blocks interaction with the PD-1 ligands, PD-L1 and –L2. GARNET is a phase 1 study assessing antitumour activity and safety of dostarlimab monotherapy in patients with advanced solid tumours.

**Methodology** This multicentre, open-label, single-arm study is being conducted in 2 parts, dose escalation and expansion. Here we report on 2 independent expansion cohorts of patients with recurrent or advanced endometrial cancer (EC) that progressed on or after a platinum-based chemotherapy regimen. Assignment to cohort A1 (mismatch mutation repair deficient [dMMR] EC) or cohort A2 (mismatch mutation repair proficient [MMRp] EC) was determined by immunohistochemistry (IHC) testing. Patients received 500 mg dostarlimab intravenously once every 3 weeks for 4 cycles, then 1000 mg once every 6 weeks until disease progression, discontinuation or withdrawal. The primary endpoints are objective response rate (ORR) and duration of response (DOR) by blinded independent central review using RECIST version 1.1.

**Results** In total, 126 dMMR and 145 MMRp pts identified by IHC were enrolled and dosed. Of these, 103 dMMR and 142 MMRp pts had measurable disease as baseline and sufficient follow-up time (6 months) for efficacy analyses, respectively. Patients that progressed prior to 6 months were included in the evaluable population. ORR for dMMR EC was 44.7%; ORR for MMRp EC was 13.4% (table 1). Median DOR and OS were not reached in either cohort. Overall, 15 pts (5.5%) discontinued treatment due to AEs (3 dMMR, 10 MMRp). Safety by cohort and overall are shown in table 2. There were no deaths attributed to dostarlimab.

**Conclusion** Dostarlimab demonstrated durable antitumour activity in both dMMR and MMRp advanced/recurrent EC. dMMR status by IHC was associated with a higher response rate. Dostarlimab demonstrated a notable disease control rate (35.2%; 2.1% complete response, 11.3% partial response, 21.8% stable disease) in patients with MMRp EC, which comprised a higher percentage of patients with Type II EC and is historically associated with a worse prognosis. No new safety signals were detected. These cohorts are the largest prospective evaluation of a PD-(L)1 therapy in EC to date.

**Disclosures** Clinical trial registration: NCT02715284 This study was sponsored by GlaxoSmithKline, Waltham, MA, USA.

Dr. Oaknin reports consulting and honoraria from AstraZeneca, Tesaro, Clovis, PharmaMar, and Roche.

Dr. Gilbert reports honoraria from Meck, AstraZeneca, and Pfizer.

Dr. Tinker reports grants and personal fees from AstraZeneca.

Dr. Sabatier reports grants from Eisai and AstraZeneca; personal fees from Roche, Pfizer, Tesaro, Novartis and AstraZeneca; and non-financial support from Roche, Pfizer, AstraZeneca, and Amgen.

Dr. O’Malley reports personal fees from Immunogen, Eisai, Agenus, GSK ; Consultant/Advisory Board for Clovis, Ambray, Abbvie, Janssen/J&J, Regeneron, Novacure, Myriad Genetics, Tarveda, Amgen, VentRx, Array Biopharma, EMD Serono, Ergomed; Steering committee for Genentech/Roche and Merck; Institutional funding from Ajinomoto Inc, Ludwig Cancer Research, Stemcentrx, Inc, CERULEAN PHARMA, GOG Foundation, BMS, Serono Inc, TRACON Pharmaceuticals, Yale University, New Mexico Cancer Care Alliance, INC Research, Inc., Inventiv Health Clinical, Iovance Biotherapeutics, Inc, and PRA International.

Dr. Ghamande reports consulting fees from Seattle Genetics; speakers’ bureau fees from GSK; and institutional grants from GSK, Merck, Roche, Genentech, Takeda, Seattle Genetics, Advaxis, BMS, Clovis, Abbvie, and Tesaro.

Dr. Pothuri reports grants, personal fees and non-financial support from GSK; Advisory Board fees from AstraZeneca and Clovis Oncology.

Dr. Boni has nothing to disclose.

Drs. Guo and Im are employees of GlaxoSmithKline.

**Abstracts**

**386 PATIENT-REPORTED OUTCOMES (PROS) IN THE GARNET TRIAL IN PATIENTS (PTS) WITH ADVANCED OR RECURRENT MISMATCH REPAIR DEFICIENT/MICROSATELITE INSTABILITY-HIGH (DMMR/MSI-H) ENDOMETRIAL CANCER (EC) TREATED WITH DOSTARLIMAB**

1Rebecca Kristeleit, 2Cara Mathews, 3Andres Redondo, 4Joice Elinson, 5Ellie Im, 1Jubilee Brown, 2Guy’s and St. Thomas Hospitals, NHS Foundation Trust; 1Women and Infants Hospital of Rhode Island; 1Hospital Universitario La Paz – Idiopaz; 1Glaxosmithkline; 1Levine Institute, Atrium Health

**Introduction/Background** PROs enable direct measurement of the experiences of pts with cancer related to an intervention. Regulators increasingly use PROs to inform the risks and benefits of new drug candidates, focusing on 3 core concepts: physical functioning (PF), disease-related symptoms (DRS), and symptomatic adverse events (AEs).

