Phase III Study of Sacituzumab Govitecan vs Treatment of Physician's Choice in Participants with Endometrial Cancer After Platinum-Based Chemotherapy and Immunotherapy

ASCENT-GYN-01

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ASCENT-GYN-01/GOG-3104/ENGOT-en26: A Randomized, Open-label, Phase 3 Study of SG vs TPC in Participants with Endometrial Cancer Who Have Received Prior Platinum-based Chemotherapy and Anti-PD-1/PD-L1 Immunotherapy

Key Eligibility

- Documented evidence of recurrent/persistent endometrial cancer (endometrial carcinoma or carcinosarcoma)
- Up to 3 prior lines of systemic therapy for endometrial cancer, including systemic platinum-based chemotherapy and anti-PD1/PD-L1 therapy, either in combination or separately

  For participants who are ineligible for anti-PD-1/PD-L1 therapy due to medical comorbidities, or if anti-PD-1/PD-L1 agents are not available as standard-of-care therapy in any line of treatment according to local standards, prior treatment with an anti-PD-1/PD-L1 agent is not required.
- Radiologically evaluable disease (either measurable or nonmeasurable) by CT or MRI per RECIST v1.1 criteria by investigator assessment
- ECOG PS 0-1
- No prior treatment with a TROP-2 directed ADC or a topoisomerase I inhibitor
- Availability of adequate tumor tissue from archival or fresh biopsy

R 1:1

N=520

Sacituzumab Govitecan (SG)

10 mg/kg IV on Day 1 and 8 of 21-day cycles

Treatment of Physician's Choice (TPC)

Doxorubicin: 60 mg/m^2 IV on Day 1 of 21-day cycles*

or

Paclitaxel: 80 mg/m^2 on Days 1, 8 and 15 every of 28-day cycles

**maximum lifetime cumulative dose of 500 mg/m^2 of doxorubicin*

Treat until BICR-verified disease progression or unacceptable toxicity

Stratification Factors:

- Number of prior lines of systemic therapy in any setting (1 line vs 2-3 lines)
- Prior anti-PD-1/PD-L1 therapy (yes vs no)

  Enrollment of participants who have not received prior anti-PD-1/PD-L1 therapy will be capped at approximately 10%
- Geographic region (North America/Europe vs Asia/RoW)

Key Study Endpoints

Primary Endpoints:

- PFS by BICR
- OS

Secondary Endpoints:

- PFS by INV
- ORR
- DOR
- CBR
- Safety
- Change from baseline in Physical Function and GHS/QoL as assessed by EORTC-QLQ-C30 at week 13

BICR = blinded independent central review; CBR = clinical benefit rate; DOR = duration of response; ECOG PS = Eastern Cooperative Oncology Group performance score; EORTC QLQ-C30 = European Organisation for Research and Treatment of Cancer quality of life Questionnaire-Core 30 Version 3.0; GHS/QoL = Global Health Status/quality of life; INV = investigator; IV = intravenous; N = number of participants; OS = overall survival; ORR = objective response rate; PD-1 = programmed cell death protein 1; PD-L1 = programmed cell death ligand 1; PFS = progression-free survival; R = randomization; RECIST v1.1 = Response Evaluation Criteria in Solid Tumors Version 1.1;ROW = rest of world; SG = sacituzumab govitecan; TPC = treatment of physician's choice.

Key Inclusion Criteria – Patient Population

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Documented evidence of recurrent/persistent endometrial cancer (endometrial carcinoma or carcinosarcoma).

Up to 3 prior lines of systemic therapy for endometrial cancer, including systemic platinum-based chemotherapy and anti-PD-1/PD-L1 therapy, either in combination or separately.

- Neoadjuvant and/or adjuvant therapy is considered 1 prior line of systemic therapy.
- Prior monoclonal antibodies or targeted therapies, including but not limited to bevacizumab, poly (adenosine diphosphate-ribose) polymerase inhibitors, trastuzumab, will count as a line of treatment if given as a single agent with the intent of controlling disease. If these agents are given in combination with chemotherapy and continued as maintenance monotherapy, they will not be counted as a separate line of treatment.
- There is no restriction regarding prior hormonal or hormonal-based therapy. Hormonal or hormonal-based therapy does not count as a line of therapy.
- For participants who are ineligible for anti-PD-1/PD-L1 therapy due to medical comorbidities, or if anti-PD-1/PD-L1 agents are not available as standard-of-care therapy in any line of treatment according to local standards, prior treatment with an anti-PD-1/PD-L1 agent is not required.

Eligible for treatment with either doxorubicin or paclitaxel as determined by the investigator

Radiologically evaluable disease (either measurable or nonmeasurable) by CT or MRI per RECIST v1.1 criteria by investigator assessment

- If a participant has disease based on pleural effusion or ascites alone (with no other radiologically evaluable lesions), this must be cytologically confirmed.

Documented disease progression by CT or MRI during or after the most recent therapy per RECIST v1.1 criteria by investigator assessment.

ECOG performance status score of 0 or 1

Life expectancy of >= 3 months

Key Exclusion Criteria

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- Uterine leiomyosarcoma and endometrial stromal sarcomas
- Participants who are candidates for curative-intent therapy at the time of study enrollment
- Patients eligible for rechallenge with platinum-based chemotherapy as determined by the investigator
- Received any prior treatment with a Trop-2 directed ADC
- Received any prior treatment (including an ADC) containing a chemotherapeutic agent targeting topoisomerase I
- Have had a prior anticancer biologic agent within 4 weeks prior to the first dose of study drug or have had prior chemotherapy, target small molecule therapy, or radiation therapy within 2 weeks prior to the first dose of study drug
- Use of other investigational drug (drugs not marketed for any indication) within 28 days or 5 half-lives (whichever is longer) of first dose of study drug