

RESULTS FROM THE GERMAN REGISTRY PLATFORM SMARAGD

REAL-WORLD DATA ON SYSTEMIC TREATMENT AND BIOMARKER TESTING IN PATIENTS WITH ADVANCED OR METASTATIC ENDOMETRIAL CANCER

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INTRODUCTION

Endometrial carcinoma (EC) is the sixth most common cancer and the second most common gynecological malignancy in women worldwide. Chemotherapy (CT) is recommended for patients with metastatic or locally advanced and inoperable EC (a/m EC). In recent years, molecular classification of EC has been introduced, leading to the availability of new and targeted treatment options like immune checkpoint inhibitors (CPI). Real-world evidence on biomarker testing, treatment and outcome is still scarce in this indication and limited data exist on how quickly new treatments are implemented in routine care.

METHODS

SMARAGD (NCT05129969) is a prospective, observational, multicenter and intersectoral clinical registry collecting data on 1375 patients with ovarian cancer or EC from over 140 sites in Germany (comprehensive cancer centers, clinics, and office-based medical oncologists). Since November 2021, patients with a/m EC (at initial diagnosis or at diagnosis of relapse) are recruited at start of first-line treatment. Detailed information on patients and tumor characteristics, biomarker testing, systemic treatment, and outcome data are documented over the whole course of disease. Follow-up continues up to 3 years or until death.

Here, we present data on first- and second-line treatment and on MMR and MSI biomarker test frequency of patients with a/m EC in real-world in Germany.

RESULTS

At database cut (31Jul2024), 168 patients with a/m EC had been recruited by 125 sites. Median age of patients was 67 years, for 80% at least one comorbidity was reported and 11% of patients had an ECOG ≥ 2 . 66% of patients presented with initial a/m disease (FIGO stage III/IV), 74% of patients had an endometrioid carcinoma (**Table 1**).

Prior to first-line treatment, 57% (n=96) of all patients were tested for either MMR and/or MSI (42% for MMR only; 43% for MSI only). In 2022, 51% of patients were tested and in 2024, 63% have been tested so far. 31% of tested patients had a dMMR/MSI-high tumor (**Table 2**).

First-line carboplatin-based CT was administered in most of the patients (86%), mainly in combination with paclitaxel (CAR+PAC: 71% in 2022 vs. 40% in 2024). CAR+PAC in combination with Dostarlimab was not applied in 2022 and in 2024, 17% of patients received this combination (**Figure 1**). Of 12 patients with dMMR/MSI-high tumors and start of first-line treatment after approval of dostarlimab, five patients received dostarlimab.

46 patients (27%) had already received a subsequent second-line treatment, mostly a CPI-based treatment: 54% of patients received lenvatinib in combination with pembrolizumab, 22% received dostarlimab (**Figure 2**).

CONCLUSION

In routine clinical practice, first-line platin-based CT is standard of care for patients with a/m EC in Germany. With implementation of molecular classification and availability of targeted treatments, the test frequency has increased since 2022, and in 2024 over 60% of the patients are tested for MSI and/or MMR for first-line treatment. Our data indicate that the use of CPIs in first-line has been increasing since 2023. In second-line treatment, about 80% of patients receive a CPI. Future research will provide important data on how new treatment options will change the treatment landscape and on the outcome of patients with a/m EC in Germany.

Table 1: Patient characteristics of patients with advanced/metastatic EC

	Total
Number of patients	168
Median age at start of first-line	67.3
25 % / 75 % quantiles	60.4 - 74.1
ECOG Performance Status at start of first-line	
ECOG 0	62 (36.9 %)
ECOG 1	74 (44.0 %)
ECOG ≥ 2	18 (10.7 %)
Unknown / missing	14 (8.4 %)
Comorbidities at start of first-line	
Any comorbidity	135 (80.4 %)
Comorbidity according to CCI	
CCI 0	127 (75.6 %)
CCI ≥ 1	41 (24.4 %)
FIGO stage at diagnosis	
I	39 (23.2 %)
II	6 (3.6 %)
III	44 (26.2 %)
IVA	3 (1.8 %)
IVB	63 (37.5 %)
Unknown / missing	13 (7.8 %)
Histology of primary tumor	
Endometrioid carcinoma	124 (73.8 %)

