**INTRODUCTION**

- Treatment for endometrial cancer (EC) has traditionally been based on disease stage and histology, with platinum-based systemic chemotherapy as the standard of care for advanced disease.
- Research has established that microsatellite instability (MSI) tumor status plays a role in determining the treatment response pattern in EC patients. Prior trials evaluating chemotherapy regimens in aEC were all in patients without known MSI status.
- The FDA approval in the United States (US) of pembrolizumab plus lenvatinib in July 2021 for the treatment of patients with non–MSI-high/pMMR aEC without known MSI status.
- Research has established that microsatellite instability (MSI) tumor status.

**METHODS**

- The ECHO study is a multicenter retrospective chart review study in women diagnosed with non–MSI-high/pMMR aEC treated with systemic therapy.
- The ECHO study was approved by IRB, which granted the study a waiver for obtaining informed consent from patients.

**RESULTS**

- **Chemotherapy ± VEGF**: Chemotherapy ± VEGF: 5 months (95% CI: 4.0-6.0) in the overall cohort.
- **Chemotherapy ± VEGF**:
  - Median OS was 10 months (95% CI: 8.0-12.0) in the overall cohort.
  - Median PFS was 5 months (95% CI: 4.0-6.0) in the overall cohort.

**OBJECTIVE**

- **Objective**: To assess real-world treatment patterns, clinical outcomes, and healthcare resource utilization in patients with non–MSI-high/pMMR aEC in the US.

**CONCLUSIONS**

- **To our knowledge**, this is the first retrospective chart review study in the US to report real-world treatment patterns, clinical outcomes, and healthcare resource utilization in patients with non–MSI-high/pMMR aEC in the US who initiated treatment with a chemotherapeutic and a VEGF or with a hormonal therapy following failure of a prior systemic therapy in the mid-2016 to mid-2019 timeframe.

- **We found** that hormonal therapy was the most common treatment, followed by chemotherapy ± VEGF. Hormonal therapy was used by 40% of patients, chemotherapy ± VEGF by 34%.

- **Limitations**: Our study had limitations inherent to the retrospective nature of the study design such as physicians or patient selection bias, data collection limited to the information available and as extracted from patients’ medical records.

- In addition, lack of standard assessment schedule or stringent guidelines implemented in clinical practice to derive outcomes such as disease progression needs to be considered when interpreting the results.