followed by IDS is at least a non-inferior strategy for patients with advanced ECa who are unsuitable for primary surgery.

EPV125/#443 THE PREVALENCE OF UTERUS CANCER IN UZBEKISTAN

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Objectives To estimate the prevalence of endometrial cancer in Uzbekistan over the last 3 years.

Methods We collected uterine cancer statistical indicators from official statistics in Uzbekistan for the years 2018–2020.

Results Analyzed data of uterine cancer (UC) in 2018–20 years showed that 641 (1.4), 640 (1.9) and 609 (1.8) UC patients were identified in the Republic, respectively. In 2018 year 315 patients were from the country - side. The patients were into stages as follows: I stage - 31.2%, II stage - 39.9%, III stage - 16.1%, IV - 5.3%. The mortality rate in 2018 was 0.7 (234 patients) and the 5-year survival rate consisted 47.3%. The patients were into stages as follows: I stage - 34.8%, II stage - 41.7%, III stage - 14.4%, IV stage - 3.1%. The mortality rate in 2020 was 0.8 (256 patients) and the 5-year survival rate consisted 49.5%. In 2020 the patients were into stages as follows: I stage - 35.8%, II stage - 41.7%, III stage - 11.3%, IV stage - 4.4%. 568 patients were from the country-side. 5-year survival rate consisted 48.7%. The mortality rate in 2020 was 0.8 (274).

Conclusions The morbidity of UC in Uzbekistan has not tend to decrease and requires primary care physicians to promote a healthy lifestyle, a more careful approach to all types of uterine bleeding at women of both fertile and menopausal age. Timely putting diagnosis and treatment of endometrial hyperplastic processes will significantly reduce the number of women at risk for UC.

EPV126/#448 UNDIFFERENTIATED AND DEDIFFERENTIATED CARCINOMA OF THE ENDOMETRIUM: CLINICOPATHOLOGIC FEATURES AND IMPLICATIONS FOR PROGNOSTICATION AND MANAGEMENT

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Objectives Undifferentiated and dedifferentiated endometrial carcinomas (UEC/DDEC) are rare, high grade, and have only been increasingly recognized within the past decade. Studies of their behavior and response to adjuvant to guide prognostication and management are limited. We present the management experience of a single institution.

Methods Using the Juravinski Hospital electronic medical record, we identified all patients with UEC or DDEC treated at our institution from January 2005-December 2020. Clinical information was obtained by chart review.

Results We identified 35 patients with UEC/DDEC; 15 UEC, 20 DDEC. Mean age was 66 years. Only 25.1% had

preoperative endometrial biopsy concordant with final pathology despite 87.5% review by gynecologic pathologists. Stage distribution was 37.1% stage I, 14.3% stage II, 14.3% stage III, 34.3% stage IV. 7/33 (21.2%) had gross residual after surgery; 4 received adjuvant carboplatin-paclitaxel chemotherapy with 2 progressions, 1 partial response and 1 complete response (ORR 50%). Mean PFS was 11.7±9.3 months. Fifteen patients had progressive or recurrent disease—of these, 4 were treated with radiation, 3 with chemotherapy (adriamycin, carboplatin-paclitaxel, doxorubicin), and all 7 progressed on treatment. The most common site of recurrence was widely disseminated disease (54.5%), followed by nodal (18.2%) and chest (18.2%). Mean OS was as follows by stage: stage I-II completely resected, 43 months; stage III completely resected, 19 months; stage IV, suboptimally debulked or inoperable, 20 months.

Conclusions UEC/DDEC are aggressive tumours with poor prognoses and remain challenging to diagnose on preoperative biopsy. Platinum-based adjuvant chemotherapy may have some efficacy, however, recurrences respond poorly to salvage.

EPV127/#500 IMPACT OF COMPUTED TOMOGRAPHY-DETERMINED SARCOPENIA AND ARTIFICIAL INTELLIGENCE-DRIVEN WAIST SKELETAL MUSCLE VOLUME ON SURVIVAL OUTCOME IN ENDOMETRIAL CANCER

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Objectives To investigate the impact of computed tomography (CT)-determined sarcopenia and body composition on survival outcomes in patients with endometrial cancer.

Methods We retrospectively identified patients diagnosed with endometrial cancer between 2014 and 2018. Using an artificial intelligence-based tool, the skeletal muscle area (cm²) at the third lumbar vertebra (L3) and the skeletal muscle volume (cm³) at the waist level from pre-treatment CT scans were measured. These values were converted to the L3 skeletal muscle index (SMI) index and volumetric SMI by normalisation. The relationships between L3, volumetric SMIs, and survival outcomes were evaluated.

Results Altogether, data of 385 patients were analysed. The mean patient age was 55.5 years. Applying the well-known cut-off value for sarcopenia to the L3 SMI, sarcopenia (<39.0 cm²/m², n=177) and non-sarcopenia (≥39.0 cm²/m², n=208) groups showed similar progression-free survival (PFS; P=0.335) and overall survival (OS; P=0.241). Using the median value, the low-volumetric SMI group (<206.0 cm³/m³, n=192) showed significantly worse PFS (3-year survival rate, 77.3% vs. 88.8%; P=0.004) and OS (3-year survival rate, 92.8% vs. 99.4%; P=0.003) than the high-volumetric SMI group (≥206.0 cm³/m³, n=193). In multivariate analyses adjusted for baseline body mass index and other factors, low-volumetric SMI was identified as an independent poor prognostic factor for PFS (adjusted HR, 1.762; 95% CI, 1.051–2.953; P=0.032) and OS (adjusted HR, 5.964; 95% CI, 1.296–27.448; P=0.022).

