



# Emerging Endometrial Trials

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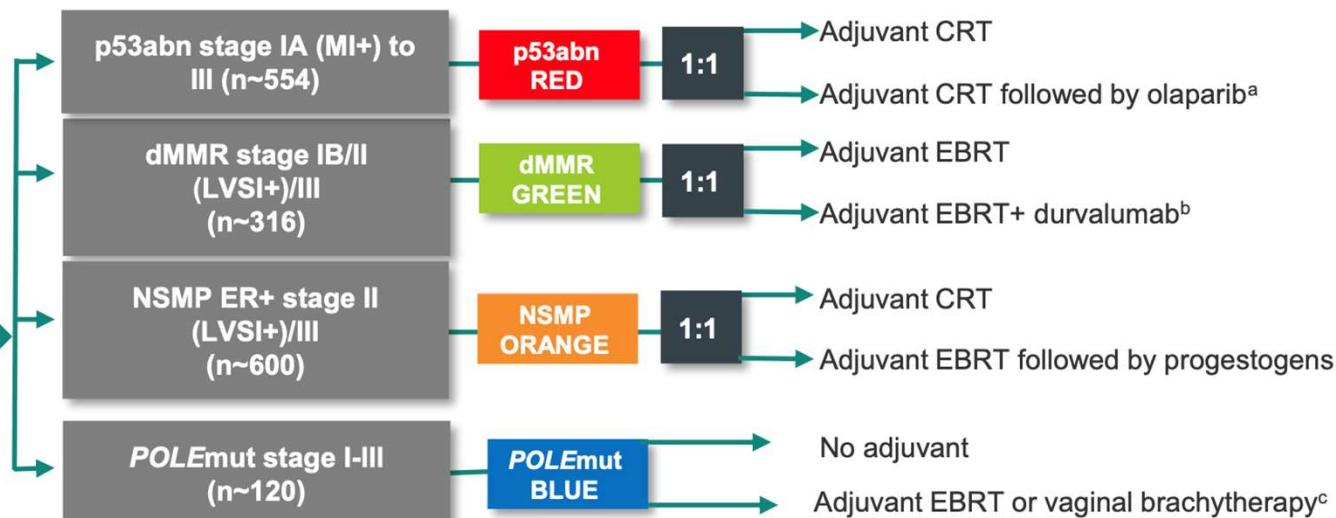
Mount Sinai Medical Center, Miami Beach, FL

# Adjuvant Trials

# NRG-GY032 RAINBO: Phase II/III Trials Investigating Adjuvant Therapy in Endometrial Cancer Based on Molecular Features

## Patient Population (N≈1615)

- Hysterectomy and bilateral salpingo-oophorectomy ± lymphadenectomy or sentinel node biopsy, without residual disease after surgery
- Endometrioid, serous, clear cell, un/dedifferentiated, mixed, and carcinosarcoma cell types
- Full molecular classification performed according to the WHO 2020 diagnostic algorithm
- Expected start of adjuvant treatment (if applicable) within 10 weeks after surgery
- No distant metastases as determined by presurgical or postsurgical imaging (CT scan of chest, abdomen, and pelvis or whole-body PET-CT scan)



## Primary Endpoints

- 3-year RFS (p53abn-RED, dMMR-GREEN, and NSMP-ORANGE trials)
- 3-year pelvic RFS (*POLEmut*-BLUE trial)

## Secondary Endpoints

- 5-year RFS (overall, pelvic)
- 3- and 5-year survival (overall and EC-specific)
- 3- and 5-year vaginal RFS
- Safety and HRQoL

<sup>a</sup>Olaparib and progestogens ≤ 2 years after adjuvant RT. <sup>b</sup>Durvalumab for 1 year total (during and after adjuvant RT). <sup>c</sup>The *POLEmut*-BLUE trial will recruit 120 patients with select stage I–II *POLEmut* endometrial cancer in the main “lower risk” study cohort.

