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Durvalumab (D) plus carboplatin/paclitaxel (CP) followed by D with or without olaparib (O) in advanced/recurrent endometrial cancer (a/rEC): Interim overall survival (OS) and safety from the randomised phase 3 DUO-E/GOG-3041/ENGOT-EN10 study

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Background

DUO-E (NCT04269200) demonstrated statistically significant and clinically meaningful progression-free survival (PFS) benefit with CP + D followed by D (CP+D) and CP + D followed by D + O (CP+D+O) vs CP in first-line a/rEC (intention-to-treat [ITT] patient (pt) population; dual primary endpoints) at the primary PFS analysis. We report data from a prespecified interim OS analysis, other secondary efficacy endpoints and safety updates from data cutoff-2 (2 Feb 2026).

Methods

Pts were randomised 1:1:1 to CP, CP+D or CP+D+O. OS, time from randomisation to first/second subsequent therapy or death (TFST/TSST) and treatment discontinuation or death (TDT) were analysed in the ITT population and by mismatch repair (MMR) status (OS only). Safety was assessed in the safety analysis set.

Results

241, 238 and 239 pts were randomised to CP, CP+D and CP+D+O. At this interim OS analysis (52% maturity; median follow-up: 52 months in censored pts), there was a favourable though not statistically significant OS trend for CP+D (hazard ratio [HR] 0.87 [95% confidence interval (CI), 0.68–1.11; p=0.259]) and CP+D+O (HR 0.77 [95% CI, 0.60–0.98; p=0.037]) vs CP in the ITT population. For CP+D vs CP, OS was favourable in dMMR pts (median [m]OS not reached [NR]). For CP+D+O vs CP, there were clinically meaningful improvements in mOS of 11.5 (ITT) and 8.0 months (pMMR; table). Consistent benefits in TFST, TSST and TDT vs CP were observed (ITT). Both regimens continue to demonstrate a manageable safety and tolerability profile, generally consistent with individual components, with no new concerns.

Conclusions

Favourable interim OS and secondary outcomes further support CP + durvalumab followed by durvalumab or durvalumab + olaparib as treatments for a/rEC. Pts continue to be followed for final OS and safety. Table: LBA37

Interim OS

	CP	CP+D	CP+D+O
ITT, events, n/N (%)	136/241 (56.4)	123/238 (51.7)	115/239 (48.7)
mOS (95% CI), mo	39.6 (30.3–49.2)	40.7 (34.7–57.9)	51.1 (44.2–NR)
HR (95% CI)* [†]		0.87 (0.68–1.11) p=0.259 [‡]	0.77 (0.60–0.98) p=0.037 [‡]
dMMR, events, n/N (%)	24/49 (49.0)	17/46 (37.0)	13/48 (27.1)
mOS (95% CI), mo	50.2 (17.3–NR)	NR (NR–NR)	NR (NR–NR)
HR (95% CI)* [†]		0.57 (0.30–1.05)	0.43 (0.21–0.83)
pMMR, events, n/N (%)	112/192 (58.3)	106/192 (55.2)	102/191 (53.4)
mOS (95% CI), mo	37.8 (27.0–48.6)	38.3 (26.3–54.5)	45.8 (37.1–58.7)
HR (95% CI)* [†]		0.95 (0.73–1.24)	0.85 (0.65–1.11)

*vs CP. [†]Stratified (ITT)/unstratified (dMMR/pMMR) Cox proportional hazards models. [‡]Stratified log-rank test.

Clinical trial identification

NCT04269200. Primary completion: 2024-07-08.

Editorial acknowledgement

Medical writing assistance was provided by Lewis C Rodgers, PhD, of Omnicom Health Medical Communications, and was funded by AstraZeneca.

Legal entity responsible for the study

AstraZeneca.

Funding

AstraZeneca.

