RWD156

Real-World Progression Patterns in First and Second Lines of Systemic Therapy for Endometrial Cancer

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ECHOS-A study related abstracts and posters

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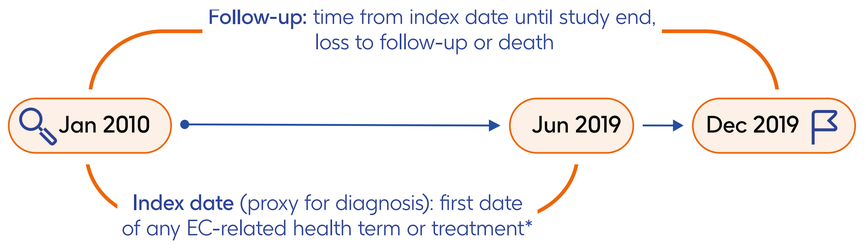
Aims

To evaluate the disease progression in patients with endometrial cancer (EC) receiving first- (1L) and second-line (2L) treatment in Argentina

Study Design



- Retrospective database cohort study using electronic medical records from privately insured patients at Hospital Italiano de Buenos Aires

*Surgery, radiotherapy or systemic therapy (chemotherapy, hormone therapy or immunotherapy).

Results

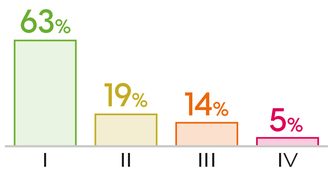
805 patients with EC identified

Age → 65.3 years mean (SD) (12.4)

BMI → 30.2 kg/m² mean (SD) (7.5) [Obesity: ≥30 kg/m²]

Follow-up → 33.6 months mean (SD) (31.8)

87% n=544/623 had FIGO staging



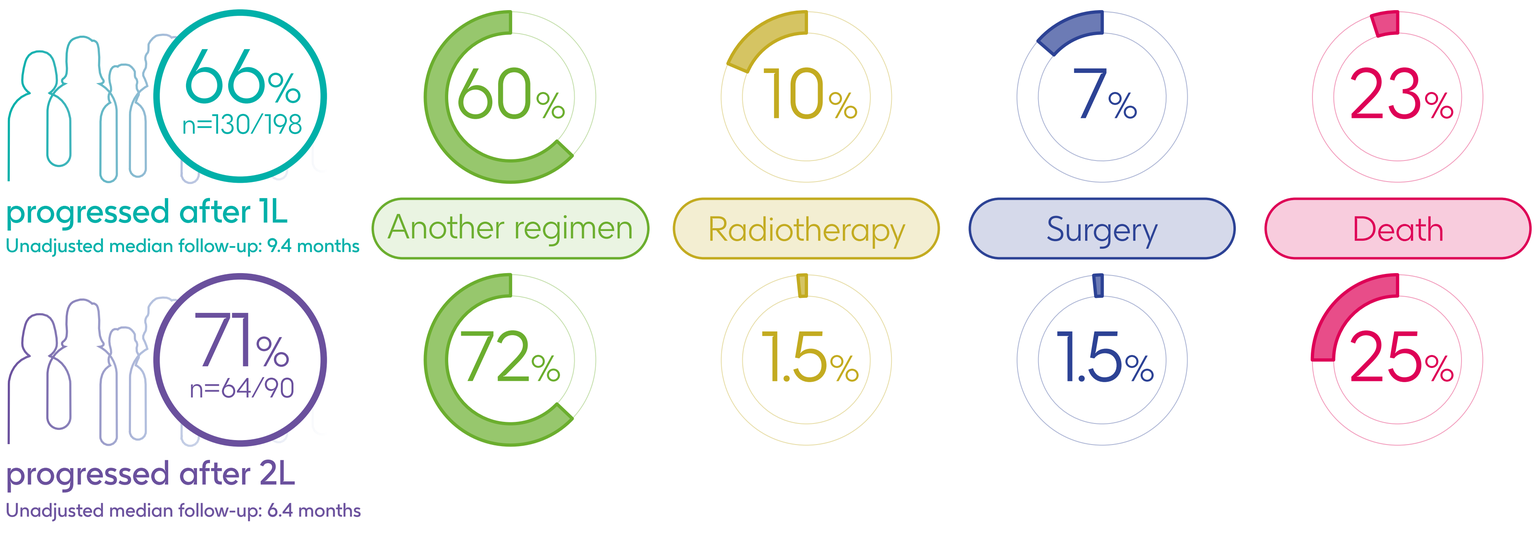
Of those with an EC diagnosis...
77% n=623/805 ...had any treatment*

