



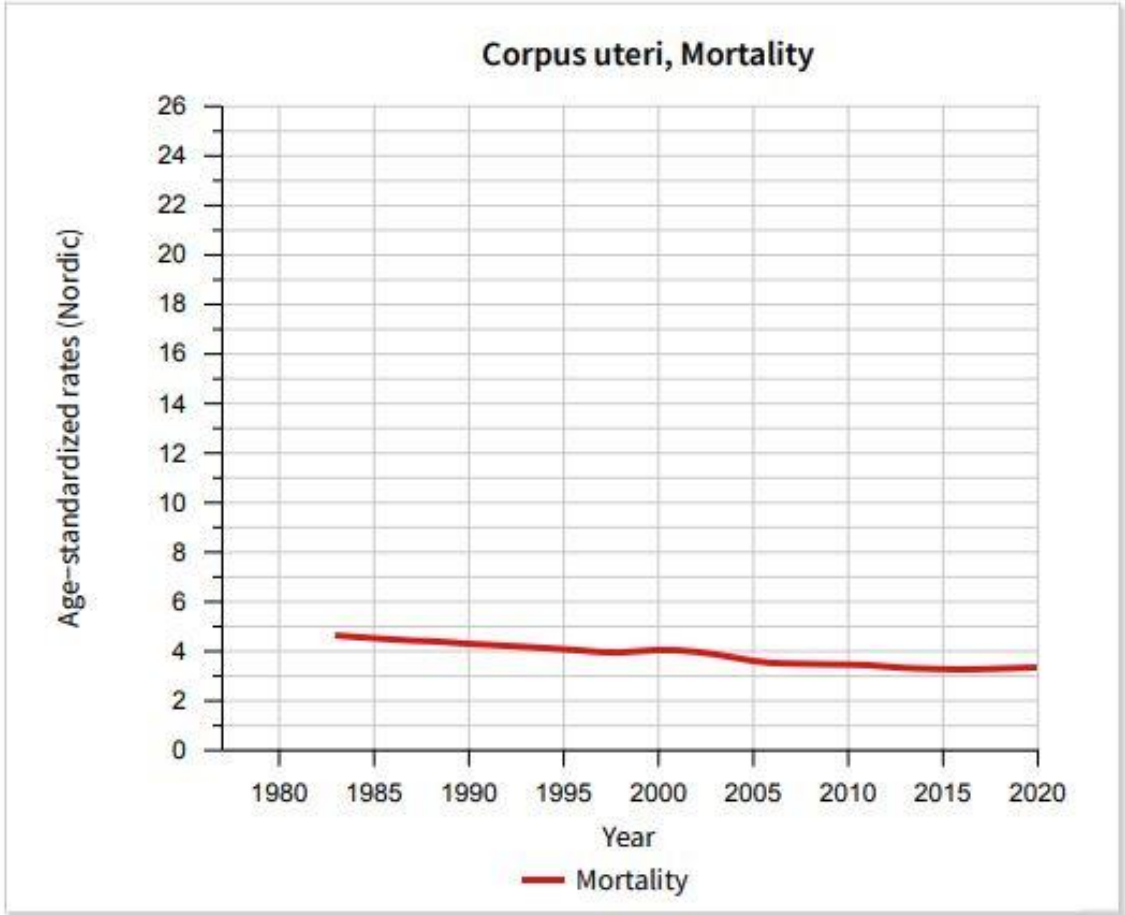
