(45/51) and most frequent localization was obturator basin. No serious adverse affect was reported. Incidence of macrometastases was 19% (10/51), micrometastases 5,8% (3/51) and ITC 1,9% (1/51). No false negative SLN was found.

Conclusions ICG does not have approval in Argentina for any medical uses. This issue is frequent in regional countries in which infrared technology is available but ICG is not approved by local regulations. In this preliminary analysis using ICG in pharmacological test phase we found high bilateral detection, no false negative and no adverse effects in relation of ICG injection. This protocol is open recruiting patients.

IGCS19-0188

390 COM701 (A NOVEL IMMUNE CHECKPOINT INHIBITOR) IN PATIENTS WITH ADVANCED SOLID TUMORS

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Objectives Novel therapies are needed for the treatment of pts with relapse/refractory disease following treatment with approved checkpoint inhibitors. COM701 is a 1st in class novel immune checkpoint inhibitor of PVRIG, part of the DNAM axis. Key primary objectives/endpoints: safety and tolerability of COM701 monotherapy and in combination with nivolumab (doublet), measured by the incidence of pts with adverse events (AEs) and dose-limiting toxicities (DLTs). The recommended dose for expansion of COM701 monotherapy and in combination with nivolumab. Key secondary objectives/endpoints: the preliminary antitumor activity of COM701 monotherapy and doublet in pts with selected tumor types (endometrial, ovarian, breast and lung cancer).

Methods Study design: dose escalation hybrid single subject accelerated titration design and 3+3 design. Key inclusion criteria: Age $\geq$18 yrs, histologically confirmed, advanced solid tumor and has exhausted all available standard therapy or not a candidate for available standard therapy, prior checkpoint inhibitor permissible. Key exclusion criteria: inflammatory pneumonitis, history of immune-related events that led to immunotherapy treatment discontinuation. We report on COM701 monotherapy dose escalation. Expansion cohorts will enroll pts with the selected tumor types (above). ClinicalTrials.gov Identifier: NCT03667716.

Results At time of this submission no DLTs observed up to 5th COM701 monotherapy dose level pt cohort.

Conclusions Study enrollment ongoing.

COM701 monotherapy safe and tolerable at the doses tested. Updated results will be presented at the meeting.

IGCS19-0146

391 DEVELOPMENT OF THE COMPREHENSIVE SCORE FOR FINANCIAL TOXICITY (COST) TOOL AND ASSESSMENT OF FINANCIAL TOXICITY IN PATIENTS WITH GYNECOLOGIC CANCER IN JAPAN

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Objectives As new medical technology develops, medical costs increase. When high medical costs affect the patient as a toxicity, it is called financial toxicity (FT). In Japan, all patients are covered by the public health insurance system, which may alleviate FT. However, previous research using the Japanese version of the “”“COmprehensive Score for financial Toxicity (COST)”” tool, whose score quantifies FT, showed that Japanese patients with cancer had FT. Our objective is to analyze its internal validity and the relationship between the COST score and patient information particularly for patients with ovarian, cervical, or endometrial cancer during chemotherapy. Furthermore, this study aims to clarify the correlation between COST and QOL scores.

Methods We will enroll 147 patients, including 49 patients each with ovarian, cervical, and endometrial cancers, from April 2019 to April 2020. Each patient will have been receiving chemotherapy for more than 2 months at enrollment. Each participant will answer the COST tool, EORTC-QLQ-C30, OV28/CX24/EN24, and EQ-5D-5L at baseline and at the end of chemotherapy. The patients will also complete a questionnaire about employment, assets, income, private insurance, medical payments in the last 2 months, presence of children or family members who need a caregiver, and consultation for medical payment before chemotherapy.

Results This research will clarify the characteristics and longitudinal changes in the COST score in gynecologic cancer patients. The impact of FT on the clinical situation will also be determined.

Conclusions We expect to find that the COST score can be used prospectively to improve QOL in patients with gynecologic cancer.