Dostarlimab is an investigational anti-programmed death-1 monoclonal antibody that has shown activity in pts with advanced dMMR EC (objective response rate, 42%; disease control rate, 58%) and an acceptable safety profile. Here, we report on PROs in pts treated with dostarlimab in the single-arm GARNET trial.

**Methodology** Pts with recurrent or advanced dMMR/MSI-H EC that progressed on a platinum regimen received 500 mg Q3W*4 of dostarlimab, then 1000 mg Q6W until disease progression or discontinuation (DC). PRO assessment, an exploratory endpoint, was measured using the EORTC-QLQ-C30. PROs were collected at baseline (BL), each dose cycle, and after DC. For PF and DRS (pain and fatigue), we conducted multi-item descriptive analyses, including change from BL. For symptomatic AEs and tolerability (nausea, vomiting, constipation, diarrhea, tiredness/fatigue), we conducted item-level analyses to understand response distribution and change in response categories from BL: improved, stable, and 1-, 2-, or 3-category worsening.

**Results** PRO data were available for 66/104 pts who received ≥1 dose of dostarlimab. Questionnaire compliance was consistent across domains, ranging from 100% at BL to 45% at cycle 7. Pain, fatigue, and PF were maintained above BL starting at cycles 1, 3, and 4, respectively. Symptomatic AEs were experienced by a minority of pts, with <25% and <6% of pts having 1- or ≥2-category worsening, respectively. Improved scores were reported by 6% to 37% of pts.

**Conclusions** PROs from the GARNET trial showed that dostarlimab was generally well tolerated and disease-related symptoms were improved or maintained while on treatment. These data, along with the efficacy and safety profile of dostarlimab, support use of dostarlimab in pts with dMMR/MSI-H advanced EC.

**Disclosures** Clinical trial registration: NCT02715284
Funding: GlaxoSmithKline, Waltham, MA, USA.

Encore statement: This data is presented on behalf of the original authors with their permission. Presented at European Society for Medical Oncology (ESMO) annual meeting, September 19–21, 2020, Virtual.

Dr. Kristelette reports personal fees from Tesaro.

Dr. Mathews reports institutional grants from Tesaro.

Dr. Redondo reports institutional research funding from PharmaMar, Roche, and Eisai; and advisory roles at PharmaMar, AstraZeneca, Tesaro, Roche, and Eisai.

Dr. Brown reports honoraria from Olympus; consulting or advisory role at Caris, Tesaro, Clovis, AstraZeneca, and Genentech; and speakers’ bureau at Clovis.

Drs. Huang, Eliason, and Im are employees of GlaxoSmithKline.

Introduction/Background ARK1-USC, a highly annotated USC-derived cell line with a clinically relevant mutation spectrum,1 is employed in vitro and in vivo for translational studies of novel USC therapies.2 In ovarian cancer, stemness and malignancy-supporting collagen microenvironment coincide. Both promote resistance to therapy. Considering the shared histological and molecular characteristics of USC and OSC, we hypothesized that USC cells likewise display ovarian markers for stemness and collagen regulators of stemness. We tested this prediction in ARK1-USC.

Methodology: Profiling of the time-dependent transcriptome, with flow cytometric analysis of select protein markers.

Results: ARK1-USC expressed the repertoire of cancer stem cell (CSC) markers of ovarian malignancies, such as CD44, CD117, CD144, CD133, ROR1, and ALDH1A1. Relative to this prediction in ARK1-USC.


411 CANCER CELL STEMNESS AND COLLAGEN REGULATORS OF STEMMNESS IN UTERINE SEROUS CARCINOMA (USC) MIRROR OVARIAN SEROUS CANCER (OSC) CELL STEMNESS: EVIDENCE EMERGING FROM ARK1-USC

1. Hartmut Hanauske-Abel, 1Subinder Singh, 3Mainul Hoque, 5Seema Husain, 4Axel-Rainer Hanauske, 3Patricia Soteropoulos, 5Bernadette M Cacciocchio, 1Rutgers Njms; Ob/Gyn/Reprod Health, Microbiol/Biochem/Mol Genet, Peds; 2Rutgers Njms; Path/Lab Med; 3Rutgers Njms; Microbiol/Biochem/Med Genet; 4Technische Universität; Medicine 3; 5Rutgers Njms; Ob/Gyn/Reprod Health

10.1136/ijgc-2020-ESGO.73

443 DETECTION OF THE SENTINEL LYMPH NODE BY ECOGUIDED MYOMETRICAL INJECTION (TUMIR) OF RADIOTRACER VERSUS HYBRID TRACER (RADIOTRACER-ICG) IN PATIENTS WITH INTERMEDIATE/HIGH RISK ENDOMETRIAL CANCER

1. Núria Agustí, 2Sergi Vidal-Sicart, 2Àriel Gustavo Glickman, 2Berta Diaz-Fefio, 2Pere Fusté, 2Jaume Pahisa, 3Núria Carreras, 3Marta Del Pino, 2Aureli Torne, 1Pilar Paredes. 1Hospital Clinic Barcelona; 2Hospital Clinic Barcelona; 3Gynaecological Oncology Unit; 4Hospital Clinic Barcelona; Gynaecology

10.1136/ijgc-2020-ESGO.74

Abstracts