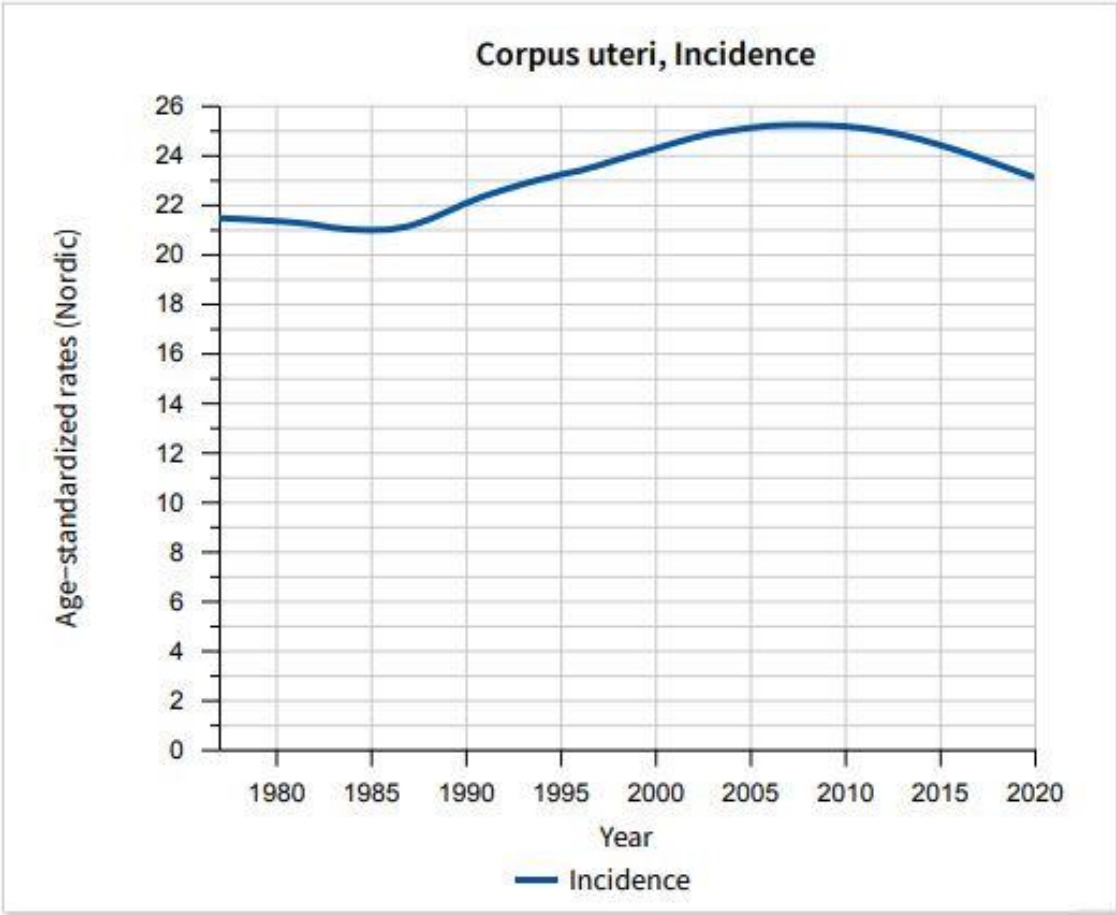
Caroline Lundgren

