Summary of Results

Lay summary of study results –

The most common type of cancer of the womb is called endometrial cancer. This is a cancer that develops in the inside lining of the womb. Endometrial cancer causes bleeding, usually in women who have already completed their menopause. As a result, endometrial cancer is usually found at an early stage when it can be cured by surgery and sometimes chemotherapy and radiotherapy.

In a small proportion of patients, endometrial cancer can return and there are several different treatment options. In COPELIA, we compared the effectiveness and side effects of 3 different treatments in patients with recurrent endometrial cancer:

- Paclitaxel (also known as taxol), given for 3 out of 4 weeks.
- Weekly paclitaxel, given for 3 out of 4 weeks, with oral cediranib.
- Oral cediranib and oral olaparib.

Paclitaxel is a chemotherapy drug that has been used to treat endometrial cancer for many years. Cediranib is an oral drug that targets blood vessels inside cancers so that they are deprived of oxygen and nutrients; an anti-vascular drug. Olaparib is a drug that stops cells recovering from damage to DNA; a member of the PARP inhibitor family.

In COPELIA, 124 patients were randomly allocated to one of the three arms listed above. The main question was which treatment controlled the illness for at least 3 months. The results showed that the most effective treatment was the weekly paclitaxel and cediranib combination. It had a greater chance of shrinking the cancer than the other two treatments and kept the cancer under control in a larger number of patients than the other two arms. However, a greater number of patients, treated with paclitaxel and cediranib, had side effects from treatment. Significant side effects included diarrhoea, fatigue and raised blood pressure.

COPELIA has identified that weekly paclitaxel and cediranib is an effective treatment option in recurrent endometrial cancer. A larger randomised trial is needed to establish this combination as a standard of care.