Of those who had any treatment...
32% n=198/623 ...had 1L† systemic therapy

Of those who had 1L...
45% n=90/198 ...had 2L‡ systemic therapy

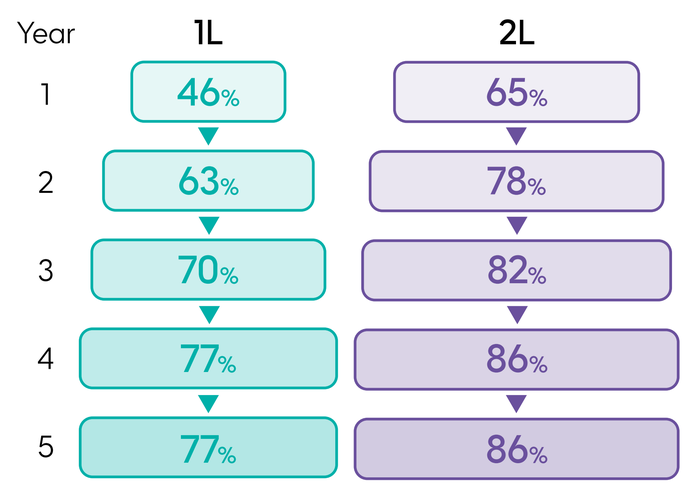
*Surgery, radiotherapy or systemic therapy (chemotherapy, hormone therapy or immunotherapy); †First medical record for an EC-related systemic therapy was identified as the start of 1L therapy; ‡2L therapy began with a new systemic treatment not from prior 1L therapy or after a gap of over 120 days (retreatment).

PFS* events among patients treated with 1L and 2L

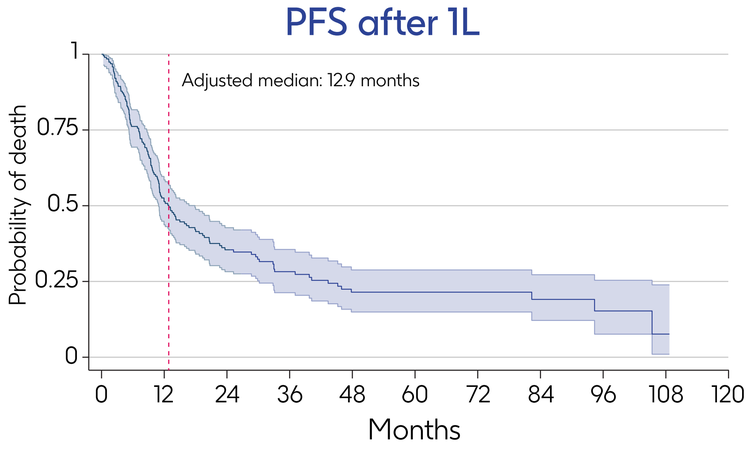


*Time from the first dispensed drug of the line of therapy (any systemic therapy, considering surgery or radiotherapy within a 90-day window before or after the systemic therapy start and end dates) to the progression (new systemic therapy, surgery, radiotherapy or death) after 1L and 2L.

