Inclusion Criteria:

1. Age ≥18 years at the time of screening and female.

2. Capable of giving signed informed consent which includes compliance with the requirements and restrictions listed in the ICF and in this protocol. Written informed consent and any locally required authorisation (eg, Health Insurance Portability and Accountability Act in the US, EU Data Privacy Directive in the EU) obtained from the patient/legal representative prior to performing any protocol-related procedures, including screening evaluations and study. For patients aged <20 years and enrolling in Japan, a written informed consent should be obtained from the patient and her legally acceptable representative. All patients must sign both the pre-screen ICF and main ICF:

a) The pre screen ICF for the mandatory provision of tumour sample and biomarker testing, including central MMR testing.

b) The main ICF for participation in the study. The main consent form includes a separate consent for the optional genomics initiative research component of the study. (If a patient declines to participate in this research, there will be no penalty or loss of benefit to the patient and the patient will not be excluded from other aspects of the study.)

3. Histologically confirmed diagnosis of epithelial endometrial carcinoma. All histologies, including carcinosarcomas, will be allowed. Sarcomas will not be allowed.

4. Patient must have endometrial cancer in one of the following categories:

a) Newly diagnosed Stage III disease (measurable disease per RECIST 1.1 following surgery or diagnostic biopsy),

b) Newly diagnosed Stage IV disease (with or without disease following surgery or diagnostic biopsy)

c) Recurrence of disease (measurable or non-measurable disease per RECIST 1.1) where the potential for cure by surgery alone or in combination is poor.

5. Naïve to first line systemic anti-cancer treatment. For patients with recurrent disease only, prior chemotherapy is allowed only if it was administered in the adjuvant setting (as part of the upfront/adjuvant anti-cancer treatment, which may be concurrent or followed with chemoradiation) and there is at least 12 months from date of last dose of chemotherapy administered to date of subsequent relapse.

6. An FFPE tumour sample from the locoregional or a metastatic site must be available and must be suitable for MMR status evaluation using the Ventana MMR IHC panel. In compliance with local regulations, all patients must provide consent for the tumour sample and for MMR testing. The sample must be shipped during the pre screening period and valid MMR test results (proficient/deficient) MUST be available prior to randomisation at Cycle 1 Day 1.

7. Has Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 within 7 days of starting study treatment.

8. Must have a life expectancy of at least 16 weeks.

9. Postmenopausal or evidence of nonchildbearing status for women of childbearing potential: negative urine or serum pregnancy test within 28 days of Cycle 1 Day 1 and confirmed prior to treatment on Cycle 1 Day 1. Postmenopausal is defined as any of the following:

- Surgical sterilisation (bilateral oophorectomy or hysterectomy)

- Amenorrhoeic for 1 year or more following cessation of exogenous hormonal treatments

- Luteinising hormone (LH) and follicle stimulating hormone (FSH) levels in the post-menopausal range for women under 50 years old

- Radiation-induced oophorectomy with last menses >1 year ago

- Chemotherapy-induced menopause with >1 year interval since last menses

- Age >50 years with >1 year interval since last menses.

10. Body weight >30 kg.

11. Adequate organ and bone marrow function within 28 days prior to administration of Cycle 1 Day 1 as defined below:

- Haemoglobin ≥10.0 g/dL

- Absolute neutrophil count (ANC) ≥1.5 × 109/L

- Platelet count ≥100 × 109/L

- Serum bilirubin ≤1.5 × the upper limit of normal (ULN). This will not apply to patients with confirmed Gilbert's syndrome, who will be allowed in consultation with their physician.

- Alanine aminotransferase (ALT) and aspartate aminotransferase (AST) ≤2.5 × ULN; for patients with hepatic metastases, ALT and AST ≤5 × ULN.

12. Measured creatinine clearance (CrCL) >51 mL/min or calculated creatinine clearance (CrCL) >51 mL/min as determined by Cockcroft-Gault (using actual body weight), a 24 hour urine test or another validated test as per local practice: