

# Contemporary Treatment of Endometrial Cancer - An On-Demand and Twitter-Based Activity

## Background and Methodolgy

### Background

Historically, the only treatment options for women with advanced stage or recurrent endometrial cancer (EC) was platinum-based chemotherapy with carboplatin and paclitaxel. In the last five years, the treatment options have changed significantly, and now, providers have the ability to classify endometrial tumors as microsatellite instability-high (MSI-H) or DNA tumors and DNA mismatch repair-deficient (dMMR) and to identify patients who are likely to respond to single-agent immunotherapy or immunotherapy in combination other agents. Today, we have two anti-PD-1 agents and a combination therapy that includes a tyrosine kinase inhibitor (TKI) and an (ICI).

While this progress is exciting, implementation into clinical practice is uneven. The majority of gynecologic oncologists have historically been surgery focused while medical oncologists are more focused on systemic therapeutics. This had led to different levels of knowledge and competence in utilizing these newer agents in the clinic.

### Methodology

A CME-certified initiative addressed the identified gaps in competence and knowledge and focused on the evolving standard of care for recurrent/advanced endometrial cancer. Components included a traditional On-Demand and Twitter-Based activities

**Target Audience** - Medical and gynecologic oncologists and other HCPs that treat/manage patients with endometrial cancer

### Faculty

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### In the Clinic On-Demand Activity