WHO = World Health Organization; CT = computed tomography; PET-CT = positron emission tomography-CT; LVSI = lymphovascular space invasion; MI = microsatellite instability; HRQoL = health-related quality of life.

ClinicalTrials.gov [www.clinicaltrials.gov]. Last updated July 13, 2023. Accessed April 10, 2024.

<https://clinicaltrials.gov/study/NCT05255653>. RAINBO Research Consortium. *Int J Gynecol Cancer*. 2022;33(1):109-117.

# Unmet Needs...

**ENGOT-en11/GOG-3053/KEYNOTE-B21  
Replacement**

**Is it possible to do another adjuvant  
trial?**

# First-Line Trials



## NRG GY-026

PI: Britt Erickson  
Co-PI: Amanda Fader  
Intl Co-PI: Clare Scott  
Translx PI: Alessandro Santin

Newly Diagnosed, Stage I-IVB, HER2 positive uterine serous or carcinosarcoma

Randomize 1:1:1

Safety Lead-In  
(n=45)

**Arm 1:**  
Carboplatin AUC 5 +  
paclitaxel 175 mg/m<sup>2</sup> q 21  
days x 6 cycles  
(may continue to 10  
cycles if measurable  
disease and SD or PR)

**Arm 2:**  
Carboplatin AUC 5 +  
paclitaxel 175 mg/m<sup>2</sup> q 21  
days x 6 cycles +  
trastuzumab 8 mg/kg IV  
loading dose f/b 6 mg/kg  
IV q 21 days

**Arm 3:**  
Carboplatin AUC 5 +  
paclitaxel 175 mg/m<sup>2</sup> q 21  
days x 6 cycles + fixed  
dose trastuzumab 600 mg/  
pertuzumab 600 mg SQ  
(with initial 1200 mg SQ  
pertuzumab loading dose  
w 1<sup>st</sup> cycle )

