Real-world outcomes and management of endometrial cancer in France from 2016 to 2021 (MOONBEAM study)

Digital poster

SCAN ME

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Background

- EC is the fourth most common cancer in French women and is the most common gynaecological malignancy[1]
- The prognosis is poor for patients diagnosed with metastatic EC at diagnosis
  - Estimated 5-year OS is just 18.9% for stage IV EC, emphasising a need for early detection and effective treatment[2]
- Several studies have shown that anti–PD-(L)1-based treatment regimens can lead to clinically meaningful improvements in outcomes in primary advanced/recurrent EC[3–7]
  - Dostarlimab plus CP showed significant PFS and OS benefit compared with placebo plus CP in Part 1 of the RUBY study,[3,4] prompting early access to dostarlimab in France for patients with primary advanced/recurrent EC

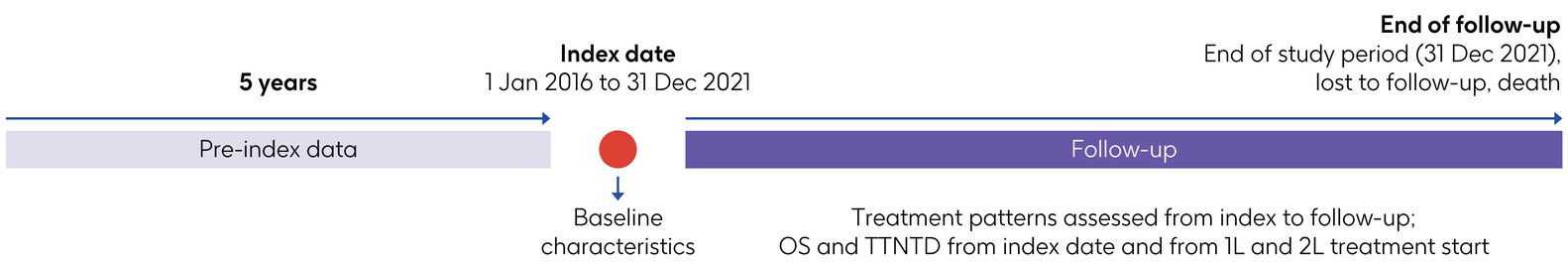
Aims

- To describe real-world treatment patterns, OS and TTNTD (as a proxy for PFS) in patients with initial metastatic and/or recurrent EC in France during 2016–2021
- To gain insights on patient management in this setting before the introduction of anti–PD-(L)1 therapies

Methods

- MOONBEAM is a retrospective cohort study of patients with EC identified in the 'Système National des Données de Santé' (SNDS), a national healthcare database of reimbursement data for outpatient healthcare and in-hospital stays for 99% of the French population[8]
- Included patients had a hospital stay or LTD with EC diagnosis (ICD-10 code C54) from 2016–2021
- Patients with initial metastatic and/or recurrent EC were defined as those presenting with metastasis <3 months (ICD-10 code C77/78/79) after diagnosis and/or treated >6 months after first surgery or received new treatment after a ≥6-month treatment-free gap
- The index date was the date of first metastatic EC diagnosis or, for recurrent EC, the date of the first EC treatment 6 months after surgery or a ≥6-month treatment gap

Figure 1. MOONBEAN study design



- Treatment patterns were analysed in patients with no prior active cancer before EC and visualised using time-sequence analysis through K-clustering (TAK)
- OS/TTNTD were evaluated in patients with no prior active cancer and with available mortality data and analysed using Kaplan–Meier methods

Results

Study population

- Overall, 23,060 patients with initial metastatic and/or recurrent EC were identified (median age 71 years; median follow-up 1.2 years; **Table 1**)