- ▶ Chemotherapy in Endometrial Cancer:
Who benefits - who does not?

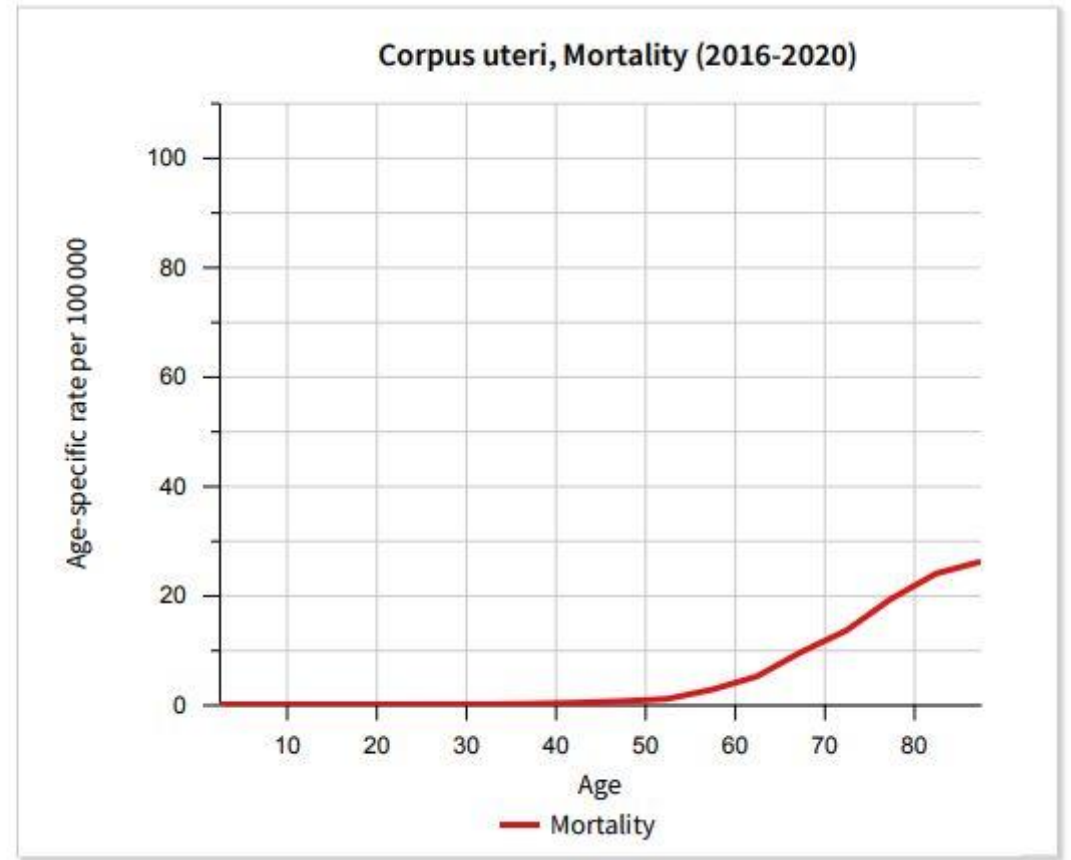
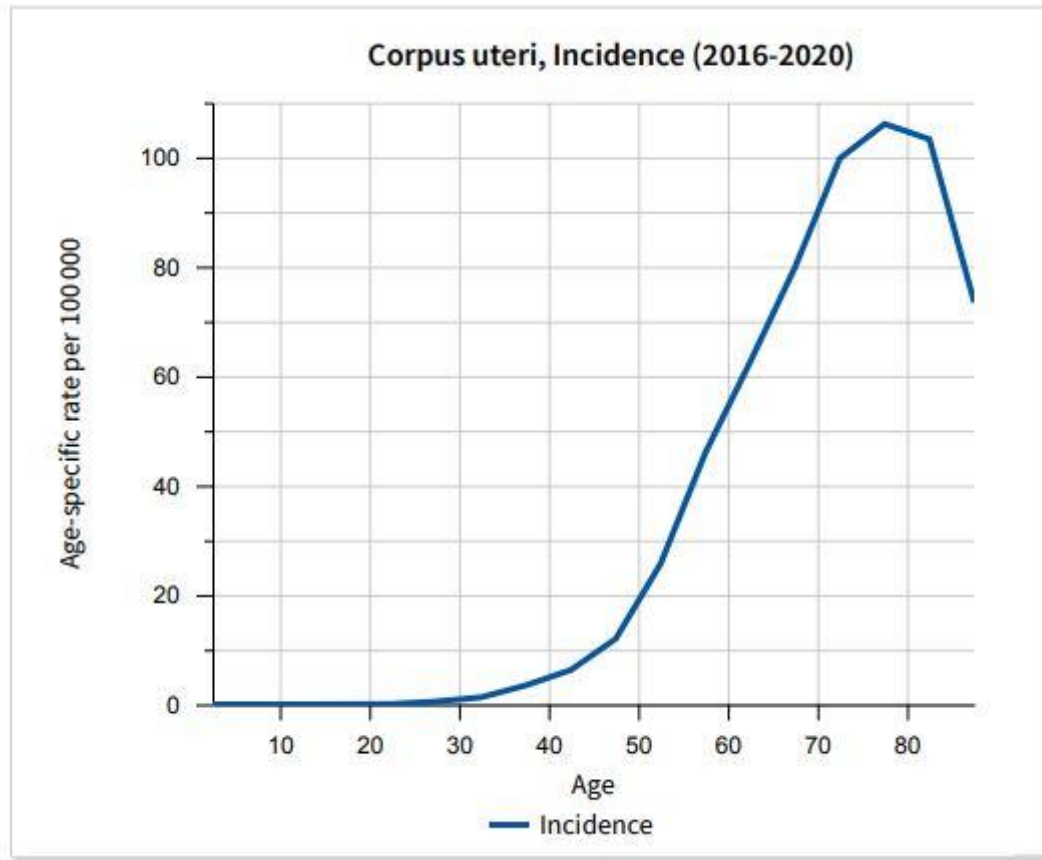
Disclosures

