

STANDARD TREATMENTS AND NEW DIRECTIONS IN GYNAECOLOGICAL CANCERS

MILANO June 26th-29th, 2025

Responsabili Scientifici:
NICOLETTA COLOMBO, FRANCESCO RASPAGLIESI



ENDOMETRIAL CANCER TRIALS

Opening studies 1st line

Dott.ssa Alessandra Bologna, Azienda USL-IRCCS Reggio Emilia

Conflict of interests

- GSK: advisory board, speaker fees
- MSD: advisory board, speaker fees
- Astrazeneca: advisory board, speaker fees
- EISAI: advisory board

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ENDOMETRIAL CANCER TRIALS - 1st line

Opening and recruiting trials

RAINBO BLUE

Opening and planned trials

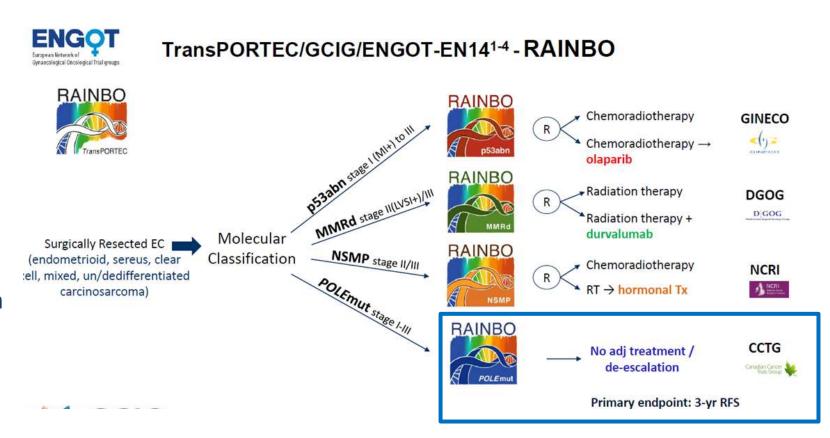
- ENGOT-en24 / DESTINY-EC01
- ENGOT-en29 / TroFuse-033
- ENGOT-en30 / DESTINY-EC02
- ENGOT-en27 / Expression XXI



Endometrial cancer trials 1st line - Opening & recruiting RAINBO BLUE

RAINBO BLUE & TAPER A phase II study of tailored adjuvant therapy in Pole-mutated and p53-wildtype/NSMP early stage endometrial cancer

- ENGOT model: A
- Sponsor: CCTG
- ENGOT Lead Group: DGOG
- MaNGO coordinating group for Italy
- De-escalation trial
- Primary outcome: time to recurrence at 3 years
- Expected pts: 393; randomization according to molecular features
- Accrual: 36 months
- Follow-up: 36 months





Endometrial cancer trials 1st line - Opening & recruiting RAINBO BLUE

Endometrial carcinoma treated by hysterectomy, bilateral salpingo-oophorectomy, lymph node assessment (pelvic lymph node surgical assessment required for grade 3 and/or stage II) [sub-study A1 and sub-study B]:

- Stage IA (not confined to polyp), grade 3, pN0, with or without LVI
- · Stage IB, grade 1 or 2, pNx/N0, with or without LVI
- Stage IB, grade 3, pN0, without substantial/extensive LVI
- Stage II (microscopic), grade 1 or 2, pN0, without substantial/extensive LVI

Sub-study A2 cohort:

- Stage IA (not confined to polyp) grade 3 Stage III not included in above,
- Multiple molecular classifiers Stage IA (not confined to polyp), grade 3 Stage III

Molecular classification (MMR, p53, POLE) Study Enrollment Sub-study A (RAINBO BLUE) Sub-study B (TAPER) Cohort A2 POLE-mutated EC p53 wildtype/NSMP ER+ EC Cohort A1 POLE-mutated EC Observation or de-escalated adjuvant Observation or de-escalated Observation adjuvant treatment treatment

N=120 POLE-mutated (Sub-study A, Cohort A1) 180 p53 wildtype/NSMP (Sub-study B)

As per Amendment #2, the cohort A2 will be re-opened POLE-mutated cohort (Sub-study A, Cohort A2): Up to 68 multiple classifiers (POLE-mutated+p53 abn and/or MMRd) and 25 non multiple classifiers

Global Enrollment update:

- Sub-study A (RAINBO BLUE) accrual: 62/145 (28 to A2 Cohort)
- Sub-study B (TAPER) accrual: 80/180
- Number of sites active: 64 (13 Canadian, 51 International)



Endometrial cancer trials 1st line - Opening & recruiting RAINBO BLUE

Update MaNGO sites - June 2025

	Hospital	First Name	Last Name	Notes
1	Istituto Europeo di Oncologia, Milano	llaria	Betella*	*MaNGO PI Active site (3 patients enrolled)
2	Spedali Civili, Brescia	Germana	Tognon	Contract finalization
3	Ospedale Manzoni, Lecco	Romerai	D'Amico	Contract finalization
4	Arcispedale S. Maria Nuova, Reggio Emilia	Alessandra	Bologna	Contract finalization
5	Policlinico Careggi, Firenze	Cristina	Petrella	EC Submission ongoing
6	Ospedale Umberto I, Roma	Federica	Tomao	Contract finalization
7	Ospedale Del Ponte, Varese	Francesca	Zefiro	EC Submission ongoing
8	Ospedale S. Anna, Torino	Elisa	Piovano	EC Submission ongoing

The protocol amendment will be submitted in July 2025



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ENGOT-en27 / Expression XXI European survey for endometrial cancer patients: Acute and long-term toxicity

- Sponsor: NOGGO e.V.
- MaNGO coordinating group for Italy
- Study Design: International, online patient survey
- Planned No. of patients: 500
- Current status: In preparation for ethics submission by the sponsor

Trial setting: Women with primary and relapsed endometrial cancer independent of their state of disease and treatment

Planned start of survey Q2 2025 Germany / Q3 2025 International

Duration: around 18 months



Background/Objectives:

- The survey examines comorbidities, health status, polypharmacy, quality of life, treatment experiences, the impact of the disease on daily life, including work, social relationships, and emotional well-being.
- The survey compares:
 - Group A: women with primary
 - Group B: relapsed
 - Group C): follow-up care
- The primary objective is to determine the frequency of side effects, particularly polyneuropathy and hair loss, and their impact on quality of life within these three groups.
- Secondary objectives include evaluating treatment preferences, adherence to therapy, financial and time burdens, and patient education on treatment options and medical guidelines.

The survey will be circulated within MaNGO sites to evaluate the interest in the participation



Grazie per l'attenzione

