Supplementary Online Content

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This supplementary material has been provided by the authors to give readers additional information about their work.

eAppendix. Institutions and Collaborators
The following sites and investigators participated in cohort A1 of the GARNET trial:

Canada

Stephen Welch (*London Health Sciences Centre*), Anna Tinker (*British Columbia Cancer Agency Vancouver Centre*), Laurie Elit (*Juravinski Cancer Centre*), Prafull Ghatage (*Tom Baker Cancer Center*), Vanessa Samouelian (*Centre Hospitalier de L'Université de Montréal*), Lucy Gilbert (*McGill University Health Centre Glen Site*), Jennifer Spratlin (*Cross Cancer Institute*), Susan Ellard (*British Columbia Cancer Agency*)

Europe

Denmark: Mansoor Raza Mirza (*Rigshospitalet*) **France:** Cyril Abdeddaim (*Centre de Lutte Contre le Cancer–Centre Oscar Lambret*), Yann-Alexandre Vano (*Hôpital Européen Georges-Pompidou*), Renaud Sabatier (*Institut Paoli Calmettes*), Florence Joly (*Centre de Lutte Contre le Cancer François Baclesse*), Dominique Berton-Rigaud (*Institut de Cancérologie de l'Ouest–Site René Gauducheau*) **Italy:** Francesco Raspagliesi (*Fondazione IRCCS Istituto Nazionale dei Tumori*), Adriano Gravina (*Istituto Nazionale Tumori di Napoli IRCCS Fondazione Pascale*), Giuseppe Curigliano (*Istituto Europeo di Oncologia*) **Spain:** Desamparados Roda (*Hospital Clínico Universitario de Valencia*), Maria-Pilar Barretina Ginesta (*Institut Catala d'Oncologia Girona*), Andres Redondo (*Universidad Autonoma de Madrid–Hospital Universitario La Paz*), Valentina Boni (*Hospital Universitario Madrid Sanchinarro*), Victor Moreno Garcia (*Fundación Jiménez Díaz*), Ana Oaknin Benzaquen (*Hospital Vall d´Hebrón*), José Manuel Trigo Pérez (*Hospital Clínico Universitario Virgen de la Victoria*), Alejandro Falcon Gonzalez (*Hospital Universitario Virgen del Rocio*) **UK:** Susana Banerjee (*The Royal Marsden NHS Foundation Trust*), Rebecca Kristeleit (*University College London Hospitals Clinical Research Facility*)

USA

Kathleen N. Moore (*University of Oklahoma Medical Center*), Jasgit Sachdev (*HonorHealth*), Angela Jain (*Fox Chase Cancer Center*), Cara Mathews (*Women and Infants Hospital of Rhode Island*), Charles Leath, III (*University of Alabama at Birmingham*), Jubilee Brown (*Levine Cancer Institute*), Brian Slomovitz (*Sylvester Comprehensive Cancer Center–Deerfield Beach*), Sharad Ghamande (*Augusta University Georgia Cancer Center*), Christopher Darus (*Maine Medical Center Maine Medical Partners Gynecologic Oncology*), Matthew Carlson (*University of Texas Southwestern Medical Center Harold C. Simmons Comprehensive Cancer Center; Parkland Health and Hospital System*), Linda Duska (*Emily Couric Clinical Cancer Center*), Melanie Bergman (*Cancer Care Northwest–Spokane Valley*), Alberto Mendivil (*Gynecologic Oncology Associates*), Sardar Imam (*San Juan Oncology Associates*)

eTable 1. Patient Demographics and Baseline Characteristics

Characteristic	Cohort A1 dMMR endometrial cancer (N = 71)
Age, median (range)	64.0 (39-80)
ECOG performance status, n (%)	
0	23 (32.4)
1	48 (67.6)
FIGO disease stage at diagnosis, n (%)	
I	31 (43.7)
II	5 (7.0)
III	25 (35.2)
IV	10 (14.1)
Histology, n (%)	
Endometrial carcinoma type I	50 (70.4)
Endometrial carcinoma type II	21 (29.6)
Tumor grade of disease at diagnosis, n (%)	
1	22 (31.0)
2	29 (40.8)
3	17 (23.9)
Not assessable	3 (4.2)
Number of prior lines of therapy,[a,b] n (%)	
1	42 (59.2)
2	18 (25.4)
≥3	11 (15.5)
Progression-free interval from last platinum treatment, median (range), months	6.39 (1.6-79.6)

Abbreviations: dMMR, deficient mismatch mutation repair; ECOG, Eastern Cooperative Oncology Group; FIGO, International Federation of Gynecology and Obstetrics.