- Advisory board – ESAI
- Lecture – ESAI, Astra Zeneca

Incidence and mortality



Age



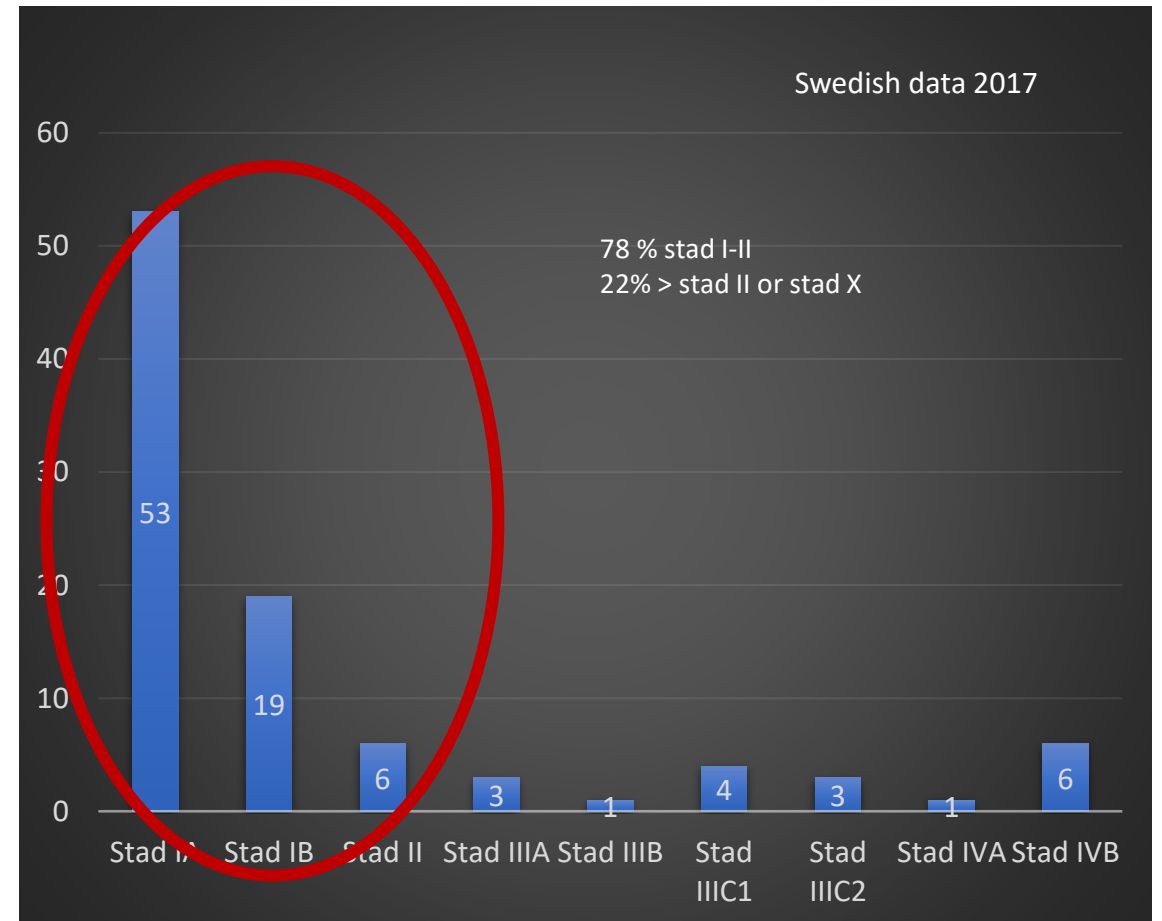
Stage and histopathology

Endometrioid type ~80%

- Low grade ~85%
- High grade ~15%

Non endometrioid type ~20%

- Serous
- Clear cell
- Carcinosarcoma
- Etc



Rct chemotherapy

- EORTC 55872
- GOG 107
- GOG 177
- **GOG 122**
- GOG 184
- GOG 209
- GOG 34
- JGOG2033
- **NSGO/EORTC + MaNGO/ILIADE III**
- **PORTEC 3**
- GOG 258

Chemotherapy

NSGO 2020

- First line – Karboplatin and Paklitaxel¹
- Second line – Doxorubicin or weekly Paklitaxel
- Third line??

Agent	Response Rates	
	CHT Naïve	Recurrence
Doxorubicin <small>Randall, J Clin Oncol. 2006</small>	18-35%	22 %
PLD <small>Balbi, Acta Biomed. 2007</small>	12-36%	20%
Ifosfamide <small>Sutton GP. Cancer. 1994.</small>	26%	15 %
Docetaxel <small>Garcia AA Gynecol Oncol. 2008</small>	-	31%
Topotecan <small>Tal T. Gynecol Oncol. 2011</small>	-	9%
Paclitaxel weekly <small>Dixon M, Clin Oncol. 2009</small>		27%
Gemcitabine <small>Lincoln S. Gynecol Oncol. 2003</small>		4%

¹GOG 209 Miller J Clin Oncol 2020

Who could benefit from chemotherapy?

Risk group		Chemo included?
Low	Stage IA low-grade endometrioid, LVSI neg	No