Disclosure

S.N. Westin: Financial Interests, Personal, Advisory Board: AstraZeneca, Caris, Clovis Oncology/Pharma&, Corcept, Eisai, Gilead, GSK, Immunocore, Immunogen, Lilly/Loxo, Merck, Mereo, NGM Bio, Nuvectis, Roche/Genentech, Seagen, Verastem, Zentalis, ZielBio, Daiichi Sankyo, Incyte, PMV Pharmaceuticals, Ottimo, AbbVie, Bayer, Genmab, Pfizer; Financial Interests, Institutional, Research Grant: AstraZeneca, AvengeBio, Bayer, Bio-Path, Clovis/Pharma&, GSK, Jazz Pharma, Mereo, Novartis, Nuvectis, Roche/Genentech, Zentalis, Pfizer; Financial Interests, Institutional, Steering Committee Member: Daiichi Sankyo; Financial Interests, Institutional, Local PI: Loxo Oncology. K.N. Moore: Financial Interests, Institutional, Advisory Board, advisory board work for gynecologic trial: Aadi; Financial Interests, Personal, Advisory Board, advisory boards around AbbVie pipeline: AbbVie; Financial Interests, Personal, Advisory Board: BioNTech, AstraZeneca, duality, Eisai, GSK/Tesaro, immunogen, Merck, Mersana, Regeneron, Verastem, Zentalis, Corcept, Iovance Biotherapeutics, Janssen, Kivu, Whitehawk, BeOne, Genmab, Incyte, Pfizer, Tubulis; Financial Interests, Personal, Advisory Board, multiple advisory boards over the past 4 years for TDXd and RDXd: Daiichi Sankyo; Financial Interests, Personal, Advisory Board, advisory boards for wee-1 PKMYT: Schrodinger; Financial Interests, Personal, Invited Speaker, visiting professor in Japan: Takeda; Financial Interests, Personal, Advisory Board, advisory boards for TUBO40: Tubulis; Financial Interests, Personal, Advisory Board, advisory boards for pipeline bispecifics: Zymeworks; Financial Interests, Institutional, Full or part-time Employment, this is salary: GOG Partners Associate Director; Financial Interests, Institutional, Full or part-time Employment: NRG Ovarian Cancer Chair; Financial Interests, Personal, Royalties: UP to Date; Financial Interests, Institutional, Coordinating PI, international CO-PI, local site PI: AstraZeneca; Financial Interests, Institutional, Coordinating PI: Immunogen, GSK/Tesaro, duality; Financial Interests, Institutional, Local PI: Daiichi Sankyo, Regeneron, Artios, verastem; Financial Interests, Local PI: TORL; Non-Financial Interests, Member of Board of Directors: GOG; Non-Financial Interests, Leadership Role, BOD: ASCO. H.S. Chon: Financial Interests, Personal, Advisory Board: Merck, AstraZeneca, Karyopharm, Verastem Oncology. J. Lee: Financial Interests, Personal, Invited Speaker: AstraZeneca, Takeda, MSD, Roche, AbbVie, GSK; Financial Interests, Personal, Advisory Board: Eisai, GI Innovation, Regeneron, Daiichi Sankyo, Genmab, Sutro, Seagen, AstraZeneca, AbbVie, Corcept, GSK, Lilly, Merck Serono, MSD; Financial Interests, Institutional, Local PI: Alkermes, AstraZeneca, BergenBio, Cellid, Clovis Oncology, Eisai, GI Innovation, ImmunoGen, Janssen, Merck, Mersana, MSD, Novartis, OncoQuest, Roche, Seagen, Synthron, Regeneron, Ascendis Pharma, Advenchen, BMS, Kelun, SUTRO, GSK, AbbVie, Kelun, Lilly, Pfizer, Tori-Bio; Financial Interests, Personal and Institutional, Local PI: BeiGene; Financial Interests, Personal, Steering Committee Member: AstraZeneca, OncoQuest, Seagen, ImmunoGen, MSD; Financial Interests, Institutional, Research Grant: ONO, Takeda, GSK; Financial Interests, Institutional, Other, Sub I: Corcept; Financial Interests, Institutional, Steering Committee Member: AbbVie; Financial Interests, Personal, Local PI: Zymeworks. M. Sundborg: Financial Interests, Other, Honoraria: GSK; Financial Interests, Speaker's Bureau: GSK; Financial Interests, Other, Employment: GSK. F. Contreras Mejia: Financial Interests, Other, Honoraria: Amgen, AstraZeneca/Columbia, Bristol-Myers Squibb Colombia, Lilly, Janssen,

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