

## IGCS20\_1285

## 273 PROJECT ECHO: 2-YEARS EXPERIENCE IN BELARUS

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**Objectives** Build expertise and competence in diagnostic and treatment of gynecological cancers among clinicians based in Belarus Cancer Centers via case-based analysis of patients by using videoconferencing technology to connect local care providers with world leading gynecologic oncologists, pathologists, and radiation oncologists.

**Methods** With support from MD Anderson Cancer Center in Texas, USA, IGCS began utilizing the Project ECHO model to conduct virtual tumor boards with trainees as part of the Global Curriculum & Mentorship Program.

In late 2017, IGCS expanded Project ECHO and held the first session with the Belarusian Society of Oncology, a member of the IGCS Strategic Alliance Partnership. The sessions are held monthly by videoconference utilizing Zoom technology to link Faculty Consultants from USA, Canada, Australia, Israel with the clinicians in Minsk. Each Project ECHO session is one hour in length with 30–45 minutes of case presentations and discussion followed by a 15–30-minute didactic lecture.

**Results** The multidisciplinary team of IGCS participants for Belarus ECHO projects was created. Twenty-two ECHO meetings were held in the period 2017–2019. Belorussian clinical team presented 37 problem-based cases followed by discussion of the cases and a brief didactic lecture. The average number of participants per session was ten. Future developments of this ECHO project include introduction follow-up discussions of cases under review.

**Conclusions** Project ECHO in Belarus is a useful tool to support international clinical consulting opportunities that allow gynecologic oncologists in Belarus to receive best practice guidance from world leading specialists and provide up to date clinical management.

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## 274 CHARACTERISTICS AND CLINICAL OUTCOMES OF PATIENTS WITH RECURRENT MICROSATELLITE STABLE ENDOMETRIAL CANCER UNDERGOING EARLY PHASE IMMUNOTHERAPY CLINICAL TRIALS

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**Introduction** Describe characteristics and outcomes of patients with recurrent microsatellite stable endometrial cancer (MSS EC) undergoing early phase clinical trials with immunotherapy. **Methods** Retrospective evaluation of MSS EC patients receiving  $\geq 1$  immunotherapeutic agent(s) in early phase clinical trials at MD Anderson Cancer Center from 6/2014 to 12/2019.

Response to treatment was evaluated using RECIST criteria and treatment-related and immune-related adverse events (TRAEs and irAEs, respectively) were graded per trial protocols. Predictors of response and progression free survival were evaluated.

**Results** Thirty-four MSS EC patients were included. The median age and number of prior lines of systemic therapy was 64 years and three, respectively. The predominant histologic subtype was endometrioid (n = 15) or serous (n = 9). Thirty-three of 34 patients (97.1%) were treated with at least one immune checkpoint inhibitor (ICI) and 24 (76.5%) received combination therapy. Among the 30 evaluable patients, the clinical benefit rate was 30% (n = 9); one partial response and eight stable disease. Seven patients (77.8%) with clinical benefit had an irAE, compared to five non-responders (23.8%). Six patients with clinical benefit were treated with ICI and other class agent(s). Greatest benefit was seen with ICI/PARP inhibitor/anti-VEGF (693 days), ICI/PARP inhibitor (308 days), and ICI/oral tyrosine kinase inhibitor (272 days) combinations. No response was seen in ten (83.3%) and two patients (100%) treated with double and triple ICI agents, respectively.

**Conclusion** MSS EC tumors do not appear to respond to ICI-only therapies. ICI combination therapy with other class agents and presence of irAEs may be associated with clinical benefit.

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## 275 PREVALENCE OF UTERINE SARCOMAS IN THE ONCOLOGICAL GYNECOLOGY UNIT OF THE SAN BORJA ARIARAN HOSPITAL

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**Introduction** Uterine sarcomas are relatively rare, between 3 and 8% of uterine cancers. The most common tumors are leiomyosarcomas (LMS) (59%) and endometrial stromal sarcomas (ESS) (33%).

**Material and Method** Retrospective review from January 2014 to February 2020. Patients diagnosed with carcinosarcoma were excluded. The global survival (GS) was taken from the diagnosis of the disease to the death of the patient or last control. Figo 2009 was used for staging.

**Results** A total of 295 patients with uterine cancers with a median age of 59. 16 patients had uterine sarcoma, from which 44% were LMS (7), 13% low-grade ESS (2) and 44% high grade ESS (7). 94% underwent standard treatment. The LMS FIGO IB 43% (3), with GS median of 17 months; FIGO IIIC 14% (1), with GS 15 months; and FIGO IV 43% (3) with GS median of 23.6. 100% low-grade ESS (2) FIGO IB with GS median of 51 months, and 100% high-grade ESS (7) FIGO IB with GS median of 28. In 43% (3) of the high-grade ESS recurrence appeared between 3 to 16 months with a median of 11 months (2 to the lung and 1 to the abdominal cavity), and 50% of low-grade ESS at 60 months. A prevalence of uterine sarcomas of 5.4% was found.

**Conclusion** Uterine sarcomas represented 5% of the primary uterine neoplasms. In our review the highest percentage (61%)