[a] All patients received at least 1 line of prior anticancer therapy.

[b] Includes lines of therapy prior to the advanced/recurrent setting.

eTable 2. Histology of Patients With Type II Endometrial Carcinoma

	Cohort A1
Histology	**Patients with type II endometrial carcinoma (N = 21), n (%)**
Serous carcinoma	4 (5.6)
Unspecified	11 (15.5)
Mixed	2 (2.8)
Undifferentiated	2 (2.8)
Squamous	1 (1.9)
Unknown	1 (1.9)

eTable 3. Adverse Event Summary

Adverse event category	dMMR EC (N = 104), n (%)
Any TEAE	97 (93.3)
Any grade ≥3 TEAE	48 (46.2)
Any TRAE	68 (65.4)
Any grade ≥3 TRAEs	12 (11.5)
Any SAE	35 (33.7)
Any related SAE	10 (9.6)
TEAEs leading to withdrawal	11 (10.6)
TRAEs leading to withdrawal	2 (1.9)
TEAEs leading to death	5 (4.8)
TRAEs leading to death	0
TEAE leading to infusion interruption	0
TEAE leading to treatment interruption	24 (23.1)
Any irTEAE	35 (33.7)
Any irTRAE	24 (23.1)

dMMR, deficient mismatch mutation repair; EC, endometrial cancer; irTEAE, immune-related TEAE; irTRAE, immune-related TRAE; SAE, serious adverse event; TEAE, treatment-emergent adverse event; TRAE, treatment-related adverse event.

eTable 4. Safety

Any-grade TRAEs in ≥5% of patients Preferred term	dMMR endometrial cancer (N = 104), n (%)	Grade ≥3 TRAEs in ≥2 patients Preferred term	dMMR endometrial cancer (N = 104), n (%)
Asthenia	16 (15.4)	Anemia	3 (2.9)
Diarrhea	16 (15.4)	Colitis	2 (1.9)
Fatigue	15 (14.4)	Diarrhea	2 (1.9)
Nausea	13 (12.5)	Lipase increased	2 (1.9)
Pruritus	10 (9.6)	Transaminases increased[a]	2 (1.9)
Hypothyroidism	9 (8.7)		
Arthralgia	8 (7.7)		
Anemia	7 (6.7)		

Abbreviations: ALT, alanine aminotransaminase; AST, aspartate aminotransferase; dMMR, deficient mismatch mutation repair; TRAE, treatment-related adverse event.

[a] One patient had AST/ALT increased, and 1 patient had solely ALT increased.

eTable 5. Treatment-Related Serious Adverse Events

Preferred term	dMMR EC (N = 104), n (%)
Colitis	2 (1.9)
Asthenia	1 (1.0)
Constipation	1 (1.0)
Iridocyclitis	1 (1.0)
Myalgia	1 (1.0)
Pemphigoid	1 (1.0)
Pneumonitis	1 (1.0)
Pyrexia	1 (1.0)
Transaminases increased	1 (1.0)

dMMR, deficient mismatch mutation repair; EC, endometrial cancer.

A serious adverse event is defined as any untoward medical occurrence that, at any dose:

- Results in death
- Is life-threatening
    - Note: This means that the patient is at immediate risk of death at the time of the event; it does not mean that the event hypothetically might have caused death if it were more severe
- Requires inpatient hospitalization or prolongation of existing hospitalization
- Any AE that prolongs hospitalization will be considered an SAE.
    - Exception: Planned hospitalization (eg, for observation, protocol compliance, elective procedures, social reasons) will not be considered an SAE; however, the reason for the planned hospitalization should be captured in medical history.
- Results in persistent or significant disability or incapacity
- Is a congenital anomaly or birth defect
- Is an important medical event(s)
    - An important medical event may not be immediately life-threatening or result in death or hospitalization but may jeopardize the patient or require intervention to prevent one of the above outcomes. Examples of such events are intensive treatment in an emergency room or at home for allergic bronchospasm, blood dyscrasias, or convulsions that do not result in hospitalization or development of drug dependency or drug abuse.