**Launch/Expiration:** 7/13/2022 - 7/12/2023

### Clinical Briefs Twitter-Based Activities

**Launch/Expiration:** 7/13/22 - 10/28/22

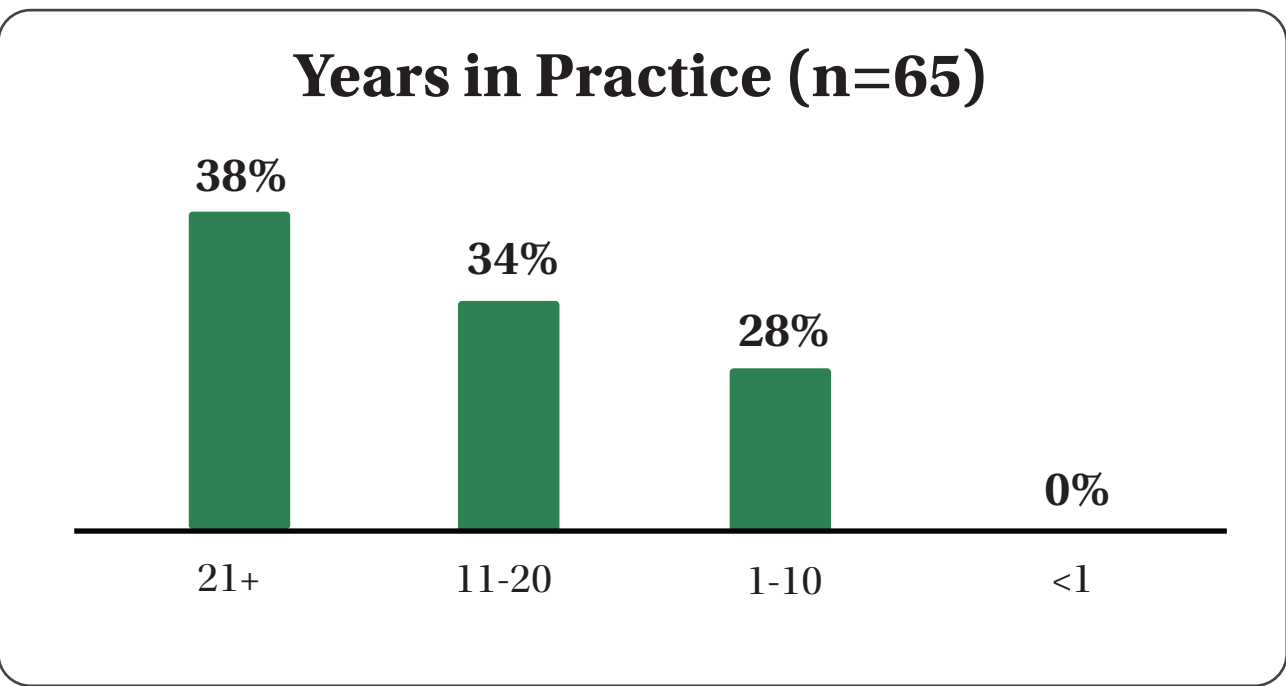
