

Results Three hundred and four women met criteria: 200 underwent laparotomy and 104 MIS. Women in the MIS group were younger, had lower rate of diabetes and lower CA-125 level. Women who underwent laparotomy had higher grade EC and more advanced stage disease; Odds Ratio (OR) and 95% Confidence Interval (CI) 0.34 (0.21–0.56) and 0.56 (0.34–0.92), respectively. Brachytherapy rate was comparable between groups ($p=0.715$). In a multivariable analysis, including age, comorbidities, disease stage, tumor grade and lymphovascular space invasion, MIS was not associated with an increased risk for recurrence, progression or decreased overall survival. However, patients operated by MIS had higher risk to recur locally (vaginal cuff or pelvic) (26.9% vs. 16.5%, $p=0.032$, OR, 1.86, 95% CI 1.05–3.30). MIS was the only independent factor associated with local recurrence, adjusted OR, 2.09, 95% CI 1.12–3.90.

Conclusions In women with stage II-IIIc EC, MIS was associated with an increased risk for local recurrence compared to laparotomy.

0007/#202

RECURRENCE AND SURVIVAL AFTER LAPAROSCOPY VERSUS LAPAROTOMY IN EARLY-STAGE ENDOMETRIAL CANCER: LONG-TERM OUTCOMES OF A RANDOMISED TRIAL

¹M Van Suijlichem, ¹B Reijntjes*, ²J Woolderink, ³M Bongers, ⁴L Paulsen, ⁵PVD Hurk, ⁶A Kraayenbrink, ⁷M Apperloo, ⁸B Slangen, ⁹T Schukken, ¹⁰F Tummers, ¹¹P Van Kesteren, ¹²J Huime, ¹³D Boskamp, ¹⁴M Mourits, ¹⁵G De Bock. ¹University Medical Center Groningen, Gynaecology and Obstetrics, Groningen, Netherlands; ²Martini Hospital Groningen, Gynaecology and Obstetrics, Groningen, Netherlands; ³Maxima Medical Center Veldhoven, Gynaecology and Obstetrics, Veldhoven, Netherlands; ⁴Wilhelmina Hospital Assen, Gynaecology and Obstetrics, Assen, Netherlands; ⁵Nij Smellinghe Hospital Drachten, Gynaecology and Obstetrics, Drachten, Netherlands; ⁶Rijnstate Hospital Arnhem, Gynaecology and Obstetrics, Arnhem, Netherlands; ⁷Medical Center Leeuwarden, Gynaecology and Obstetrics, Leeuwarden, Netherlands; ⁸Maastricht University Medical Center, Gynaecology and Obstetrics, Maastricht, Netherlands; ⁹Antonius Hospital Sneek, Gynaecology and Obstetrics, Sneek, Netherlands; ¹⁰Leiden University Medical Center, Gynaecology and Obstetrics, Leiden, Nepal; ¹¹Onze Lieve Vrouwe Gasthuis Amsterdam, Gynaecology and Obstetrics, Amsterdam, Netherlands; ¹²Amsterdam University Medical Center, Gynaecology and Obstetrics, Amsterdam, Netherlands; ¹³VieCuri Medical Center Venlo, Gynaecology and Obstetrics, Venlo, Netherlands; ¹⁴University Medical Center Groningen, Epidemiology, Groningen, Netherlands

10.1136/ijgc-2021-IGCS.7

Objectives Laparoscopic hysterectomy is accepted globally as the standard treatment option for early-stage endometrial cancer, but there is limited long-term survival data. We compared the survival outcomes of total laparoscopic hysterectomy (TLH) and total abdominal hysterectomy (TAH) for early-stage endometrial cancer up to 5 years after each procedure.

Methods Follow-up of a multi-centre, randomised controlled trial comparing TLH and TAH, without routine lymphadenectomy, for women with stage I endometrial cancer. Enrolment was between 2007 and 2009 by 2:1 randomisation to TLH or TAH. Assessed at 5 years, the primary outcome was the disease-free survival (DFS) and the secondary outcomes were the overall survival (OS), disease-specific survival (DSS), and primary site of recurrence. Multivariable Cox regression analyses were adjusted for age, stage, and grade, with adjusted hazard ratios (aHR) and 95% confidence intervals (95%CI) reported.