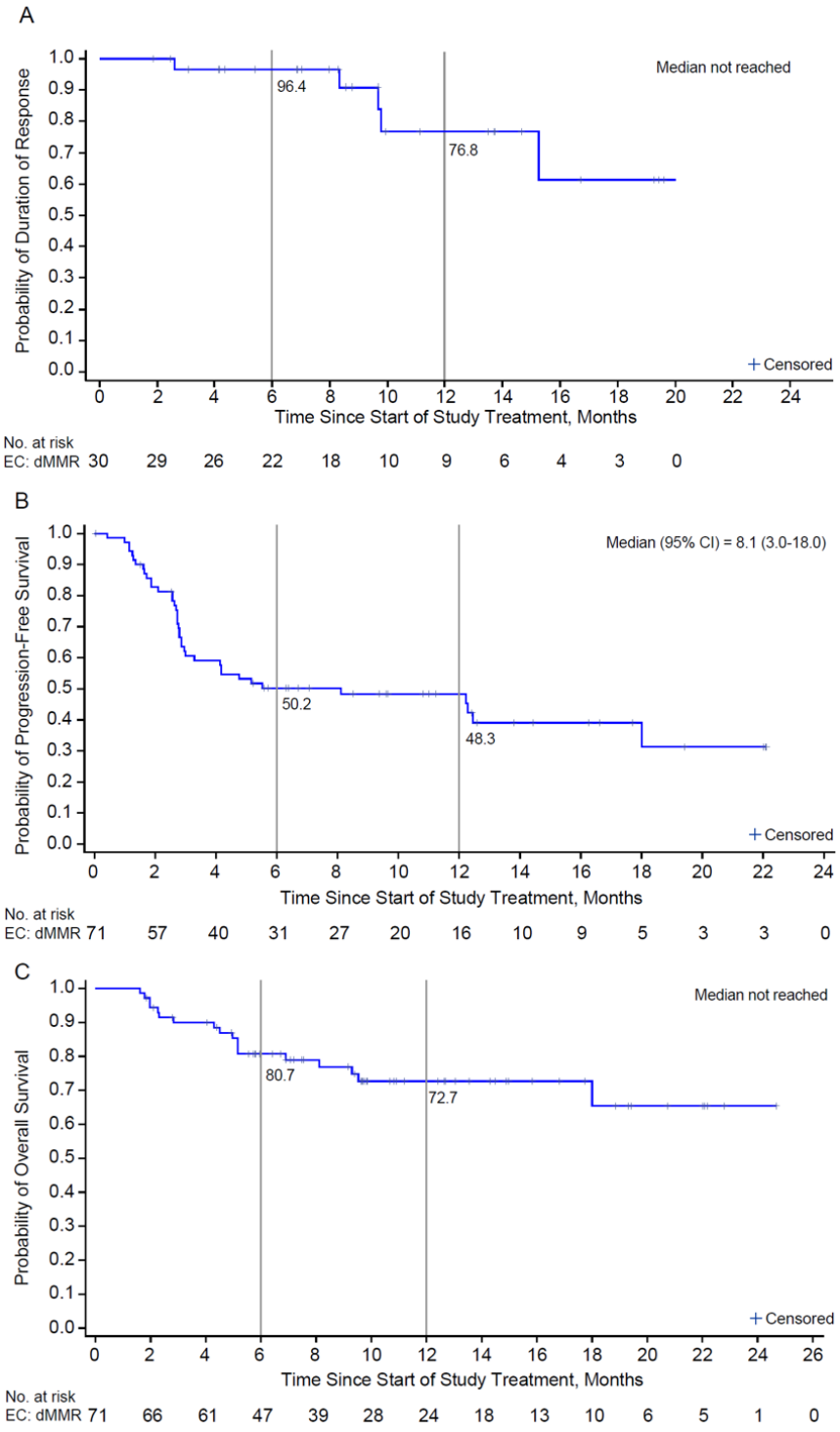
Related: A clinical event, including laboratory test abnormality, occurs in a plausible time relationship to treatment administration and cannot be explained by concurrent disease or other drugs or chemicals. The response to withdrawal of the treatment should be clinically plausible.

eTable 6. Immune-Related Adverse Events

Preferred term, n (%)	dMMR EC (N = 104)			
	irTRAEs	Grade ≥3 irTRAEs	irSAEs	irTEAEs leading to discontinuation
Diarrhea	6 (5.8)	3 (2.9)	0	0
Hypothyroidism	6 (5.8)	0	0	0
Amylase increased	3 (2.9)	1 (1.0)	0	0
Colitis	3 (2.9)	2 (1.9)	2 (1.9)	0
Lipase increased	3 (2.9)	2 (1.9)	0	0
Alanine aminotransferase increased	2 (1.9)	1 (1.0)	0	0
Arthralgia	2 (1.9)	0	0	0
Hyperthyroidism	2 (1.9)	0	0	0
Pruritus	2 (1.9)	0	0	0
Transaminases increased	2 (1.9)	2 (1.9)	1 (1.0)	2 (1.9)
Aspartate aminotransferase increased	1 (1.0)	0	0	0
Blood creatinine increased	1 (1.0)	0	0	0
Iridocyclitis	1 (1.0)	0	1 (1.0)	0
Nephritis	1 (1.0)	0	0	0
Pancreatitis, acute	1 (1.0)	1 (1.0)	1 (1.0)	0
Pemphigoid	1 (1.0)	0	1 (1.0)	0
Pneumonitis	1 (1.0)	0	1 (1.0)	1 (1.4)