Table 1. Baseline characteristics and follow-up

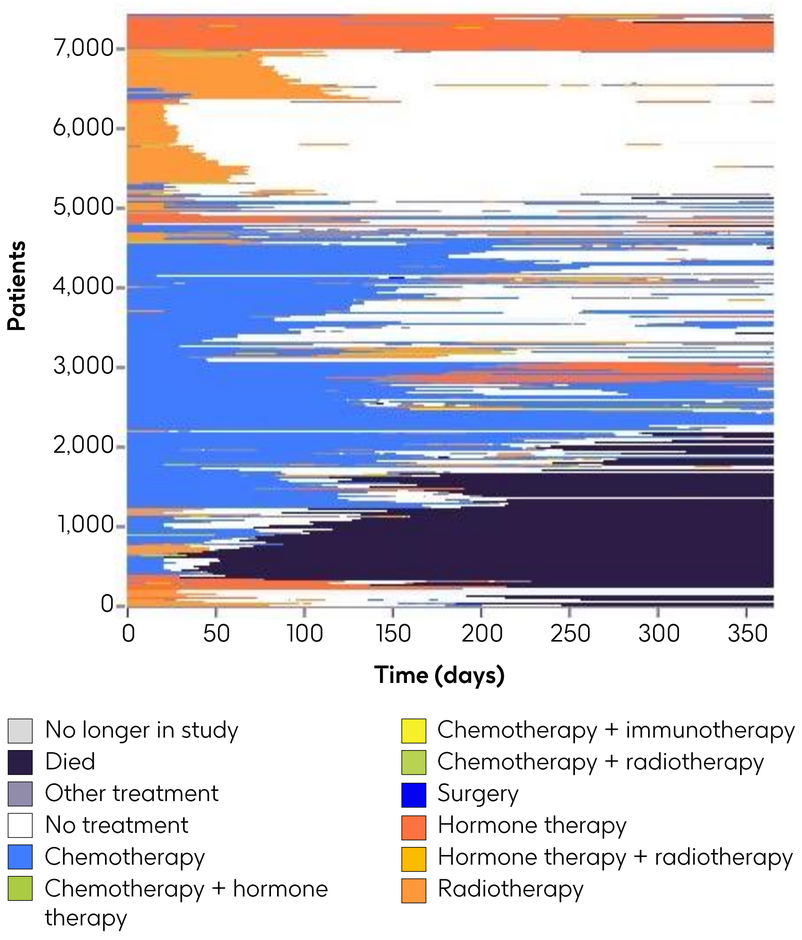
	Initial metastatic and/or recurrent EC N=23,060
Age, years, median (Q1–Q3)	71 (63–78)
Comorbidities, n (%)†	
Morbid obesity	4,774 (19.3)
Diabetes	4,417 (17.9)
Cardiovascular pathology	3,413 (13.8)
Venous thromboembolism	1,744 (7.1)
Lynch syndrome	66 (0.3)
Presence of prior active cancer, n (%)†	
Without prior active cancer	11,834 (51.3)
With prior active cancer	11,226 (48.7)
Without prior active cancer (OS population)‡	11,029 (47.8)
Cause of end of follow-up, n (%)	
End of study period (31/12/2021)	11,623 (50.4)
Death	11,244 (48.8)
Loss to follow-up	193 (0.8)
Follow-up duration, years, median (Q1–Q3)	1.2 (0.4–2.6)

†Within 5 years prior to the index date
‡Patients with no prior active cancer and with mortality data

Treatment patterns

- Among 11,834 patients with no prior active cancer, 10,154 (85.8%) received at least one EC treatment without any anti-oestrogens in follow-up, leaving 14.2% untreated
- A total of 2,715 (26.7%) of these patients underwent upfront surgery
  - In these patients, the most frequent subsequent treatment strategies were chemotherapy (58%), radiotherapy (24%) or no treatment (10%)
- Among the remaining 7,439 (73.3%) patients who did not have any prior surgery, 55%, 33% and 10% received chemotherapy, radiotherapy or hormonal therapy, respectively as their 1L treatment (**Figure 2**)

Figure 2. TAK treatment sequence among 7,439 patients with initial metastatic and/or recurrent EC without prior active cancer who did not start with surgery



Overall survival

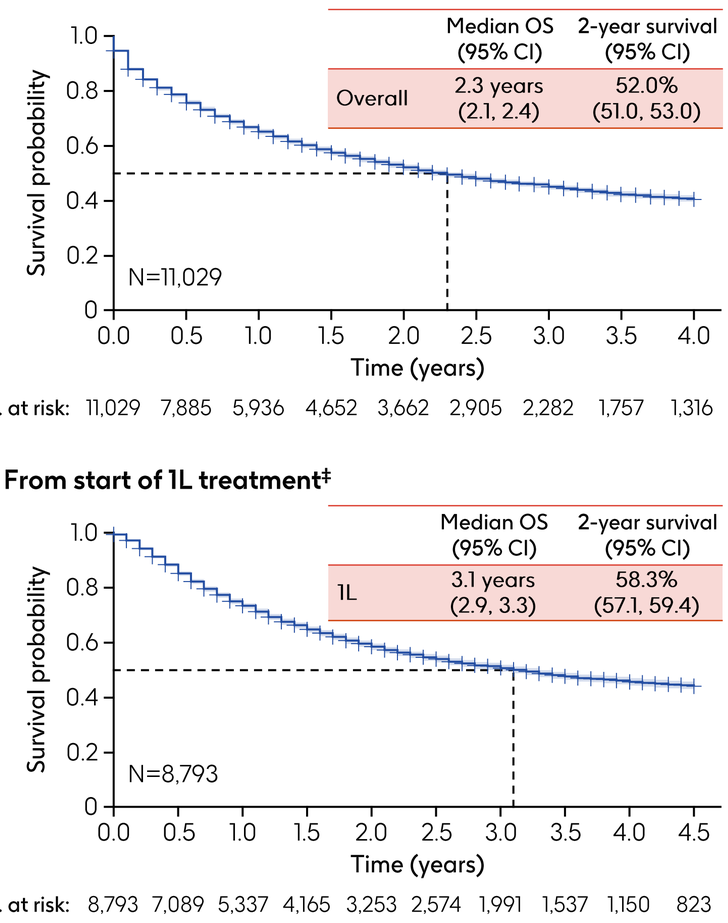
- Median OS was longer in the cohort receiving 1L treatment than in the overall cohort, which included both treated and untreated patients (3.1 vs 2.3 years, respectively; **Figure 3**)
  - OS rate at 2 years in the 1L setting was 58.3%
- Median OS in the 2L setting was around half that of the 1L setting (1.6 vs 3.1 years)

