Safety and Efficacy of Anti-PD-1 Antibody Dostarlimab in Patients withMismatch Repair-Deficient (dMMR) GI Cancers

Thierry André,1 Dominique Berton,2 Filippo De Braud,3 Giuseppe Curigliano,4 Wei Guo,5 Hadi Danaee,3 Sharon Lu,3 Ellie Im1, and Naureen Starling2
1Sorbonne Université, Medical Oncology Department, Hôpital Saint-Antoine, Paris, France; 2Centre de Chimiothérapie et Biologie, Sainte-Justine Hospital, Montreal, Canada; 3Istituto Clinico Humanitas-Ricerca, Hospital Humanitas, Rozzano, Italy; 4Medical Oncology and Hematology, San Raffaele Scientific Institute, Milan, Italy; 5Reina Sofia University Hospital, Cordoba, Spain; 6Gastrointestinal Cancer Unit, The Royal Marsden Hospital, London, England

Objectives
The efficacy analysis included 48 patients as of the data cutoff date (July 8, 2019) thereafter for up to 2 years or until disease progression or discontinuation. Patients received 500 mg of dostarlimab every 3 weeks (Q3W) for 4 cycles and 1000 mg every 6 weeks (Q6W). Patients must have demonstrated disease progression following prior systemic therapy for advanced non-endometrial solid tumors (Tumors version 1.1 (RECIST v1.1)).

Methods
This cohort was derived from the randomized, open-label, phase 2 GARNET trial (NCT02715284) evaluating dostarlimab in patients with advanced mismatch repair-deficient (dMMR) solid tumors. Key eligibility criteria included evidence of dMMR or absence of MMR protein expression in ≥10% of tumor cells by immunohistochemistry, solid tumor histology, and disease progression following prior systemic therapy for advanced non-endometrial solid tumors (excluding endometrial cancer (pMMR)). The ongoing GARNET trial (NCT02715284) is evaluating dostarlimab in patients with mismatch repair-deficient (dMMR) solid tumors.

Efficacy
Confirmed ORR in patients with dMMR was 44% (95% CI, 29.5–58.8), with a complete response rate of 8% (95% CI, 4.3–15.0). ORR was consistent across both colorectal and non-colorectal tumor types (Table 2). The probability of maintaining response at 12 months was 86% (95% CI, 76%–95%).

Table 2. Objective Response Rate by Tumor Type

<table>
<thead>
<tr>
<th>Tumor Type</th>
<th>Patients</th>
<th>ORR (%)</th>
<th>Complete Response (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRC</td>
<td>24</td>
<td>44.6</td>
<td>8.3</td>
</tr>
<tr>
<td>Other</td>
<td>24</td>
<td>44.0</td>
<td>5.0</td>
</tr>
</tbody>
</table>

Change in tumor volume and duration of response are shown in Figure 2 and Figure 3, respectively.

Conclusions
• Dostarlimab demonstrated robust, durable antitumor activity in a cohort of patients with dMMR non-endometrial solid tumors, the majority of which were GI cancers.
• Most TRAEs were low grade, immune-related TRAEs were rare and low grade.
• Adverse events were consistent with anti-PD-1 therapies.

REFERENCES

ACKNOWLEDGMENTS
The authors thank the patients and their families for their participation in this study, as well as the study teams at each participating site.


Copies of this poster obtained through Quick Response (QR) Code are for personal use only and may not be reproduced without permission from ASCO and the author of this poster.