analyses of the data.

Pooled mPFS of progestin treatments was 3.16 months.

When only Lenvatinib and Pembrolizumab combination were considered, mPFS was 6.69 months.

PI3K/AKT/mTOR inhibitor monotherapies provided a mPFS of 4.53 months. When combined with aromatase inhibitors, mTOR inhibitors resulted in a polled mPFS of 5.33 months. All aromatase inhibitor containing therapy protocols resulted in mPFS of 4.88 months.

CONCLUSION

Several combined and single agent therapies are available for the treatment of recurrent and advanced endometrial cancer. The best PFS is provided by the combination of ChT and ICIs especially at MMRd group.

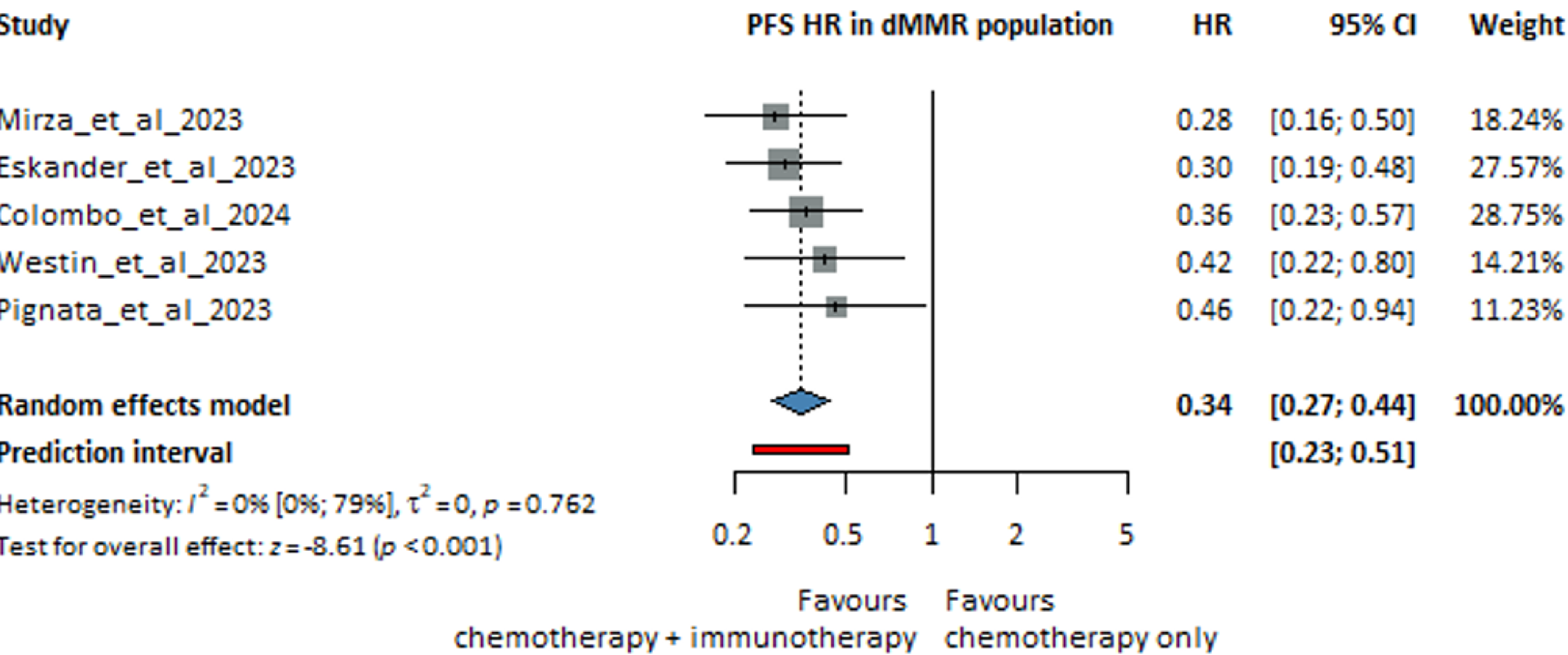


Figure 1. ICI with or without ChT in MMRd population – PFS