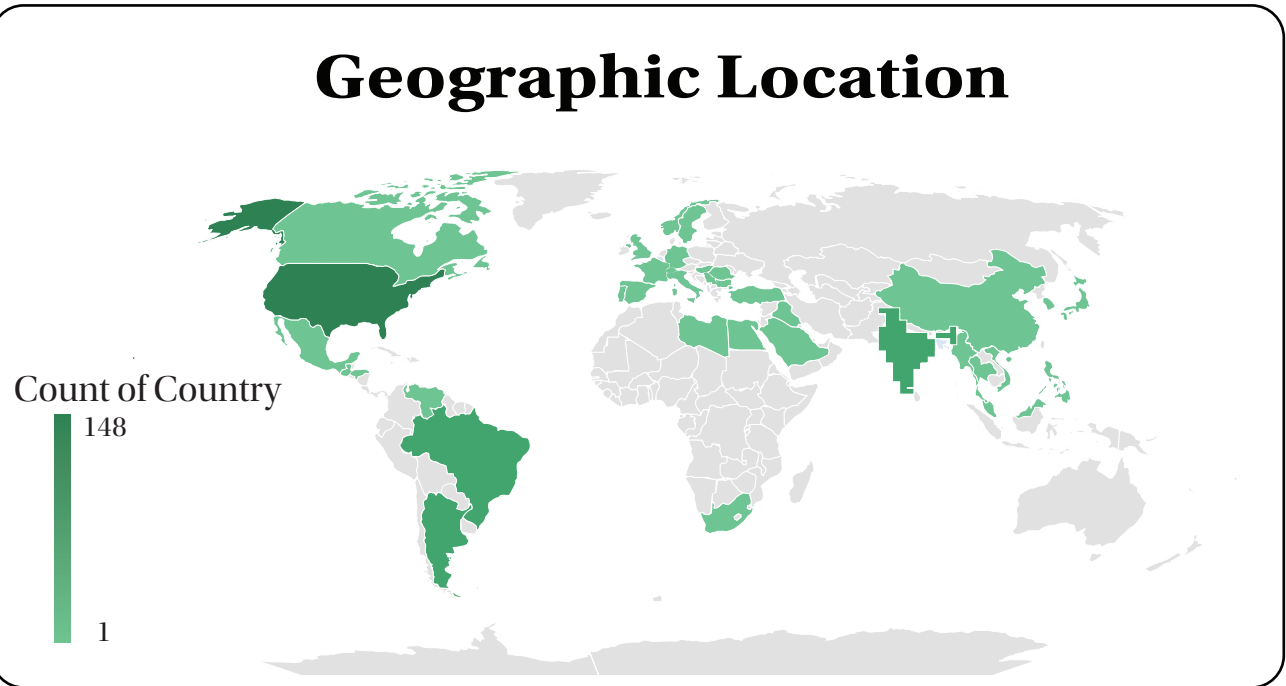
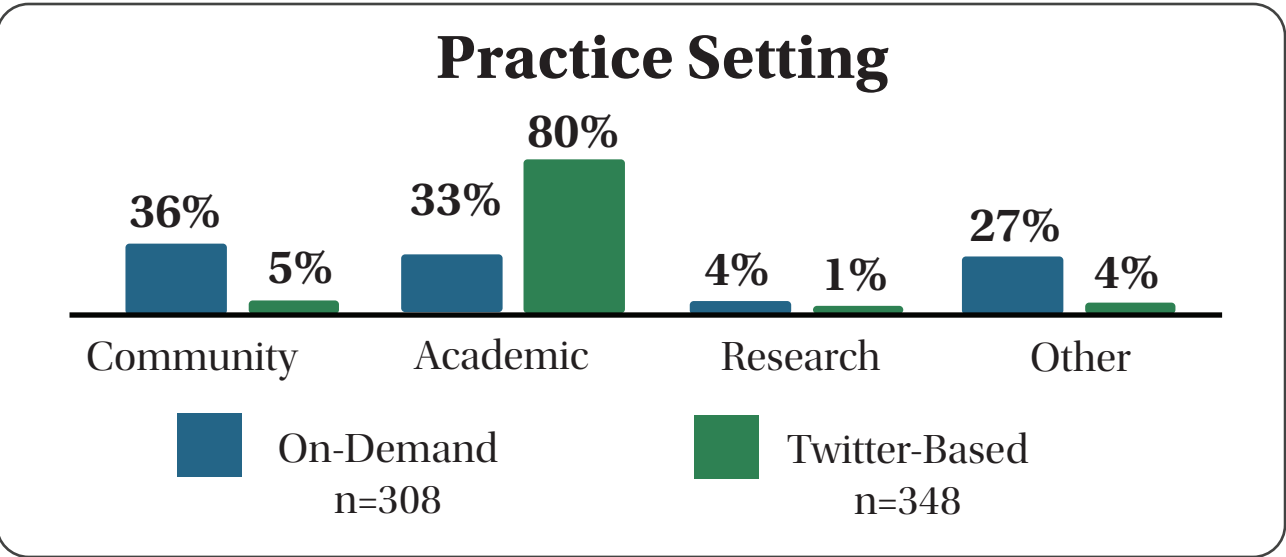
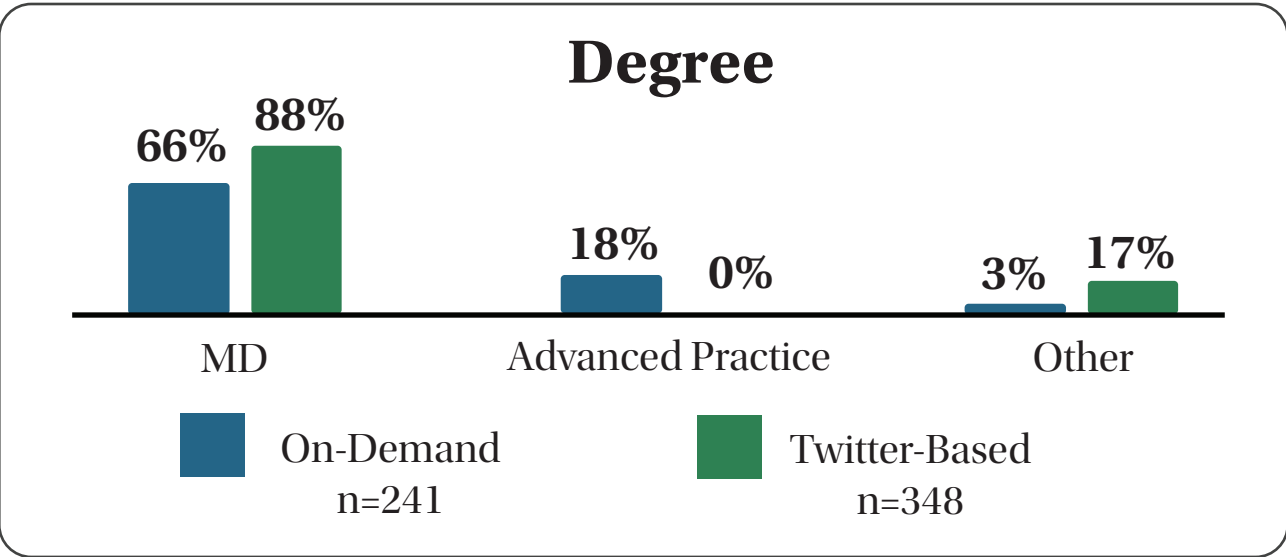
### Level 5 Follow Up Survey

