**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**

O Jones*, H Young, H Clarke, EJ Crosbie, VN Sivalingam. University of Manchester, Division of Cancer Sciences, School of Medical Sciences, Manchester, UK

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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 relevant questions on warning signs, risk factors and evidence about womb cancer awareness. We aimed to develop the self-complete Womb Cancer Awareness Measure (WCAM).

**Methods** Relevant questions on warning signs, risk factors and evidence about womb cancer awareness. We aimed to develop the self-complete Womb Cancer Awareness Measure (WCAM).

**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. Sensitivity to change was measured by comparing participants who read a womb cancer leaflet against a control leaflet.

**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**

N Upadhya*, L Ralph, C Jungfranz, A Merchant, B Haycroft, A Formwall, V Prabhu, R Olowinski, D Uska. Merck and Co., Inc., Center of Observational and Real World Evidence, Kenilworth, USA; 2BrimsHealth Solutions Ltd, Health Economics, Sheffield, UK; 3MSD Sweden, Market Access, Stockholm, Sweden; 4Quantify Research, Health Economics, Stockholm, Sweden; 5Merck and Co., Inc., Late Stage Clinical Development, Kenilworth, USA; 6University of Virginia, Department of Obstetrics and Gynecology, Charlottesville, USA

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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 (PEN+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 (LVI) AND LYMPH NODE METASTASIS (LNM) ACCORDING TO MOLECULAR SUBGROUPS**

C Del Pezzo*, D Scaldafiori, M Giordano, E Fuggetta, D De Marco, F Maneschi. 1Azienda Ospedaliera San Giovanni Addolorata, Gynaecology Unit, Rome, Italy; 2Azienda Ospedaliera San Giovanni Addolorata, Pathology Unit, Rome, Italy

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**Objectives** To evaluate the distribution of LVI 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 sequenced 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. Chi-square test was adopted for categorical data. Odds-ratio was adopted to evaluate association.

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