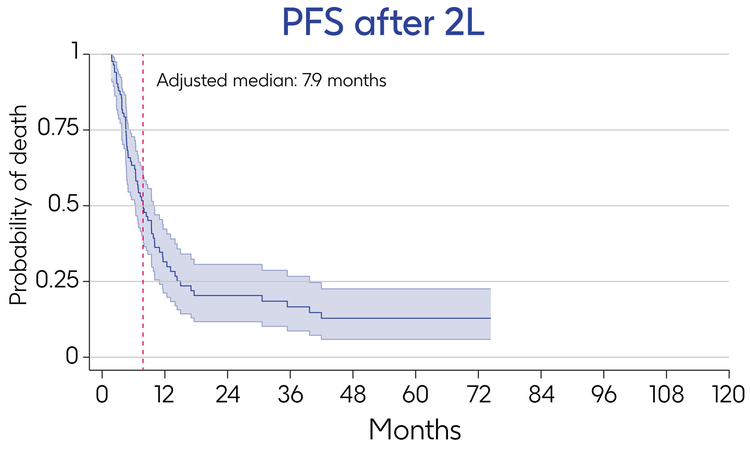
Risk of progression or death



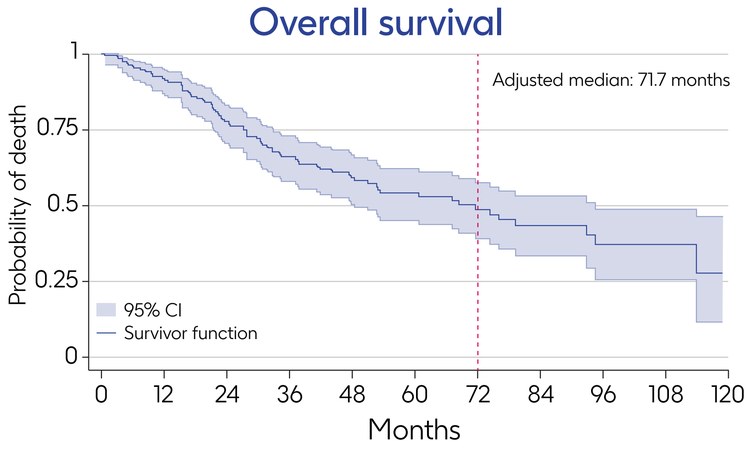
PFS after 1L



PFS after 2L



Overall survival



Adjusted median represents patients who progressed, including censored time by loss to follow-up.

Background

- EC is ranked as the **sixth most common cancer** among women worldwide,[1] with increasing global incidence[2]
- **Real-world data** on disease progression for patients with EC,[3] particularly in Latin America,[4] **are limited**
- **Investigating risk of progression** using real-world clinical data is a **valuable approach** to addressing this gap
- Investigating **disease progression** can help contextualise the outcomes of trials in EC to **improve patient outcomes**

Conclusions

- Patients with EC treated with systemic therapy demonstrated high progression rates following 1L and 2L treatment
- Almost half of 1L and two-thirds of 2L progression events happened during the first year of treatment
- The high rates of progression emphasise the need for more effective agents to prevent disease progression and improve outcomes in the 1L, given the extremely poor outcomes observed in the recurrent and 2L setting

Abbreviations

1L, first-line; BMI, body mass index; EC, endometrial cancer; ECHOS-A, Endometrial Cancer Health Outcomes Study; FIGO, International Federation of Gynaecology and Obstetrics; SD, standard deviation.

References

1. World Cancer Research Fund International. Available at: https://www.wcrf.org/cancer-trends/endometrial-cancer-statistics/ (accessed 4 October 2023). 2. International Agency for Research on Cancer. Available at: https://gco.iarc.fr/tomorrow/en/dataviz/bars?cancers=24&key=percent&show_bar_mode_prop=0 (accessed 4 October 2023). 3. Colombo N et al. *Ann Oncol* 2016;27:16–41. 4. Paulino E et al. *JCO Glob Oncol* 2020;6:1617–1630.

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Disclosures

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