Fielded Beginning 9/13/22

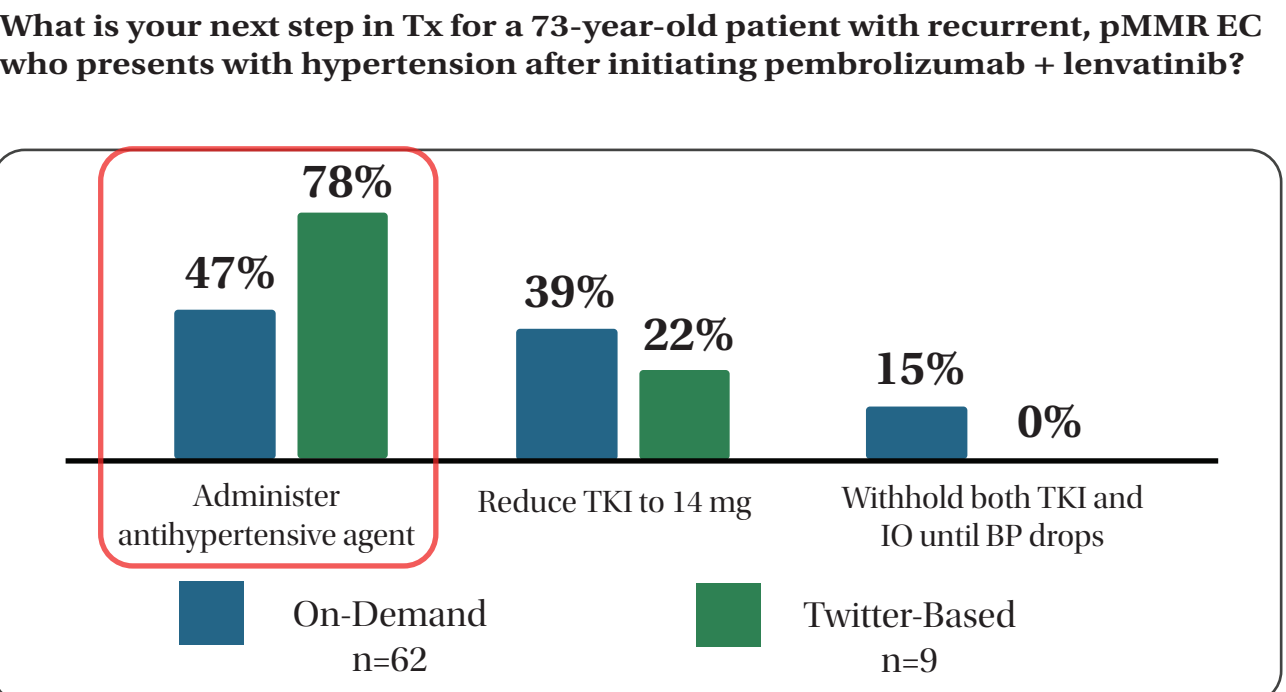
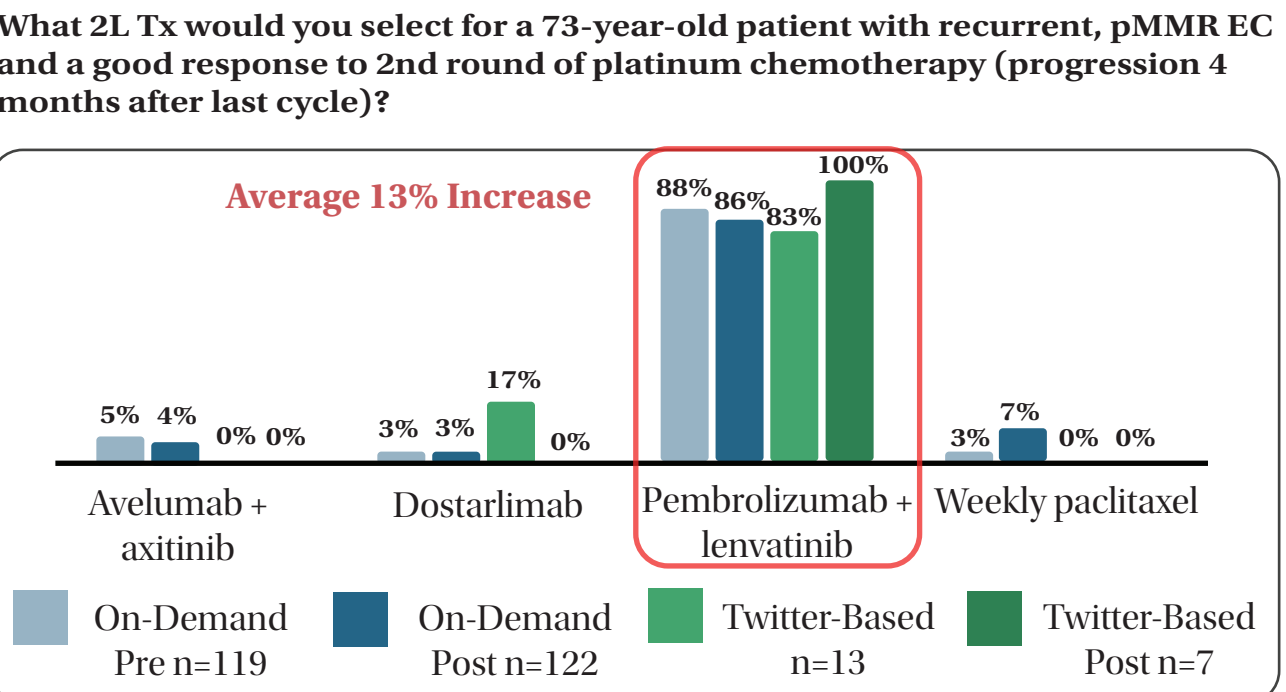
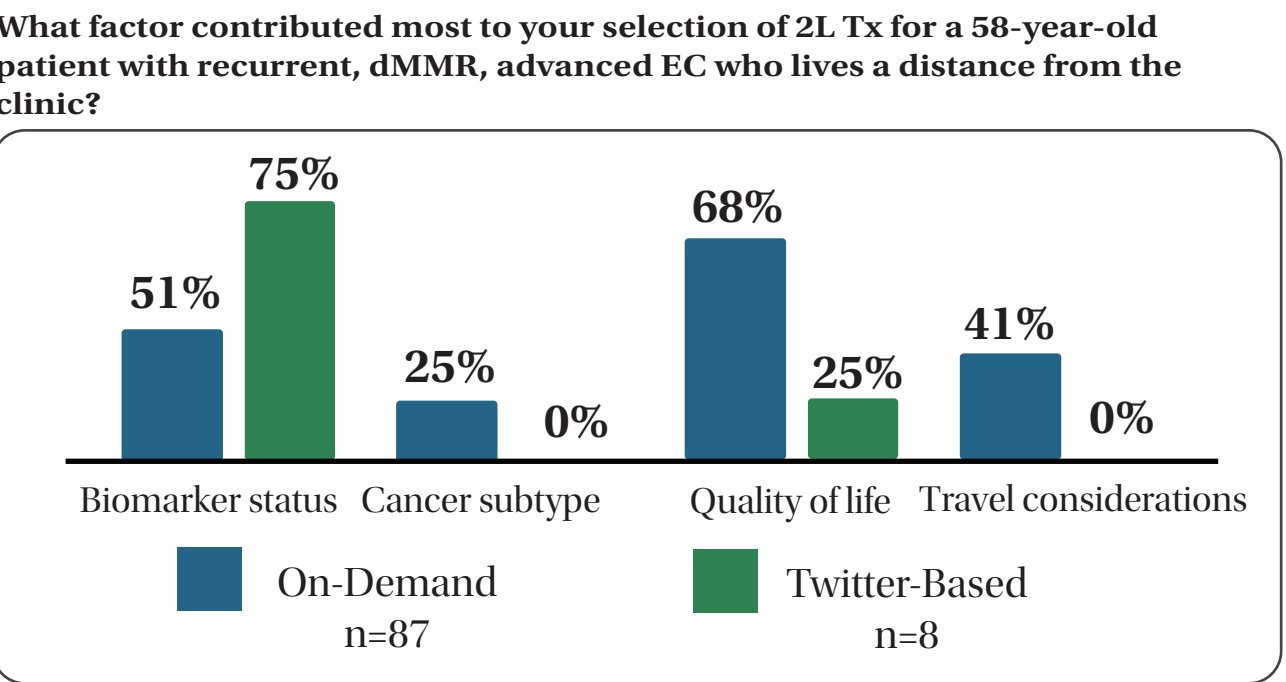
