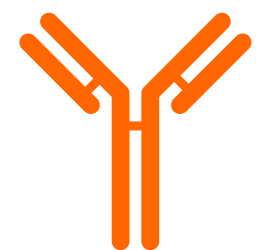


ENGOT-EN6/GOG-3031/NSGO-RUBY: A Phase 3, Randomized, Double-Blind, Multicenter Study of Dostarlimab + Carboplatin–Paclitaxel Versus Placebo + Carboplatin–Paclitaxel in Recurrent or Primary Advanced Endometrial Cancer

Mansoor R. Mirza,¹ Robert L. Coleman,² Lars C. Hanker,³ Brian Slomovitz,⁴ Giorgio Valabrega,⁵ Ellie Im,⁶ Monica Walker,⁶ Wei Guo,⁶ Matthew Powell⁷

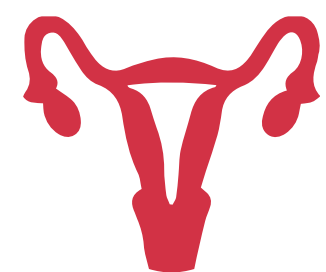
¹Nordic Society of Gynaecological Oncology - Clinical Trials Unit (NSGO-CTU), Copenhagen, Denmark and Department of Oncology, Rigshospitalet, Copenhagen University Hospital, Copenhagen, Denmark; ²US Oncology Research Gynecologic Oncology, McKesson, The Woodlands, TX, USA; ³Arbeitsgemeinschaft Gynäkologische Onkologie (AGO), University Hospital Schleswig-Holstein, Campus Lübeck, Lübeck, Germany; ⁴Sylvester Comprehensive Cancer Center, University of Miami Health Center, Miami, FL, USA; ⁵Multicenter Italian Trials in Ovarian cancer (MITO), University of Torino School of Medicine, Candiolo Cancer Institute, IRCCS, Fondazione del Piemonte per l'Oncologia (FPO), Candiolo, Italy; ⁶GlaxoSmithKline, Waltham, MA, USA; ⁷Washington University School of Medicine in St. Louis, St. Louis, MO, USA

Mechanism of action



- Dostarlimab (TSR-042) is an anti-programmed cell death (PD)-1 humanized monoclonal antibody that binds to PD-1 and effectively blocks the interaction with the PD-1 ligands 1 and 2 (PD-L1 and PD-L2)
- Dostarlimab has demonstrated antitumor activity, with an objective response rate of 42%, as well as an acceptable safety profile in patients with recurrent or advanced DNA mismatch repair deficient (dMMR) endometrial cancer (EC) in the GARNET trial

The RUBY trial



- RUBY is a registrational trial designed to evaluate the efficacy and safety of dostarlimab in combination with carboplatin–paclitaxel in recurrent or primary advanced EC compared with carboplatin–paclitaxel alone
 - Clinical Trial Number: [NCT03981796](https://clinicaltrials.gov/ct2/show/study/NCT03981796)
- This trial is part of an international collaboration of ENGOT and the GOG Foundation
- Enrollment is ongoing
 - 139 patients have been randomized as of May 1, 2020
- Expected primary readout is late 2021

Patients



- Patients with recurrent or primary advanced EC are eligible
 - All histologies (including carcinosarcoma) are eligible

