#### PHAEDRA Abstract for ESMO ASIA 2019

### Title

Updated results of activity of durvalumab in advanced endometrial cancer (AEC) according to mismatch repair (MMR) status: the phase 2 PHAEDRA trial (ANZGOG1601).

### Background

Durvalumab monotherapy has demonstrated promising objective tumour response (OTR) and safety in advanced endometrial cancer with deficient MMR. We report here updated OTR, progression-free survival (PFS) and overall survival (OS) results based on central pathology MMR review from the PHAEDRA trial.

### Methods

Participants (pts) had MMR-proficient (pMMR) or -deficient (dMMR) AEC progressing after 0-3 lines of chemotherapy and were treated with durvalumab 1500mg IV Q4W. The primary endpoint was OTR (complete response [CR] or partial response [PR] by iRECIST). Secondary endpoints included PFS, OS, OTR by RECIST 1.1, adverse events, quality of life, and tertiary translational objectives to determine associations between molecular biomarkers and OTR.

### Results

71 pts with AEC were recruited from Feb 2017 to Sep 2018: 36 dMMR and 35 pMMR based on central MMR review. Median follow-up for OS were 16 vs 21 months in dMMR vs pMMR pts. Median age: 67 (range 36-81); ECOG PS: 0-1 in 96%, and 2 in 4%. Pathology: endometrioid in 94% and 57%; serous in 0% and 31%; grade 3 (most recent histology): 41% and 85% (dMMR and pMMR respectively). Durvalumab was the 1<sup>st</sup>, 2<sup>nd</sup> and subsequent line of non-hormonal therapy in 58%, 39%, and 3% pts with dMMR and 9%, 63%, and 29% pts with pMMR. Among dMMR pts, the OTR rate was 47% (17/36, 95% CI 32-63%): 6 CR, 11 PR and 6 stable disease (SD). OTR rate was 57% as 1<sup>st</sup> line and 38% as 2<sup>nd</sup> line. Among pMMR pts, the OTR rate was 3% (1/35, 95% CI 1-15%): 1 PR and 10 SD. Median PFS was 5.5 vs 1.8 months in dMMR vs pMMR pts. 12-month OS was 71% vs 51% in dMMR vs pMMR, with median OS not reached for dMMR vs 11.5 months for pMMR participants.

## Conclusions

Durvalumab monotherapy showed promising activity and safety in AEC with dMMR regardless of prior lines of chemotherapy, but there was limited evidence of activity in AEC with pMMR.

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