Conclusions Waist skeletal muscle volume is a novel prognostic biomarker in patients with endometrial cancer. Assessing body composition before treatment may provide important prognostic information for such patients.

EPV128/#510   **WOMB CANCER RISK AWARENESS: DEVELOPING TOOLS TO INFLUENCE CHANGE**

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Objectives Endometrial or womb cancer is the most common gynaecological malignancy in the developed world. Efficient and cost-effective methods of increasing public awareness about womb cancer are research priorities for patients and clinicians. Until now, there has been no accepted measure of womb cancer awareness. We aimed to develop the self-complete Womb Cancer Awareness Measure(WCAM).

Methods Relevant questions on warning signs, risk factors and existing cancer screening programmes were extracted from the literature and ratified by patients and expert clinicians. Reliability and validity were assessed in female research participants aged 19–65(n=65) and expert clinicians(n=10). Readability was calculated using the Flesch Reading Ease formula. Test-retest reliability was tested over two weeks. Construct reliability was established by comparing scores of expert clinicians and non-medical academics. Sensitivity to change was measured by comparing participants who read a womb cancer leaflet against a control leaflet.

Results The readability of the WCAM was high(71%). Test-retest reliability revealed high percentage exact agreement of 78–80% for all items. Discrepancies were due to improvement in the second score, demonstrating that the WCAM completion increased knowledge and awareness. Experts achieved higher knowledge scores than non-medical academics indicating good construct validity(p<0.001). The measure was sensitive to change; the womb cancer leaflet group(n=22) scored higher for cancer awareness [mean 70(13)] than the controls (n=21)[mean 54(6.2)](p<0.001).

Conclusions This study demonstrates the psychometric validity of the WCAM and its potential for use for further testing. Ongoing work will extensively validate this awareness measure in an ethnically and socioeconomically diverse population including women at increased risk of womb cancer.

EPV129/#529   **LONG-TERM CLINICAL AND ECONOMIC VALUE OF PEMBROLIZUMAB + LENVATINIB COMPARED WITH CHEMOTHERAPY IN PREVIOUSLY TREATED ADVANCED ENDOMETRIAL CANCER PATIENTS IN SWEDEN: A COST-EFFECTIVENESS ANALYSIS**

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Objectives Advanced endometrial cancer (aEC) patients previously treated with systemic therapy have limited treatment options in Europe. In the Phase-III trial KEYNOTE-775, pembrolizumab + lenvatinib (PEM+LEN) demonstrated statistically significant and clinically meaningful improvements in OS, PFS and ORR versus chemotherapy (the treatment of physician's choice [TPC] of doxorubicin or paclitaxel). The long-term clinical and economic value of PEM+LEN needs to be understood. The objective of this study was to assess the cost-effectiveness of PEM+LEN vs TPC for previously treated aEC patients in Sweden.

Methods A three-state partitioned survival model (progression free, progressed disease, and death) was developed. The proportion of patients in each health state was estimated using the area under the curve based on KN-775 OS and PFS data, to which costs/benefits from a Swedish healthcare perspective were applied over a lifetime horizon. OS, PFS, time-on-treatment, adverse event, and EQ-5D utility data were obtained from KEYNOTE-775. Treatment acquisition, administration, resource use and adverse events cost were obtained from Sweden. A 3% discount rate was applied. Sensitivity analyses were conducted.

Results Treatment with PEM+LEN resulted in an increase of 1.96 Life-years (LYs), 1.42 quality-adjusted life-years (QALYs), and SEK 1,180,044 in costs vs chemotherapy (TPC). The incremental cost-effectiveness ratio for PEM+LEN vs chemotherapy was 828,569 SEK/QALY-gained. Cost-effectiveness results were sensitive to OS/time-on-treatment extrapolations, and adjustments for subsequent therapies.

Conclusions Model-based analysis suggests that PEM+LEN extends life-years and QALYs over chemotherapy, and can be considered cost-effective compared with chemotherapy at a willingness-to-pay threshold of SEK 1-million in Sweden.

EPV130/#537   **ENDOMETRIAL CANCER (EC): LYMPHOVASCULAR SPACE INVASION (LVSI) AND LYMPH NODE METASTASIS (LNM) ACCORDING TO MOLECULAR SUBGROUPS**

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Objectives To evaluate the distribution of LVSI and LNM according to the EC molecular classification.

Methods Patients with EC surgically treated were retrospectively analyzed. Tumor grade and histologic subtype were assessed by HE technique. MMR and p53 status were assessed by IHC in all patients. POLE was sequentiated in 6 LCN G3 patients. Chi-square test was adopted for categorical data. Odds-ratio was adopted to evaluate association.

Results 70 consecutive patients entered the study: endometrioid type was found in 61 (87.1%); G1–2 in 44 (62.9%) and G3 in 26 (37.1%) patients, respectively. Molecular profiling classified 3 (4.3%) as POLE-ultramutated, 34 (48.6%) as LCN, 22 tumors (31.4%) as MMRd and 11 (15.7%) as p53-mutated. LVSI was found in 18 (25.7%) patients: 0/3 (0%) u-POLE, 6/34 (17.6%) LCN, 6/22 (27.3%) MMRd and 6/11 (54.5%) p53-mutated (p = 0,07). LNM were present in 17 (24.3%) cases: 0/3 (0%) u-POLE, 5/34 (14.7%) LCN, 5/22 (22.7%) MMRd and 7/11 (63.6%)