

## Abstracts

( $p=0.192$ ). Disease progression and overall survival did not differ between groups ( $p=0.537$ ,  $p=0.465$ , respectively). However, patients operated with MIS had almost 3 times risk to recur at their vaginal cuff or pelvis (Odds Ratio (OR) 95% Confidence Interval (CI) 2.80 (1.80–4.36)). In a multivariable analysis, including age, comorbidities, disease stage, CA-125 and lymph-vascular space invasion, MIS was associated with an increased risk for local (vaginal cuff or pelvic) recurrence (OR 95% CI 3.30 (1.69–6.48)).

**Conclusions** In women with HGEC, MIS was associated with higher rates of local recurrence as compared to laparotomy

### OP013/#417 COST-EFFECTIVENESS OF DOSTARLIMAB IN ADVANCED RECURRENT DEFICIENT MISMATCH REPAIR ENDOMETRIAL CANCER PATIENTS

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**Objectives** Women with recurrent endometrial cancer who fail carboplatin and paclitaxel have a poor prognosis with few effective options. The recent GARNET Trial showed promising results for dostarlimab in these patients. We developed a decision model to compare the cost-effectiveness of dostarlimab to other treatment options in patients with progressive/recurrent deficient mismatch repair (dMMR) endometrial cancer who have failed first-line chemotherapy.

**Methods** A Markov model was created to simulate the clinical trajectory of women with progressive/recurrent dMMR endometrial cancer who failed carboplatin and paclitaxel (figure 1). The initial decision point in the model was treatment with either dostarlimab, pembrolizumab or pegylated liposomal doxorubicin (PLD). Model probabilities, cost and utility values were derived with assumptions drawn from published literature. The effectiveness was measured in terms of quality adjusted life years (QALYs) gained. The primary outcome was incremental cost-effectiveness ratios (ICERs), expressed in 2018 US dollars/QALYs. One-way sensitivity analyses were performed to vary the assumptions across a range of plausible values.

**Results** PLD was the least costly strategy at \$54,307, followed by pembrolizumab (\$160,780) and dostarlimab (\$251,132). PLD was cost-effective compared with

### Abstract OP013/#417 Table 1 Outcomes of study population

| Treatment     | N     | Response Rate (%) | Total Costs (\$) | QALYs | ICER               |
|---------------|-------|-------------------|------------------|-------|--------------------|
| PLD           | 2,000 | 10                | 108,615,907      | 1,102 | N/A                |
| Pembrolizumab | 2,000 | 29                | 321,561,768      | 1,876 | Extended dominance |
| Dostarlimab   | 2,000 | 42                | 502,265,891      | 3,074 | 199,621            |

Assuming a population of 6,000 progressive/recurrent dMMR endometrial cancer patients

dostarlimab with an ICER of \$199,621, while pembrolizumab was subjected to extended dominance (table 1). Multiple one-way sensitivity analyses did not substantially impact the cost-effectiveness.

**Conclusions** Dostarlimab is associated with greater survival compared with other treatments for women with recurrent dMMR endometrial cancer. However, the agent is substantially more costly.

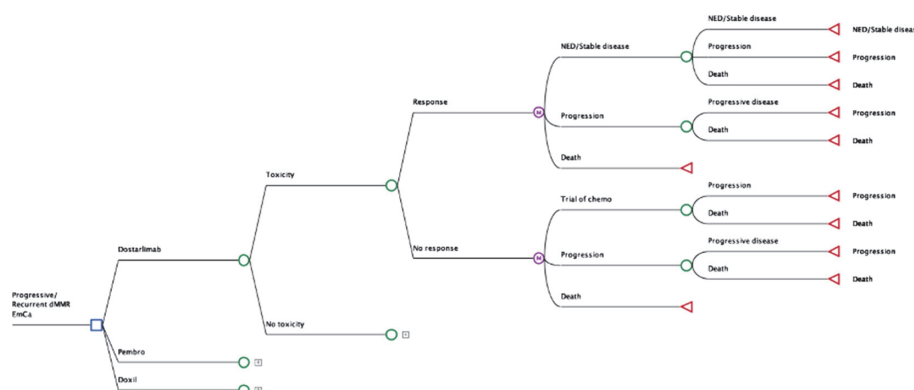
### OP014/#480 TARGETED MOLECULAR TESTING IN ENDOMETRIAL CARCINOMA: VALIDATION OF A RESTRICTED TESTING PROTOCOL

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**Objectives** The World Health Organization (WHO) endorsed molecular classification of endometrial carcinoma (EC) to be incorporated in routine diagnostic workup, by evaluating p53 and mismatch repair (MMR) protein immunohistochemistry (IHC), as well as pathogenic mutations in the gene encoding DNA polymerase epsilon (POLE). The latter is currently the least affordable or accessible step. We investigated whether POLE testing can be omitted in patients who based on stage, grade and lymphovascular space invasion (LVI) criteria would not usually be directed to adjuvant therapy.

**Methods** Using data from a single cancer centre (n=460) in Vancouver, and a population-based cohort in Tübingen (n=452), we compared the WHO recommended molecular testing of the entire cohort (n=912) with a restricted protocol: p53 and MMR IHC on all cases, but POLE sequencing



Abstract OP013/#417 Figure 1