Intermediate	Stage IB low-grade endometrioid, LVSI neg Stage IA high-grade endometrioid, LVSI neg Stage IA non-endometrioid, no myometrial inv	Yes/No
High-intermediate	Stage I with LVSI Stage IB high-grade endometrial Stage II	Can be considered
High	Stage III-IV without residual disease Stage I-IV non-endometrioid without residual disease	Yes
Advanced metastatic	Stage III-IVA with residual disease Stage IVB	Yes
Recurrent disease		Yes

Swedish
2017



Engot en-2

- A Phase II Randomized Trial 244 patients
- **Primary endpoint OS**
- **Inclusion criteria**
 - Stage I high-grade endometrioid
 - Stage II endometrioid
 - Stage I-II non-endometrioid
 - At least 6 lymph nodes on each side/ sentinel node procedure
- **Treatment**
 - Karboplatin + Paklitaxel x 6/observation
 - Vaginal brachytherapy optional, decision before randomisation

Results?

In the new era – studies arrive

- dMMR recurrence where platinum is not an option – PD-1 inhibitors instead
- pMMR recurrence where platinum is not an option – PD-1 inhibitors + Lenvatinib instead?
- Karboplatin + Paklitaxel + PD-1inhibitors upfront in advanced or recurrent disease?
- dMMR – is it enough with immunotherapy alone upfront in advanced disease or recurrence? Waiting for results of studies.
- POLE mutated, avoid chemotherapy in adjuvant setting?



Thank you