Results In total, 279 women underwent procedures and 263 (94%) of these had follow-up data. For the TLH ($n=185$) and TAH ($n=94$) groups, DFS (90.3% vs 84.1%; aHR[recurrence], 0.76; 95%CI, 0.35–1.66), OS (89.2% vs 82.8%; aHR [death], 0.64; 95%CI, 0.33–1.27), and DSS (95.0% vs 89.8%; aHR[death], 0.74; 95%CI, 0.28–1.99) were comparable at 5 years. There were no port-site or wound metastases, and local recurrence rates were comparable.

Conclusions No study has reported on survival among women with early-stage endometrial cancer treated by TLH or TAH without routine lymphadenectomy. Survival outcomes (DFS, OS and DSS) were comparable between the treatment options at 5 years, supporting the widespread use of TLH as a primary treatment for early-stage, low-grade endometrial cancer.

Awards Ceremony & Plenary 4: Seminal Abstract Presentations

0008/#785

A MULTICENTER, OPEN-LABEL, RANDOMIZED, PHASE 3 STUDY TO COMPARE THE EFFICACY AND SAFETY OF LENVATINIB IN COMBINATION WITH PEMBROLIZUMAB VS TREATMENT OF PHYSICIAN'S CHOICE IN PATIENTS WITH ADVANCED ENDOMETRIAL CANCER: STUDY 309/ KEYNOTE-775

¹V Makker*, ²N Colombo, ³A Casado Herráez, ⁴A Santin, ⁵E Colomba, ⁶D Miller, ⁷K Fujiwara, ⁸S Pignata, ⁹S Baron-Hay, ¹⁰I Ray-Coquard, ¹¹R Shapira, ¹²K Ushijima, ¹³J Sakata, ¹⁴K Yonemori, ¹⁵YM Kim, ¹⁶EM Guerra, ¹⁷UA Sanli, ¹⁸M McCormack, ¹⁹J Huang, ¹⁹AD Smith. ¹Memorial Sloan Kettering Cancer Center, Medicine, New York, USA; ²University of Milan-Bicocca and European Institute of Oncology, Milan, Gynecologic Oncology, Milan, Italy; ³San Carlos University Teaching Hospital, Department of Medical Oncology, Madrid, Spain; ⁴Yale University School of Medicine, Department of Obstetrics, Gynecology and Reproductive Sciences, New Haven, USA; ⁵Gustave Roussy Cancerology Institute, Department of Cancer Medicine, Villejuif, GINECO group, France; ⁶University of Texas Southwestern Medical Center, Obstetrics and Gynecology, Dallas, USA; ⁷Saitama Medical University International Medical Center, Department of Gynecologic Oncology, Hidaka, Japan; ⁸Instituto Nazionale Tumori IRCCS Fondazione G Pascale, Department of Uro-gynaecological Oncology, Napoli, Italy; ⁹Royal North Shore Hospital, Tba, St. Leonards, Australia; ¹⁰University Claude Bernard Lyon I, Medical Oncology, Lyon, France; ¹¹Sheba Medical Center, Tba, TBA, Israel; ¹²Kurume University School of Medicine, Department of Obstetrics and Gynecology, Kurume, Japan; ¹³Aichi Cancer Center Hospital, TBA, Japan; ¹⁴Asan Medical Center, University of Ulsan, Department of Obstetrics and Gynecology, Seoul, Korea, Republic of; ¹⁵Hospital Universitario Ramón y Cajal, TBA, Madrid, Spain; ¹⁶Ege University, TBA, Izmir, Turkey; ¹⁷18University College London Hospitals NHS Foundation Trust, TBA, London, UK; ¹⁸Eisai Inc, Woodcliff Lake, NJ, USA; ¹⁹Eisai Ltd., TBA, Hatfield, UK

10.1136/ijgc-2021-IGCS.8

Objectives Results from a phase 1b/2 study showed lenvatinib (LEN) + pembrolizumab (pembro) has efficacy in patients (pts) with advanced endometrial carcinoma following prior treatment. Here, we describe the phase 3 study results of LEN + pembro vs treatment of physician's choice (TPC) following platinum-based therapy in pts with advanced endometrial cancer (aEC).

Methods Pts were randomized (1:1) to receive LEN 20 mg orally QD + pembro 200 mg IV Q3W or TPC (doxorubicin at 60 mg/m² IV Q3W or paclitaxel at 80 mg/m² IV QW [3