for existing 1st-line treatment are not well understood in Europe.

**Methodology** Endometrial Cancer Health Outcomes-Europe 1st-Line (ECHO-EU-1L) is a multicenter, retrospective, chart review study in patients diagnosed with recurrent or aEC across the United Kingdom (UK), France, Germany, Italy, and Spain. Physicians extracted data from medical records of adult female patients diagnosed with recurrent or aEC (Stage III or IV) initiating 1st-line systemic therapy between July 1, 2016 – March 31, 2020. Data included patient demographics, clinical/treatment characteristics, and clinical outcomes. Data were de-identified before conducting analyses. Kaplan-Meier analyses were performed to estimate time-to-treatment discontinuation, real-world progression-free survival (rwPFS) and overall survival (OS). The study was IRB-approved in respective countries.

**Results** At 1st-line initiation, median age of 244 eligible patients was 69 years, 49.6% had endometroid carcinoma histology, and 76.7% had an ECOG status of 0/1. For 1st-line therapy, 227 (93%) received chemotherapy-based regimen (carboplatin plus paclitaxel (CP)most common), while 7% received hormonal or other therapy. After a median of 3 months on 1st-line therapy, 163 (66.8%) patients reached an overall response; 70 (43%) eventually lost response. During the 19-month median follow-up, 233 (96%) discontinued after a median of 3 months. Median OS from 1st-line initiation was 21 months (95% CI:18.0–23.0) and median rwPFS was 12 months (95% CI:11.0–14.0).

**Conclusion** In Europe, CP is the standard 1st treatment for recurrent or aEC patients. A third of patients do not respond to CP therapy; patients had poor outcomes with median survival <2 years and median PFS of 1 year. Overall, there seems to be significant unmet medical need and novel therapies could improve outcomes in this patient population.

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**INTRODUCTION/BACKGROUND** We conducted this study to assess the effect of VDR and CRBP-1 immunohistochemical expression on the endometrium and to explore their role in endometrial cancer carcinogenesis.

**Methodology** This study comprised two hundred paraffin-embedded endometrial tissue samples diagnosed as 42 and 63 proliferative and serectory endometrium respectively, 45 endometrial hyperplasias with atypia and 50 endometrial carcinomas (25 low-grade and 25 high-grade endometrial carcinomas). The immunohistochemical method was done to determine the expression of VDR and CRBP-1.

**Results** VDR was strongly expressed in 8 (17.8%) cases with endometrial hyperplasia, 15 (60%) cases with low grade endometrial carcinoma, and 22 (88%) cases with high-grade endometrial carcinoma. While CRPB1 overexpression was noted in cases with proliferative endometrium, secretory endometrium and endometrial hyperplasia with atypia, 37 (88.1%), 56 (88.9%) and 3 (6.7%) cases respectively and all malignant cases showed negative expression.

**Conclusion** Increased VDR expression and reduced CRBP-1 expression are associated with malignant features of the endometrium with a significant statistical difference of immunoreactivity between groups of normal endometrium, hyperplastic changes & carcinoma. Our data suggested that increased VDR expression is partly associated with endometrial cancers through a premalignant phase. Also, increased VDR and reduced CRBP-1 expression are associated with the progression of endometrial carcinoma with higher grades.