Key Inclusion Criteria

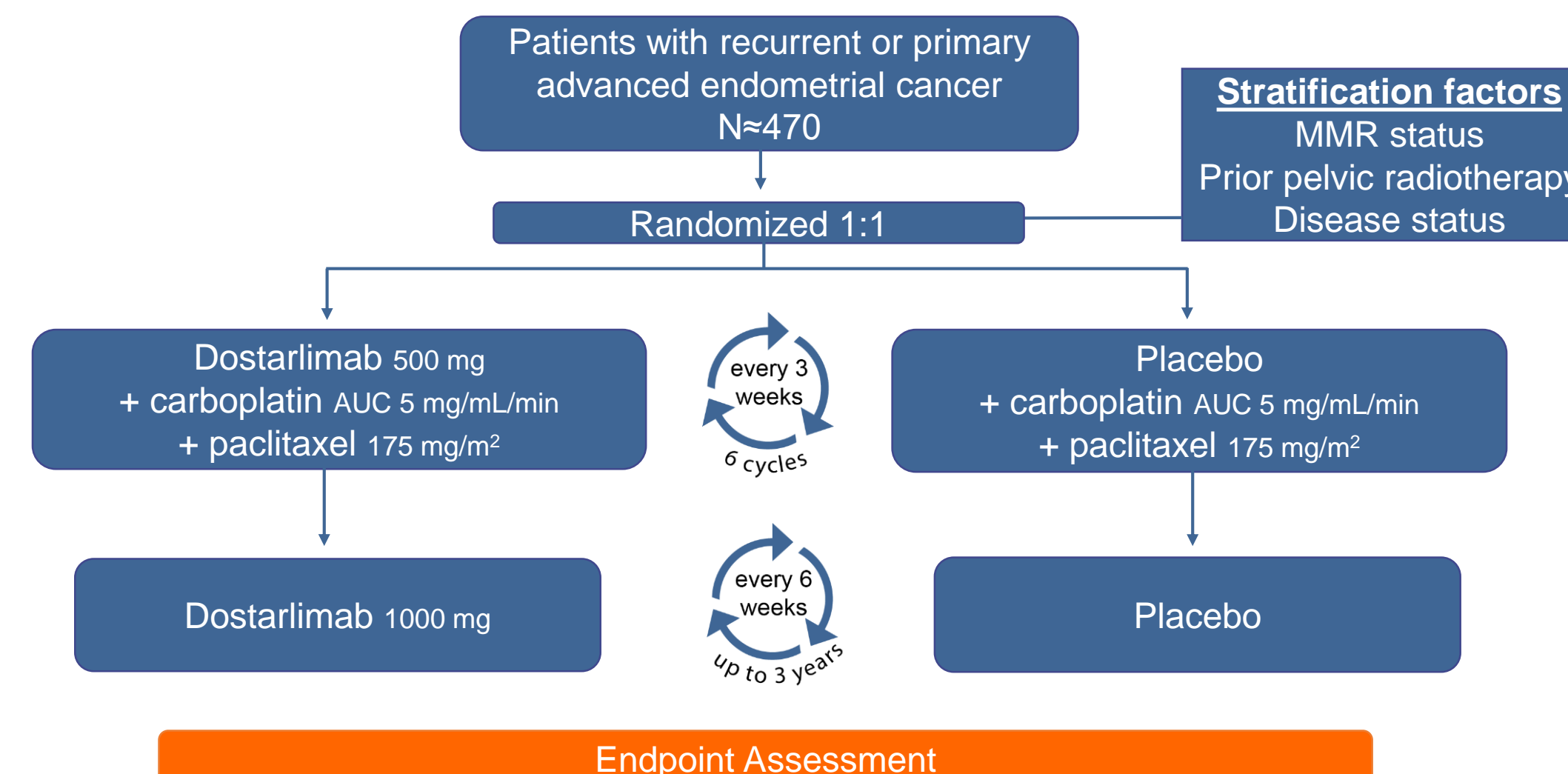
- Female
- Aged ≥18 years
- Histologically or cytologically proven EC that is first recurrent or primary advanced (FIGO stage III or IV at diagnosis)
- Patient is able to provide a tumor sample for MMR status test
- ECOG score of 0 or 1
- Adequate organ function

Key Exclusion Criteria

- Patients with primary advanced disease must not have received prior adjuvant or neoadjuvant chemotherapy
- Patients with disease recurrence <6 months after completing chemotherapy
- >1 disease recurrence
- Prior therapy with an anti-PD-1, anti-PD-L1, or anti-PD-L2 agent
- Concomitant malignancies within the last 3 years
- Uncontrolled CNS metastases
- Immunocompromised/autoimmune disease

Trial design

- Enrolled patients will be randomized 1:1 to treatment arms



AUC=area under the curve; dMMR=DNA mismatch repair; MMR=mismatch repair; Q3W=every 3 weeks; Q6W=every 6 weeks.

Primary Endpoint

- Compare investigator-assessed progression-free survival (PFS) per Response Evaluation Criteria in Solid Tumors (RECIST) v1.1
 - Testing will be performed in
 - All randomized patients (intent-to-treat [ITT])
 - Patients with dMMR recurrent or primary advanced EC

Secondary Endpoints

- PFS by blinded independent central review
- OS

Safety Assessment

- All adverse events (AEs) will be assessed for intensity according to Common Terminology Criteria for Adverse Events (CTCAE) v4.03



Enrolling sites

- Patients can be enrolled from the following countries

ENGOT						
Belarus (CEGOG)	Denmark (NSGO)	Greece (HeGOG)	Italy (MITO)	Poland (PGOG)	Ukraine (CEGOG)	Canada
Belgium (BGOG)	Finland (NSGO)	Hungary (CEGOG)	Netherlands (DGOG)	Sweden (NSGO)	United Kingdom (NCR1)	United States (GOG Foundation)
Czech Republic (CEGOG)	Germany (AGO)	Israel (ISGO)	Norway (NSGO)	Turkey (TRSGO)		

References

- Boll D, et al. *Eur J Obstet Gynecol Reprod Biol.* 2013;166(2):209–214.
- Muggia FM, et al. *J Clin Oncol.* 2002;20(9):2360–2364.
- Miller DS, et al. *Gynecol Oncol.* 2002;87(3):247–251.
- Fracasso PM, et al. *Gynecol Oncol.* 2006;103(2):523–526.
- Garcia AA, et al. *Gynecol Oncol.* 2008;111(1):22–26.
- Dizon DS, et al. *J Clin Oncol.* 2009;27(19):3104–3108.

Acknowledgements

Christiane Dresch, PhD, of GlaxoSmithKline, coordinated writing and editorial assistance provided by Nicole Renner, PhD, and Michele Salernitano of Ashfield Healthcare Communications.

Poster #278



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.



Mansoor.Raza.Mirza@regionh.dk



View plain language summary.



Presented at the American Society of Clinical Oncology (ASCO) Congress, May 29–31, 2020.