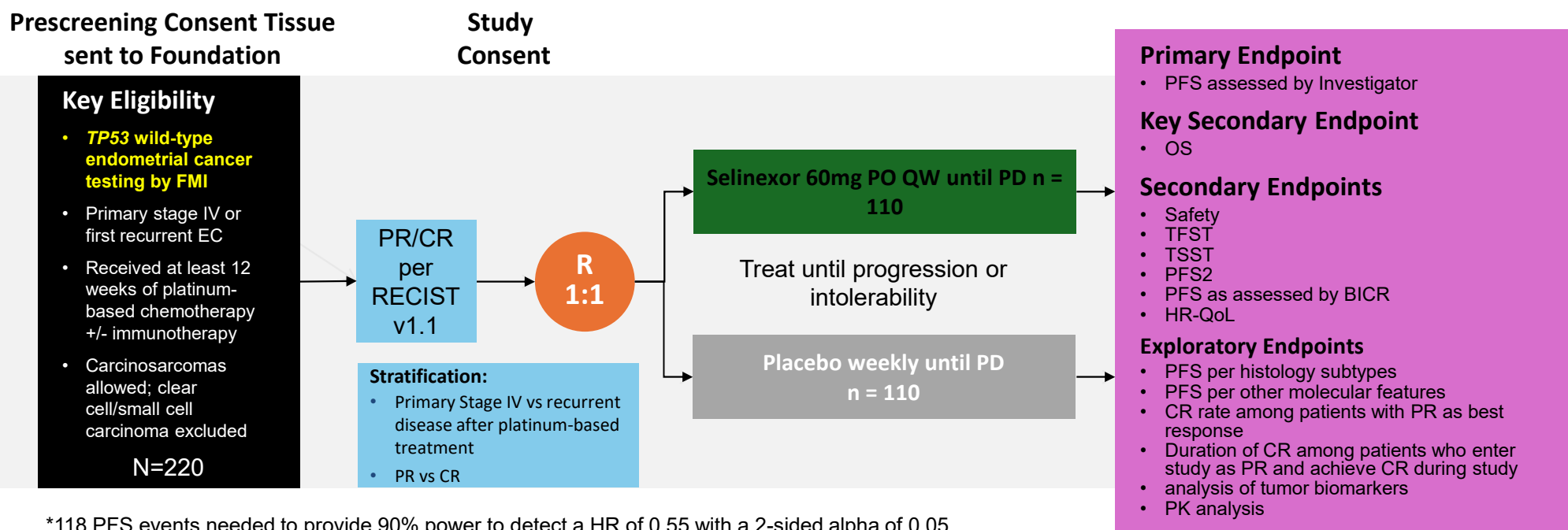
**Strata:**

- **Stage (I-II vs III-IV)**
- **Measurable vs. non-measurable dz**
- **Histology (serous vs carcinosarcoma)**

Maintenance trastuzumab  
6mg/kg IV every 21 days x  
1 year (or progression/  
prohibitive toxicity)

Maintenance fixed dose  
trastuzumab 600 mg/  
pertuzumab 600 mg SQ q  
21 days for 1 year (or until  
disease progression or  
prohibitive toxicity)

# XPORT-EC-042/GOG-3083: A Phase 3, Randomized, Placebo-Controlled, Double-Blind, Multicenter Trial of Selinexor in Maintenance Therapy After Systemic Therapy for Patients With *TP53* Wild-type, Advanced, or Recurrent EC



**NCT05611931**

EC, endometrial cancer; FMI, Foundation Medicine; BICR, blinded independent central review; CR, complete response; DCR, disease control rate; EC, endometrial cancer; HR-QoL, health-related quality of life; HR, hazard ratio; OS, overall survival; PFS, progression-free survival; PFS2, time from randomization until the second progression event; PD, progressive disease; PK, pharmacokinetics; PR, partial response; R, randomized; RECIST, Response Evaluation Criteria in Solid Tumors; TFST, time to first subsequent treatment; TSST, time to second subsequent treatment; QW, every week.



# Unmet Needs...

**Move ADCs to first-line?**

**First-line biomarker/hormonal trial?**

**Is a first-line hormonal therapy versus SOC trial feasible in the right patient population?**

**Continue to explore role of IO in first-line for pMMR tumors?**

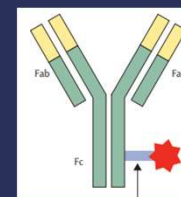


# Second-Line and Beyond Trials

# ADCs Under Development

## Target

- HER2
- TROP2
- B7H4
- Alpha-Folate Receptor
- Others



## Second Line, Phase 3 Trials – ADC

**GOG-3095/MK-2870-005/ENGOT-en23: A Phase 3, Randomized, Active-controlled, Open-label, Multicenter Study to Compare the Efficacy and Safety of MK-2870 Monotherapy Versus Treatment of Physician's Choice in Participants With Endometrial Cancer Who Have Received Prior Platinum-based Chemotherapy and Immunotherapy (PI: Bhavana Pothuri, MD, Junior PI: Michelle Lightfoot, MD) NCT06132958**

**ASCENT-GYN-01/GOG-3104/ENGOT-en26: A Randomized, Open-Label, Phase 3 Study of SG vs TPC in Participants With Endometrial Cancer Who Have Received Prior Platinum-Based Chemotherapy and Anti-PD-1/PD-L1 Immunotherapy (PI: Ramez Eskander, MD, Co-PI: Bradley Corr, MD) NCT06486441**

## Non- ADCs in Development in EC

Sponsor	Agent	Target/MOA	clinicaltrials.gov
Zentalis	Azenosertib	WEE1 inhibitor	NCT04814108 GOG-3065
Acrivon	ACR-368 (Prexasertib)	CHK1 and CHK2 inhibitor	NCT0554829* GOG-3082
Faeth	Serabelisib + Sapanisertib	PI3K/AKT/mT OR inhibitor	NCT06463028* GOG-3011