TTNTD

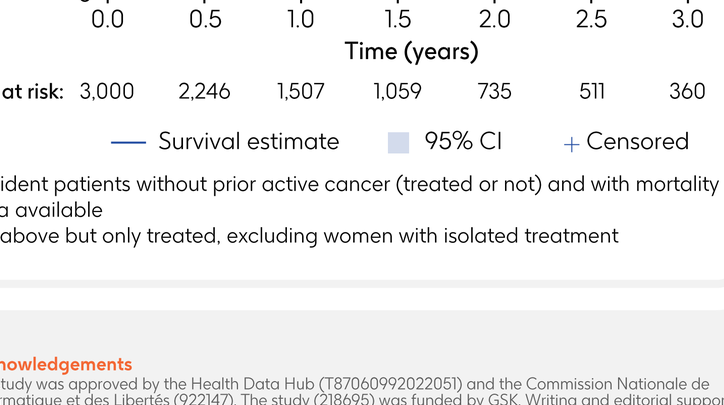
- Median TTNTD duration was 1.1 year (95% CI 1.0, 1.1) in the 1L setting and 0.7 years (95% CI NE) in the 2L setting

Figure 3. OS in initial metastatic and/or recurrent EC

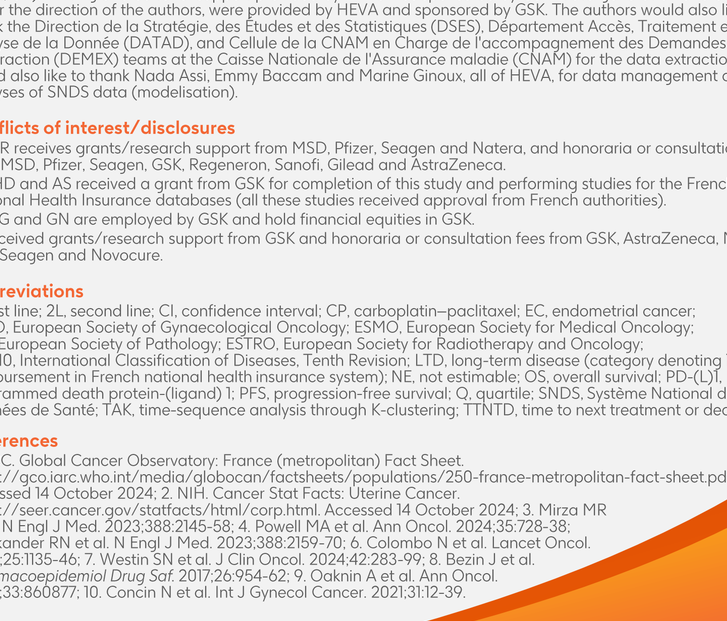
A) From index date, regardless of treatment status†



B) From start of 1L treatment‡



C) From start of 2L treatment‡



†Incident patients without prior active cancer (treated or not) and with mortality data available
‡As above but only treated, excluding women with isolated treatment

Conclusions

- The most common treatments for patients with initial metastatic and/or recurrent EC in France followed international and regional guidelines (ESGO/ESTRO/ESP and ESMO)[9,10]
- Around 14% of patients received no treatment for initial metastatic and/or recurrent EC
  - Survival rates were higher in patients receiving treatment than in the overall cohort, which included treated and non-treated patients
- Survival rate in the 1L setting was low (~3 years), highlighting an unmet need for alternative 1L treatments to prevent/delay recurrence, given more limited survival in the 2L setting
  - OS at 2 years in the 1L setting was similar to the control arm in the RUBY trial (56.0%) but was lower than the 71.3% for patients receiving dostarlimab plus CP,[3] suggesting improved outcomes could be achieved with greater uptake of 1L immunotherapy
- A limitation of the study was that EC stages are not identified in the SNDS; the algorithm used to identify patients with initial metastatic disease may have included some patients with stage III disease as well as those with stage IV disease

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Conflicts of interest/disclosures
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EA, LG and GN are employed by GSK and hold financial equities in GSK.
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Abbreviations
1L, first line; 2L, second line; CI, confidence interval; CP, carboplatin–paclitaxel; EC, endometrial cancer; ESGO, European Society of Gynaecological Oncology; ESMO, European Society for Medical Oncology; ESP, European Society of Pathology; ESTRO, European Society for Radiotherapy and Oncology; ICD-10, International Classification of Diseases, Tenth Revision; LTD, long-term disease (category denoting 100% reimbursement in French national health insurance system); NE, not estimable; OS, overall survival; PD-(L)1, programmed death protein-(ligand) 1; PFS, progression-free survival; Q, quartile; SNDS, Système National des Données de Santé; TAK, time-sequence analysis through K-clustering; TTNTD, time to next treatment or death.

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