ENGOT-EN20/GOG-3083/XPORT-EC: A Phase 3, Randomized, Placebo-Controlled, Double-Blind, Multicenter Trial of Selinexor in Maintenance Therapy After Systemic Therapy For Patients With P53 Wild-Type, Advanced or Recurrent Endometrial Carcinoma (NCT05611931)

BACKGROUND

- Advanced and recurrent endometrial cancer (EC) is associated with a poor prognosis, with limited disease control for patients who relapse after first-line treatment[1]
- Molecular characterization of EC is becoming critical in directing treatment for advanced and recurrent disease[2]
- Of the molecular subtypes, 75% of all newly diagnosed ECs and approximately 50% of advanced and recurrent tumors are *TP53* wild type (wt)[2,3]

STUDY DESIGN

- Prospective, multicenter, double-blind, placebo-controlled, randomized Phase 3 study to evaluate the efficacy and safety of selinexor as a maintenance therapy in patients with *TP53* wt advanced or recurrent EC, who have achieved a partial response (PR) or complete response (CR) after completing at least 12 weeks of platinum-based therapy[4,5]
- Eligible patients will be randomized 1:1 to receive oral maintenance therapy, either selinexor 60 mg once weekly or placebo[4,5]
- Patients will be treated until disease progression, unacceptable toxicity or up to 3 years if the patient has a CR[4,5]

KEY STUDY OBJECTIVES

- To evaluate the efficacy and safety of selinexor compared to placebo as maintenance therapy in patients with *TP53* wt advanced or recurrent EC[4,5]

CONTACT

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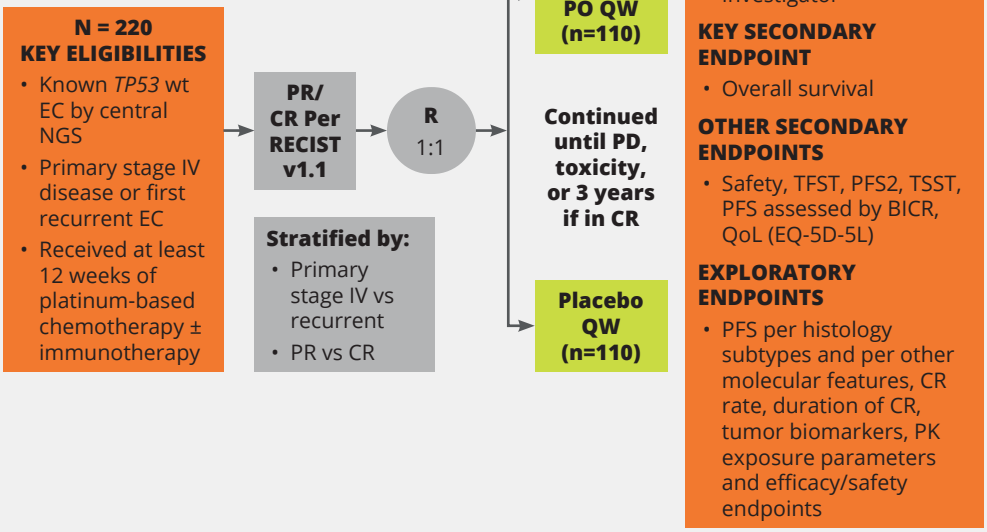

SELECT INCLUSION CRITERIA[4,5]

- Patients ≥ 18 years of age
- Histologically confirmed EC including: endometrioid, serous, undifferentiated, and carcinosarcoma
- *TP53* wt confirmed by next generation sequencing (NGS)
- Completed at least 12 weeks of platinum-based therapy ± immunotherapy and achieved confirmed PR or CR per RECIST v1.1
  - Primary Stage IV disease **OR**
  - At first relapse
- Eastern Cooperative Oncology Group (ECOG) performance status of 0–1
- Patients must have adequate bone marrow function and organ function within 2 weeks before starting study drug

SELECT EXCLUSION CRITERIA[4,5]

- Uterine sarcomas (carcinosarcomas – not excluded), clear cell or small cell carcinoma with neuroendocrine differentiation
- Received a blood or platelet transfusion during the 2 weeks prior to C1D1
- Insufficient time since or not recovered from procedures or anti-cancer therapy
- Patients unable to tolerate two forms of antiemetics for at least 2 cycles will not be eligible for the trial
- Previous treatment with an XPO1 inhibitor
- Stable disease or progressive disease (PD) or clinical evidence of progression prior to randomization
- Patients who received concurrent systemic anti-cancer therapy including investigational agents ≤ 3 weeks prior to C1D1

Scan here for more information on ClinicalTrials.gov

BICR, Blinded Independent Central Review; C1D1, cycle 1 day 1; CR, complete response; EC, endometrial cancer; ECOG, Eastern Cooperative Oncology Group; EQ-5D-5L, EuroQol-5 Dimensions-5 Levels; NGS, next-generation sequencing; OS, overall survival; PD, progressive disease; PFS, progression-free survival; PFS2, progression-free survival after consecutive treatment; PK, pharmacokinetic; PO, orally; PR, partial response; QoL, quality of life; QW, once weekly; R, randomization; RECIST, Response Evaluation Criteria in Solid Tumors; TFST, time to first subsequent therapy; TSST, time to second subsequent treatment; wt, wild type; XPO1, exportin-1.

1. Tronconi F, et al. *Crit Rev Oncol Hematol*. 2022;180:103851. **2.** Levine DA. *Nature*. 2013;497(7447):67–73. **3.** Leslie KK, et al. *Gynecol Oncol*. 2021;161(1):113. **4.** Karyopharm Therapeutics Inc. Clinical Study Protocol Version 3.0. XPORT-EC-042. **5**. ClinicalTrials.gov identifier: NCT05611931 https://clinicaltrials.gov/ct2/show/NCT05611931. Accessed November 1, 2024.

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