placebo in combination with adjuvant chemotherapy with/without radiotherapy in patients with EC.

Methods Eligible patients are ≥ 18 years with newly diagnosed high-risk (stage I/II non-endometrioid or with p53 abnormality and any histology, stage III/IVA), previously untreated EC following surgery with curative intent with no evidence of disease post-operatively. 990 patients will be randomized to receive pembrolizumab 200 mg or placebo Q3W for 6 cycles plus chemotherapy (carboplatin area under the curve [AUC] 5/6 plus paclitaxel 175 mg/m² Q3W or carboplatin AUC 2/2.7 plus paclitaxel 60 mg/m² QW) in stage 1. Patients receive pembrolizumab 400 mg or placebo Q6W for 6 cycles in stage 2. Radiotherapy (external beam radiotherapy [EBRT] and/or brachytherapy) $\pm$ radiosensitizing cisplatin 50 mg/m² (days 1 and 29) may be administered after completion of chemotherapy. Randomization is stratified by MMR status (pMMR vs dMMR) and, within pMMR, by planned radiation therapy (cisplatin-EBRT vs EBRT vs no EBRT), histology (endometrioid vs non-endometrioid), and FIGO surgical stage (I/II vs III/IVA). Dual primary endpoints are disease-free survival (DFS; per investigator assessment) and OS. Secondary endpoints include DFS (per BICR), DFS (per investigator assessment) and OS by biomarker status (PD-L1 and tumor mutational burden), safety, and QoL. Enrollment began December 2020 and is ongoing in 28 countries.

Results Not applicable

Conclusions Not applicable

EPV108/#267

PITFALLS IN PRE-OPERATIVE PREDICTION OF LYMPH NODE METASTASIS IN EARLY ENDOMETRIAL CANCER

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Objectives The role of lymphadenectomy in early-stage endometrial cancer is controversial as it is associated with intra-operative complications, and its therapeutic benefit is not established. Prediction of lymph nodal metastasis to perform selective lymph node dissection is desirable. This study was conducted to study the grade of the tumor obtained by endometrial biopsy specimen and depth of myometrial invasion assessed by imaging pre-operatively as predictors of lymph nodal metastasis in early endometrial cancers.

Methods This was a cross-sectional study where we studied 100 patients from August 2016 to May 2018. After Ethical Committee clearance, all patients diagnosed with early endometrial cancer in our hospital were included in the study after getting informed consent. Pre-operative tumor grade and depth of myometrial invasion were studied as predictors of lymph nodal metastasis.

Results The incidence of positive lymph node metastasis in our study was 18.6%. Both pre-operative tumor grade and depth of myometrial invasion were not significantly associated with lymph node metastasis. There was significant variation between pre-operative and post-operative tumor grade and depth of myometrial invasion. Among postoperative histopathological factors, only lymphovascular space invasion was significantly associated with lymph node metastasis.

Conclusions In our study, neither pre-operative nor postoperative grade of the tumor and depth of myometrial invasion

Abstract EPV109/#274 Table 1

	All patients n= (%)	Recurrence n= (%)	P value
Sum ?=	968	68	0,00014
Average age patients	57,98	59,6	0,219965
Type of surgery:			
-type A	391 (40,39)	25(36,76)	
-type B	87(8,99)	23(33,82)	
-type C	8(0,83)	20(29,41)	
Substage:			0,000022
-1A	266(27,48)	22(32,35)	
-1B	510(52,69)	34(50)	
-1C	93(9,61)	12(17,65)	
Degree of differentiation:			0,027500
-G1	232(23,97)	26(38,24)	
-G2	595(61,47)	29(42,64)	
-G3	141(14,57)	13(19,12)	
Type of treatment:			0,00013
Surgical treatment	630(65,08)	21(30,89)	
Surgical + Radiation therapy	127(13,12)	4(5,88)	
Surgical + Chemotherapy	166(17,15)	30(44,12)	
Surgical + Radiation Therapy + Chemotherapy	45(4,65)	13(19,12)	

Notes: At p <0.05 to compare the correlation between treatment, age of patients, stage Ia, Ib, Ic, tumor differentiation.

were significantly associated with lymph node metastasis. There was considerable variation between pre-op and post-op grades of the tumor, making pre-op grade an unreliable factor in predicting lymph node metastasis in endometrial cancer. Among postoperative histopathological factors, only lymphovascular space invasion was significantly associated with lymph node metastasis.

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ANALYSIS OF THE FREQUENCY OF ENDOMETRIAL CANCER STAGE I

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Objectives In 2020, according to the National Cancer Registry, endometrial cancer in the structure of cancer took second place (10.9%) after breast cancer. Although the detection and treatment of the disease in the early stages has good prospects, but there are relapses from 2% to 26%, according to various literature.

Methods The analysis of recurrence rate among 968 patients with endometrial cancer and stages of endometrioid type. Recurrences amounted to 68 cases (7.02%). The staging took place according to the 1988 FIGO classification. The following statistical methods were used: standard descriptive, parametric and nonparametric. Differences at p <0.05 were considered significant.

Results The analysis was performed depending on the characteristics of the tumor process and the type of treatment, the recurrence rate was estimated - see table 1. The average age of patients ranged from 25 to 85 years. The recurrence time was detected, on average, after 36 months $\pm$ 15.97 months. In combination treatment, receiving adjuvant radiation therapy, recurrences were most often detected - after 6–18 months $\pm$ 13.53 months. Long-term recurrences were detected after a combination of surgical treatment with chemotherapy at 32–