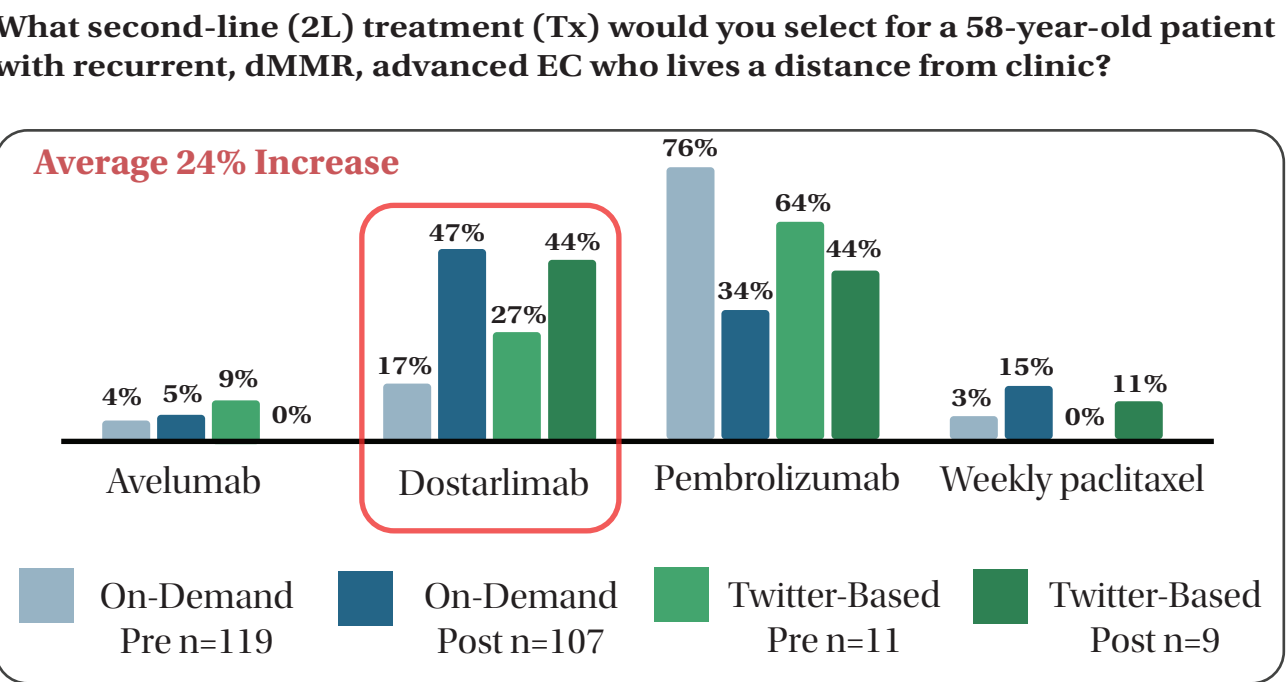
The activity is supported by independent educational grants from Eisai, GSK and Merck

