

Introduction/Background* The Study 111 established LenPem as a treatment option in patients with advanced endometrial cancer following prior systemic therapy. LenPem has a higher objective response rate (ORR) and progression-free survival (PFS) with a different toxicity profile. The aim of this study was to gather data regarding the efficacy and safety of LenPem when used in the real-world treatment of EC. This is the first study to examine LenPem using (?) in EC patients treated in Russia in real practice.

Methodology Retrospective chart review identified 34 patients administered LenPem for treatment of recurrent EC in Russia from March 2020 to March 2021. Demographic and clinical data were analyzed.

Result(s)* Thirty-four patients (median age 66,9 years, range 57–83 years; 20,6% of patients with serous carcinoma, 82,4% ECOG ≤1, 64,7% pts with ≥2 relapses, 38,2% patients with ≥3 prior platinum-based chemotherapeutic regimens) received 1-14 cycles (median 3). In 23 patients who were examined for efficacy, the response rate (RR) was 26.2% and stabilization observed in 69.6% cases. Incidence of grade =>3 adverse events was similar to that in prior studies (overall 97%). The most common side effects in this study and study 111 were fatigue (64,7% and 51,1%, respectively), hypertension (47,1% and 61,7%, respectively), diarrhea (8,8% and 53,2% respectively) and stomatitis (8,8% and 35,1% respectively). Overall, 29,4% pts required dose reduction due to toxicity and in 11,8% cases required discontinuation due to disease progression.

Abstract 791 Table 1

	Overall (n=23),%	Study 111 EC arm (n=94), %, Inv. Assessment
CR	4,3	7,4
PR	21,7	29,8
SD	69,6	46,8
PD	4,3	10,6

Conclusion* Outcomes of advanced EC patients treated in Russia with LenPem following prior systemic therapy are comparable to those demonstrated in the Study 111. LEN appears to be effective and safe in real world practice in EC.

803

DEVELOPING NURSE LED PHONE CLINIC FOR ENDOMETRIAL CANCER FOLLOW-UP IN PRE COVID-19 ERA LEADING TO EFFICIENT FOLLOW UPS IN PANDEMIC TIMES

¹P Bansal*, ²B Abdul. ¹NN1 5BD, gynae oncology, UK; ²oxford university hospital, UK

10.1136/ijgc-2021-ESGO.198

Introduction/Background* Systematic review says seventy percent of endometrial carcinoma recurrences are associated with symptoms. Is it safe to do nurse led phone clinic(NLPC) led by nurses and doctors.

Methodology Retrospective audit done on endometrial cancer patients in Northampton general hospital, treated from October 2013 and October 2018 and analysed the recurrence rate and presentation. Started NLPC in 2018. Wrote up a

guideline and letter format for the nurses. Patient satisfaction Questionnaire done

Result(s)* Of 448 endometrial cancer patients in the above stated period, there were 57 recurrences. 8/57 patients were completely asymptomatic and was diagnosed in the first 2 years of follow up. However, 92% of the patients presented with symptoms at the time of presentation.

On these databases NLPC was conducted with a prescribed format and on early stage endometrial cancers and further patient satisfaction assessed which was 98%.

Conclusion* Majority of the cancer recurrence presented with symptoms, hence Nurse Led Phone follow up Clinics (NLPC) for selected cases is justified. Implementing NLPC leads to cut down in number clinic appointments, thus saving resources and give quality care to the more complex cases.

At the beginning of Covid 19 , phone clinics were simplified as practice was already in place in the department.

806

IMPACT OF OBESITY ON SENTINEL LYMPH-NODE MAPPING IN PATIENTS WITH APPARENT EARLY-STAGE ENDOMETRIAL CANCER: A PROPENSITY-MATCHED MULTICENTER STUDY

¹V Vargiu*, ²A Rosati, ³VA Capozzi, ⁴G Sozzi, ³R Berretta, ⁴V Chiantera, ²G Scambia, ²F Fanfani, ¹F Cosentino. ¹Gemelli Molise SpA, Department of Gynecologic Oncology, Campobasso, Italy; ²Fondazione Policlinico Universitario A. Gemelli IRCCS, Department of Women's and Children's Health, Rome, Italy; ³University of Parma, Department of Gynecology and Obstetrics, Parma, Italy; ⁴ARNAS Civico Di Cristina Benfratelli, Department of Gynecologic Oncology, Palermo, Italy

10.1136/ijgc-2021-ESGO.199

Introduction/Background* Obese patients pose both surgical and anesthetic challenges, as their comorbidities contribute to adverse outcomes.

In this setting, minimally invasive approach and the introduction of the Sentinel Lymph-Node (SLN) algorithm in endometrial cancer (EC) treatment acquire a particular relevance, allowing to reduce both operative times and surgical difficulties.

However, conflicting data exists on the impact of Body Mass Index (BMI) on SLN detection.

The primary study endpoint was to investigate the impact of obesity on overall detection rate, bilateral mapping, and mapping failure rate. In addition, we evaluated possible differences in terms of surgical management and 'empty packet dissection' rate among the two study groups.

Methodology Multicenter, propensity-matched, retrospective study.

Data of patients with apparently early-stage EC were retrospectively retrieved. Study population was divided into women with BMI </> 30 (respectively Group-1 and Group-2). To lower the selection bias, a propensity matched analysis was performed. Matching was based on the most relevant variables impacting SLN detection, such as histotype (endometrioid vs non-endometrioid), age (</>65 years old), presence of lymphovascular space invasion.

Result(s)* Eight-hundred forty-four women were enrolled in the study. After a 1:1 propensity matched analysis, a total of 764 patients were identified (Group-1 n=382, Group-2 n=382). A 1.156-fold increase in the risk of mapping failure for every 5 units of increase in BMI (OR 1.156, 95% CI 1.033-1.294, p=0.012) was found, with a consequently decrease in bilateral mapping and overall detection rate