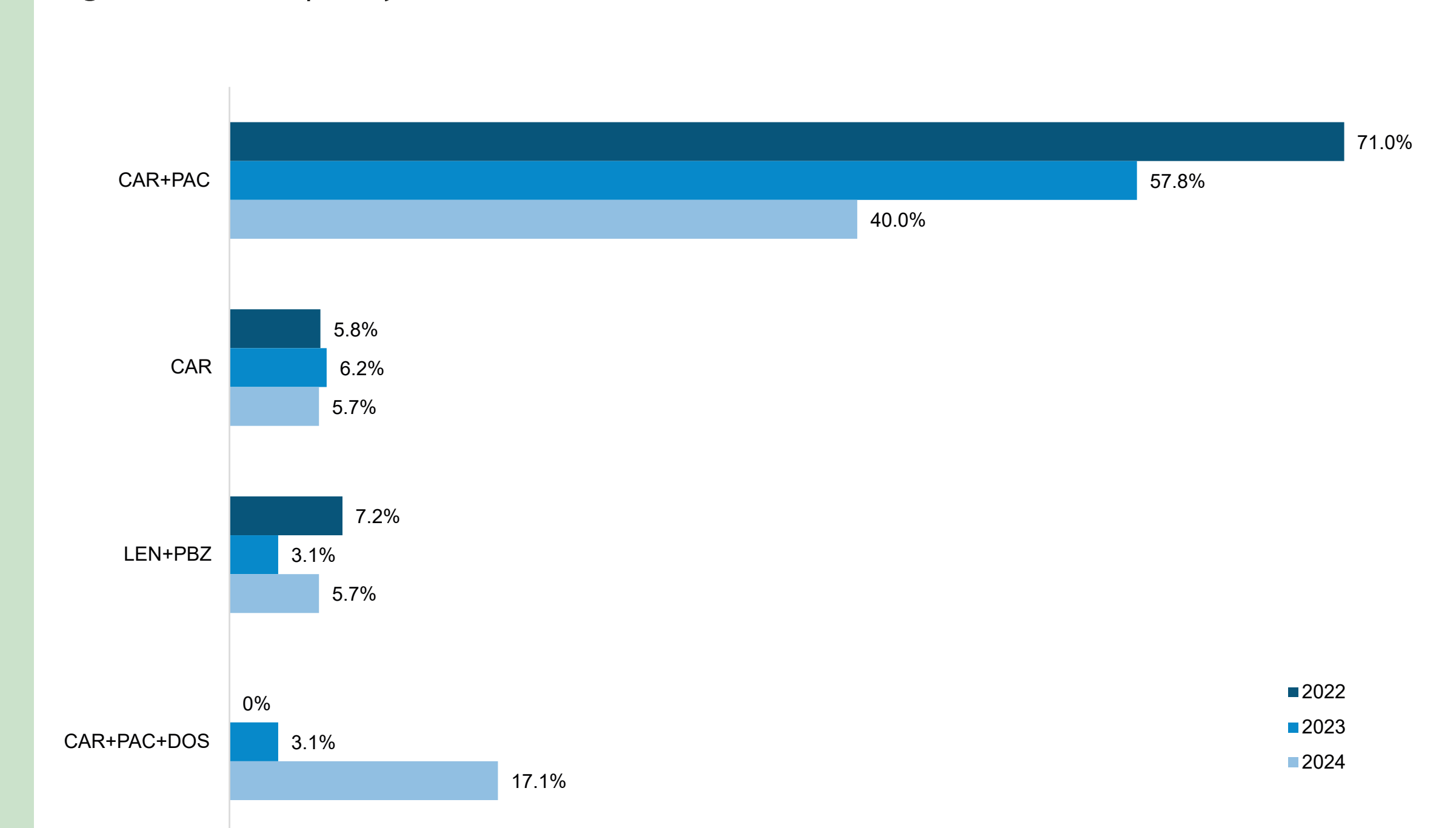
CCI: Charlson Comorbidity Index.
CCI: Comorbidities according to Charlson et al 1987 current weighting according to Quan et al. 2011. Range 0-24.
Any comorbidity: comorbidities according to CCI and other comorbidities combined.
ECOG: Eastern Cooperative Oncology Group performance status. ECOG according to Oken et al. 1982.
FIGO: Tumor stage is calculated from documented values for T- and N-stage. If values are documented as "TX" or "NX" or if subcategories for the T-stage (such as T2a and T2b) are not documented, the exact stage cannot always be specified.