## Results

### Learner Demographics



### Treatment Selection



## Conclusions

### Pre/Post Results

#### Treatment Selection

- High level of competence and knowledge on the use of ICI+TKI combination
- Increase on post-test in the use of ICIs for patients that travel or where the timing of doses is a factor; clinicians have a high level of familiarity with early-approved ICIs and practice will change slowly
- Only 41% of all respondents (no MDs) would consider travel requirements in treatment planning
- PA, NP, and nurse priorities: (1) travel considerations, (2) biomarker status, (3) cancer subtype

#### Side Effect Management

- Less certain on the optimal management strategy for hypertension; none selected the not sure option
- Divergent views between the question fielded in the On-Demand activity and the follow-up survey as to whether or not clinicians would consider an upfront TKI dose reduction

### Performance Changes

On the follow up survey, respondents agreed that they had implemented the following strategies (n=34; 88% MDs):

- 82% will assess patient for MSI-H
- 72% would choose lenvatinib + pembrolizumab as 2L Tx for a patient with recurrent, pMMR EC after platinum Tx
- 68% proactively monitor blood pressure when using ICI+TKI
- 59% would consider upfront dose reduction for ICI+TKI
- 56% indicated an intent to change practice
- 45% would consider 6-week dosing with dostarlimab compared to 3-week dosing with pembrolizumab
- 35% would consider travel and time off work

### Insights

Learner data on all polling questions tracked quite closely between the On-Demand and Twitter-Based components, with exceptions in the following areas:

- Hypertension management in a patient treated with ICI+TKI
  - 48% On-Demand & 78% Twitter-Based would utilize an antihypertensive agent as the next step in Tx
- Factor contributing most to ICI agent selection (MD only results)
  - Biomarkers results - 39% On-Demand, 75% Twitter-Based
  - Travel Consideration - no participants selected this option



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