# Title: Immunotherapy and Targeted Therapy Combinations in MSI-H/dMMR Endometrial Carcinoma

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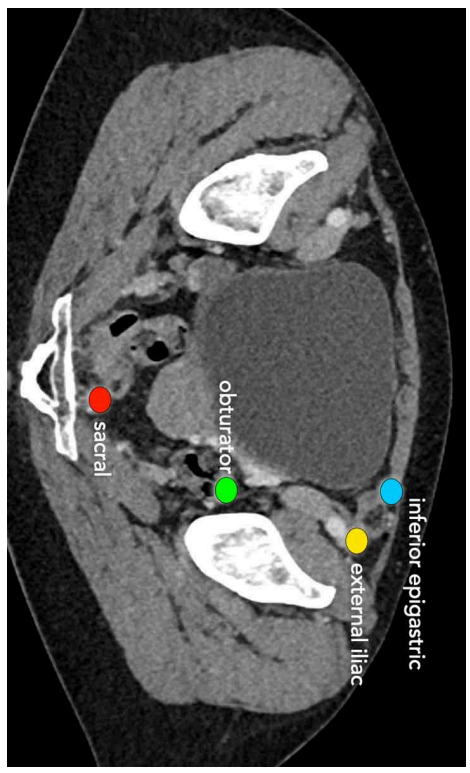
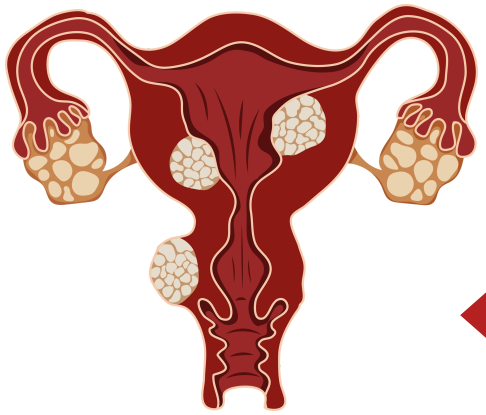
## BACKGROUND

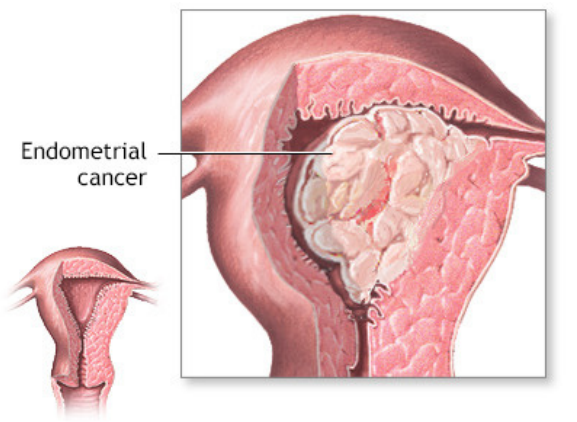
Microsatellite instability-high (MSI-H) and mismatch repair-deficient (dMMR) endometrial carcinoma (EC) represent a molecularly distinct subset with high immunotherapy response rates. Combining checkpoint inhibitors with targeted therapies is revolutionizing treatment for advanced and recurrent EC, addressing resistance and improving survival.

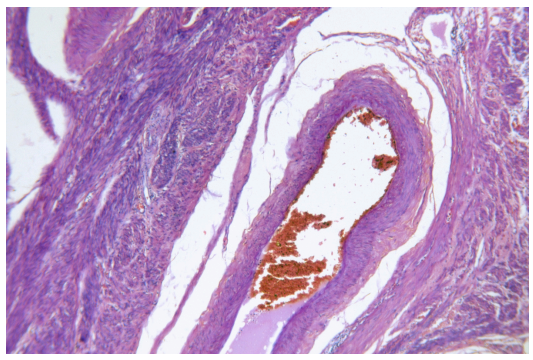



## RESULTS

The GARNET trial (2021, 2024 update) showed dostarlimab achieved 43% objective response rate (ORR) in MSI-H EC, with 12-month PFS of 40%. The DUO-E trial (2023) reported durvalimab plus chemotherapy and olaparib maintenance extended PFS (15.1 vs. 9.6 months) in dMMR advanced EC. A 2024 real-world study (EC-MOLECULAR registry) confirmed 50% ORR with pembrolizumab plus lenvatinib in recurrent MSI-H EC, with fatigue (15%) manageable. The ATEND trial (2023) showed atezolizumab plus chemotherapy improved OS by 6.2 months in dMMR EC. Novel VEGF inhibitors with anti-PD-1 therapy yielded 35% ORR in early trials.





## METHODOLOGY

We reviewed 2020-2025 literature from PubMed, ESMO, and SGO databases, focusing on phase II/III trials and real-world studies of immunotherapy-targeted therapy combinations in MSI-H/dMMR EC. Studies reporting overall survival (OS), progression-free survival (PFS), and adverse events were prioritized.

## CONCLUSION

Immunotherapy-targeted therapy combinations are transforming MSI-H/dMMR EC management, offering unprecedented survival benefits. Routine molecular testing and expanded trials are vital to optimize these regimens and personalize care.