Table 2: Biomarker testing for 1-line treatment | Testing for MMR and/or MSI

	2022	2023	2024	Total
Number of patients	69	64	35	168
Documented test				
Yes	35 (50.7 %)	39 (60.9 %)	22 (62.9 %)	96 (57.1 %)
MMR/MSI test result according to tested patients				
dMMR/MSI-H	13 (37.1 %)	8 (20.5 %)	9 (40.9 %)	30 (31.2 %)
Not dMMR/MSI-H	7 (20.0 %)	12 (30.8 %)	5 (22.7 %)	24 (25.0 %)
Unknown	15 (42.9 %)	19 (48.7 %)	8 (36.4 %)	42 (43.8 %)

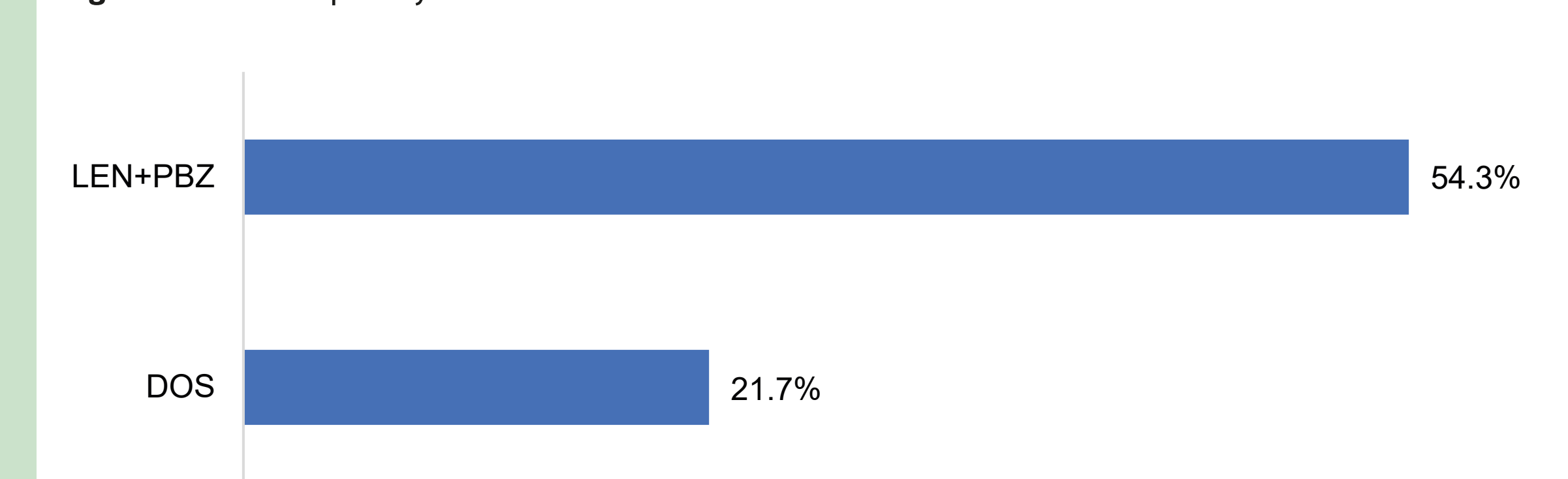
Displayed are all patients tested for MMR and/or MSI.

Figure 1: Most frequently used 1-line treatments over time



The percentage refers to all patients with 1-line treatments (n=168).
CAR: Carboplatin | DOS: Dostarlimab | LEN: Lenvatinib | PAC: Paclitaxel | PBZ: Pembrolizumab

Figure 2: Most frequently used 2-line treatments



The percentage refers to all patients with 2-line treatments (n=46).
DOS: Dostarlimab | LEN: Lenvatinib | PBZ: Pembrolizumab

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