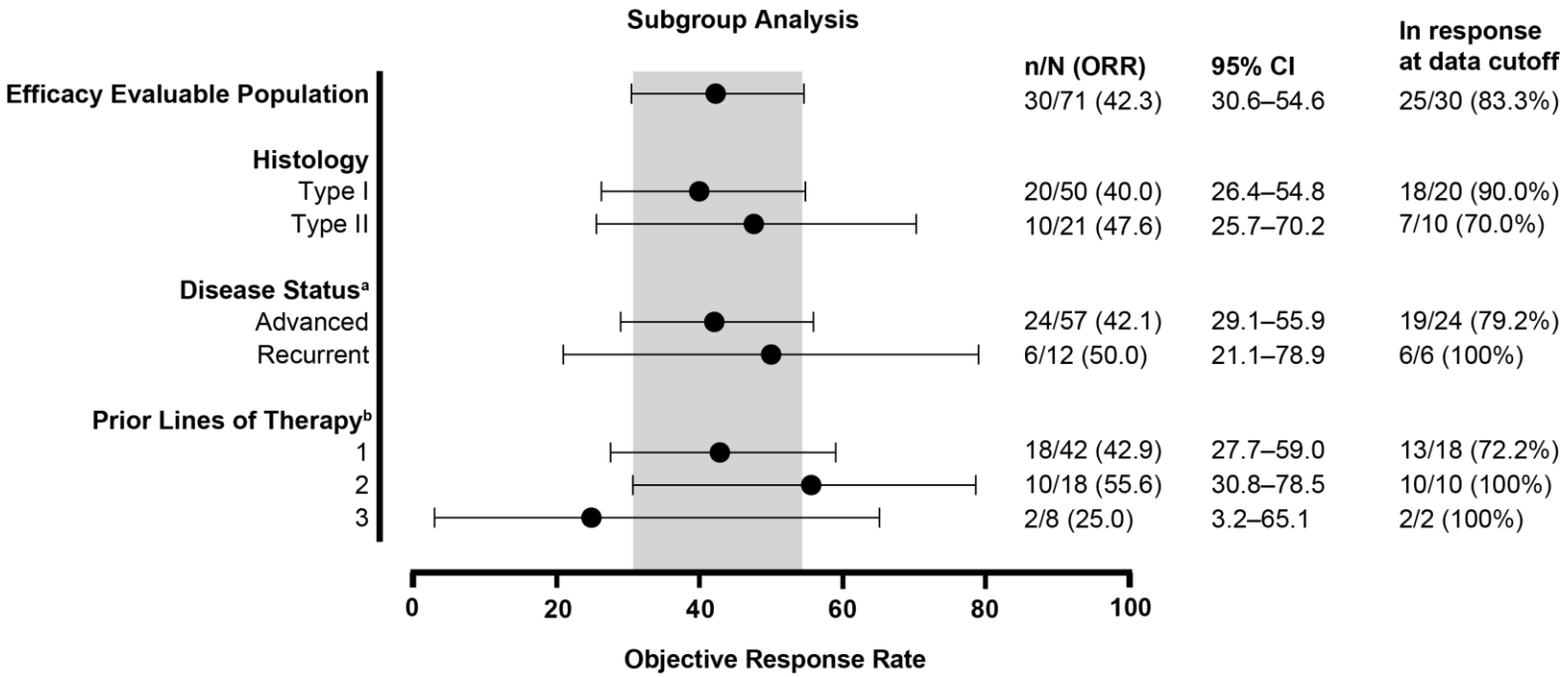
irSAE, immune-related serious adverse event; irTEAE, immune-related treatment-emergent adverse event; irTRAE, immune-related treatment-related adverse event.

eFigure 1. Duration of Response (A), Progression-Free Survival (B), and Overall Survival (C)



A-C, Kaplan-Meier curves for duration of response (A), progression-free survival based on BICR per RECIST v1.1 (B), and overall survival (C). Percentage of patients with no event are shown for 6 and 12 months. Only patients with objective responses are described in (A). BICR, blinded independent centralized review; RECIST v1.1, Response Evaluation Criteria in Solid Tumors version 1.1.

eFigure 2. Subgroup Analysis



[a] Two patients had unknown disease status. There were no responses observed in these patients.
[b] Three patients had 4 prior lines of therapy. There were no responses observed in these patients.