LBA40
Phase III double-blind randomized placebo controlled trial of atezolizumab in combination with carboplatin and paclitaxel in women with advanced/recurrent endometrial carcinoma


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Background
The standard therapy for advanced/recurrent endometrial cancer includes carboplatin and paclitaxel (CP). Robust biological rationale suggested a synergy between immunotherapy and chemotherapy in this setting.

Methods
AtTEnd is an international academic study in endometrial carcinoma/carcinosarcoma patients (pts) with advanced newly diagnosed or recurrent disease with no prior systemic chemotherapy for recurrence. Pts were randomized (2:1 ratio) to receive either CP chemotherapy and atezolizumab (atezo) or placebo, followed by atezo or placebo until disease progression. The mismatch repair (MMR) status was evaluated centrally. Coprimary endpoints with a hierarchical approach were: progression free survival (PFS) in the deficient MMR (dMMR) population, PFS and overall survival (OS) in all comers.

Results
Five hundred and fifty-one pts were enrolled from Oct 2018 to Jan 2022 in 89 sites across 10 countries (median follow-up 28.3 months). Of the 549 pts included in the intention to treat population, 125 (22.8%) had dMMR tumours and 352 (64.1%) had endometrioid carcinoma; 369 (67.2%) had recurrent disease and 148 (26.2%) of newly diagnosed cases had primary stage IV. In the dMMR population, the addition of atezo showed a significant improved PFS (HR 0.36 95% CI:0.23-0.57; p=0.0005; median PFS: not reached vs. 6.9 months for atezo vs placebo). The superiority in PFS was confirmed in all comers (HR 0.74 95%CI:0.61-0.91; p=0.0219; median PFS: 10.1 months vs 8.9 months for atezo vs placebo). Interim analysis of OS in all comers indicated a trend in favor for atezo, despite 45 (24.3%) placebo patients received immunotherapy as subsequent therapy. Second PFS and duration of response in the dMMR population confirmed the efficacy of atezo. Grade≥3 adverse events occurred in 66.9% and 63.8% of pts in atezo vs placebo arm. Safety profile for CP + atezo was manageable and consistent with expected toxicities.

Conclusions
The addition of atezo to standard CP chemotherapy demonstrated a statistically significant improvement in PFS for pts with advanced/recurrent endometrial carcinomas with a substantial benefit in pts with dMMR carcinomas.

Clinical trial identification
EudraCT 2018-001072-37; NCT03603184.
Legal entity responsible for the study
Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Milan, Italy.

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Disclosure


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