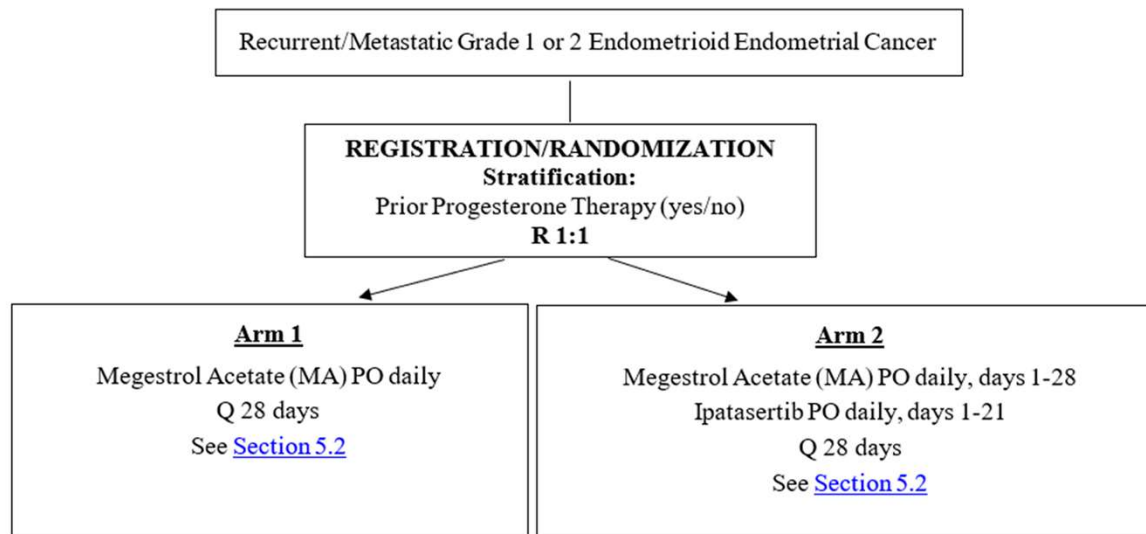
\* Biomarker informed populations

# NRG-GY028

## A Phase IB and Randomized Phase II Trial of Medroxyprogesterone Acetate with or without Ipatasertib in Recurrent or Metastatic Endometrioid Endometrial Cancer

PI: Michaela Onstad | Co-PI: Shannon Westin, MD

**PHASE II COMPONENT—Accruing as of PVD 11-JAN-2024**



- Phase IB = Complete
- Phase II = 78

Primary endpoint:

- Phase IB: Safety
- Phase II: PFS

NCT05538897

# GOG-3069

## A Phase 2 Study of Alpelisib and Fulvestrant for PIK3CA-mutated Estrogen Receptor (ER) Positive Endometrioid Endometrial Cancer

PI: Stephanie Gaillard, MD | Co-PI: Brian Slomovitz, MD

### Key Eligibility:

- Advanced, persistent, recurrent endometrial cancer
  - Endometrioid histology
  - PIK3CA mutated (CLIA-certified testing)\*
  - ER+ (greater than or equal to 1% of tumor cells)
- Measurable disease by RECIST v1.1
- Prior endocrine therapy allowed
- No prior mTOR, PIK3CA, PI3K, or AKT inhibitors allowed

### Screening/Registration



### TREATMENT

Alpelisib 300mg orally daily  
+  
Fulvestrant 500mg IM Day 1 and  
Day 15 of Cycle 1, then Day 1 each  
28 day cycle



Disease evaluations every 8 weeks for  
the first 3 evaluations then every 12  
weeks until PD

Primary Outcome: ORR  
Secondary outcomes:  
safety/toxicity, PFS, OS,  
DoR



# Unmet Needs

- I/O after I/O
- ADCs:
  - Target after target
  - Payload after payload
- What to do after ADCs?
- What if ADCs move to first line?