Conclusions Waist skeletal muscle volume is a novel prognostic biomarker in patients with endometrial cancer. Assessing body composition before treatment may provide important prognostic information for such patients.

EPV128/#510 WOMB CANCER RISK AWARENESS: DEVELOPING TOOLS TO INFLUENCE CHANGE

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Objectives Endometrial or womb cancer is the most common gynaecological malignancy in the developed world. Efficient and cost-effective methods of increasing public awareness about womb cancer are research priorities for patients and clinicians. Until now, there has been no accepted measure of womb cancer awareness. We aimed to develop the self-complete Womb Cancer Awareness Measure (WCAM).

Methods Relevant questions on warning signs, risk factors and existing cancer screening programmes were extracted from the literature and ratified by patients and expert clinicians. Reliability and validity were assessed in female research participants aged 19–65 (n=65) and expert clinicians (n=10). Readability was calculated using the Flesch Reading Ease formula. Test-retest reliability was tested over two weeks. Construct reliability was established by comparing scores of expert clinicians and non-medical academics. Sensitivity to change was measured by comparing participants who read a womb cancer leaflet against a control leaflet.

Results The readability of the WCAM was high (71%). Test-retest reliability revealed high percentage exact agreement of 78–80% for all items. Discrepancies were due to improvement in the second score, demonstrating that the WCAM completion increased knowledge and awareness. Experts achieved higher knowledge scores than non-medical academics indicating good construct validity (p<0.001). The measure was sensitive to change; the womb cancer leaflet group (n=22) scored higher for cancer awareness [mean 70(13)] than the controls (n=21) [mean 54(6.2)] (p<0.001).

Conclusions This study demonstrates the psychometric validity of the WCAM and its potential for use for further testing. Ongoing work will extensively validate this awareness measure in an ethnically and socioeconomically diverse population including women at increased risk of womb cancer.

EPV129/#529 LONG-TERM CLINICAL AND ECONOMIC VALUE OF PEMBROLIZUMAB + LENVATINIB COMPARED WITH CHEMOTHERAPY IN PREVIOUSLY TREATED ADVANCED ENDOMETRIAL CANCER PATIENTS IN SWEDEN: A COST-EFFECTIVENESS ANALYSIS

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Objectives Advanced endometrial cancer (aEC) patients previously treated with systemic therapy have limited treatment options in Europe. In the Phase-III trial KEYNOTE-775, pembrolizumab + lenvatinib (PEM+LEN) demonstrated statistically significant and clinically meaningful improvements in OS, PFS and ORR versus chemotherapy (the treatment of physician's choice [TPC] of doxorubicin or paclitaxel). The long-term clinical and economic value of PEM+LEN needs to be understood. The objective of this study was to assess the cost-effectiveness of PEM+LEN vs TPC for previously treated aEC patients in Sweden.

Methods A three-state partitioned survival model (progression free, progressed disease, and death) was developed. The proportion of patients in each health state was estimated using the area under the curve based on KN-775 OS and PFS data, to which costs/benefits from a Swedish healthcare perspective were applied over a lifetime horizon. OS, PFS, time-on-treatment, adverse event, and EQ-5D utility data were obtained from KEYNOTE-775. Treatment acquisition, administration, resource use and adverse events cost were obtained from Sweden. A 3% discount rate was applied. Sensitivity analyses were conducted.

Results Treatment with PEM+LEN resulted in an increase of 1.96 Life-years (LYs), 1.42 quality-adjusted life-years (QALYs), and SEK 1,180,044 in costs vs chemotherapy (TPC). The incremental cost-effectiveness ratio for PEM+LEN vs chemotherapy was 828,569 SEK/QALY-gained. Cost-effectiveness results were sensitive to OS/time-on-treatment extrapolations, and adjustments for subsequent therapies.

Conclusions Model-based analysis suggests that PEM+LEN extends life-years and QALYs over chemotherapy, and can be considered cost-effective compared with chemotherapy at a willingness-to-pay threshold of SEK 1-million in Sweden.

EPV130/#537 ENDOMETRIAL CANCER (EC): LYMPHOVASCULAR SPACE INVASION (LVSI) AND LYMPH NODE METASTASIS (LNM) ACCORDING TO MOLECULAR SUBGROUPS

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Objectives To evaluate the distribution of LVSI and LNM according to the EC molecular classification.

Methods Patients with EC surgically treated were retrospectively analyzed. Tumor grade and histologic subtype were assessed by HE technique. MMR and p53 status were assessed by IHC in all patients. POLE was sequentiated in 6 LCN G3 patients. Chi-square test was adopted for categorical data. Odds-ratio was adopted to evaluate association.

Results 70 consecutive patients entered the study: endometrioid type was found in 61 (87.1%); G1–2 in 44 (62.9%) and G3 in 26 (37.1%) patients, respectively. Molecular profiling classified 3 (4.3%) as POLE-ultramutated, 34 (48.6%) as LCN, 22 tumors (31.4%) as MMRd and 11 (15.7%) as p53-mutated. LVSI was found in 18 (25.7%) patients: 0/3 (0%) u-POLE, 6/34 (17.6%) LCN, 6/22 (27.3%) MMRd and 6/11 (54.5%) p53-mutated (p = 0,07). LNM were present in 17 (24.3%) cases: 0/3 (0%) u-POLE, 5/34 (14.7%) LCN, 5/22 (22.7%) MMRd and 7/11 (63.6%)