

comprehensive analysis with more details will be provide at the ESGOcongress in Berlin.

2022-RA-863-ESGO

SLOVENIAN EXPERIENCE WITH PEMBROLIZUMAB IN PATIENTS WITH METASTATIC ENDOMETRIAL AND CERVICAL CANCER

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10.1136/ijgc-2022-ESGO.412

Introduction/Background We report the efficacy and toxicity of pembrolizumab in Slovenian patients with endometrial or cervical cancer.

Methodology We included patients treated at our Institute from 2018 to February 2022. Indications for pembrolizumab were according to Keynote-158 and Keynote-775 studies. Treatment was until progression or unacceptable toxicity. According to the clinician's decision, it was also feasible to stop pembrolizumab after 2 years, if the patient was in CR. Also, if patients didn't have any major side effects while receiving 3 weekly applications, it was allowed to switch to 6 weekly.

Results We included 26 patients. 11 patients had endometrial cancer and remaining 15 cervical. The median age was 57 years. The first group received between 4 to 31 applications of pembrolizumab, and the second group between 1 to 33 applications. 11 patients are still receiving therapy (7 endometrial, 4 cervical). 4 patients achieved CR, 4 achieved PR, 6 had PD, 4 had rapidly PD after 1–2 applications, 4 had SD, and in 4 patients it was too early to evaluate. The median time to OR was 4 months. The median follow-up was 10 months and at that point, 34% had OR. In the endometrial cancer group, with the exclusion of one patient, all tumors in primary histologies were MMR deficient. In the cervical cancer group CPS scores varied between 2% and 100%. Both groups received prior 0–2 therapies before immunotherapy. Side effects were: hyperthyroidism (3), hypothyroidism (3), dermatitis (1), blepharconjunctivitis (1), colitis grade 3 (1), nephritis grade 3 (1) that relapsed with grade 4, glaucoma grade 4 (1).

Conclusion Results correlate with the Keynote-158 study where 1/3 achieved OR, one patient is still receiving pembrolizumab for over 2 years without major side effects in CR, and 2 remaining on immunotherapy beyond 2 years are in PR.

2022-RA-869-ESGO

RETROSPECTIVE ANALYSIS OF PATIENTS WITH ENDOMETRIAL STROMAL SARCOMA IN A TERTIARY HOSPITAL

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10.1136/ijgc-2022-ESGO.413

Introduction/Background Endometrial stromal sarcoma (ESS) is a rare uterine tumor and the second most frequent type of uterine mesenchymal neoplasia after uterine leiomyosarcoma. The objective of this study is to determine the clinical features associated with different types of ESS.

Methodology Retrospective observational study of patients diagnosed with LMS in the Gregorio Marañón Hospital (1985 – 2021).

Abstract 2022-RA-869-ESGO Table 1 Analysis

TABLE 1. ANALYSIS	Overall	ESS low grade	ESS high grade	USS
n	33	7	23	3
Age (years +/- SD)	58,0 +/- 16,0	50,0 +/- 12,3	59,8 +/- 15,1	63,3 +/- 28,6
Postmenopausal status (%)	60,6	28,6	69,5	66,6
Early tumor stage % (n=11)	60,6	85,7	45,4	100
Clinic at diagnosis (%)				
Vaginal bleeding	57,6	28,6	65,2	66,6
Rapid growth of a fibroid	9,1	14,3	4,3	0
Pelvic mass	6,1	0	13	0
Incidental finding	27,3	57,1	17,4	33,3
Surgical treatment (%)	85,3	85,7	82,6	100
Laparotomy	86,2	100	89,4	33,3
Hysterectomy + double adnexectomy	75,8	83,3	73,6	100
Simple hysterectomy	17,2	0	15,8	0
Cytoreduction	6,9	0	10,5	0
Pelvic lymphadenectomy	24,1	16,6	31,6	0
Complete resection (R0)	79,3	100	68,4	100
Adjuvant treatment (%)	44,8	66,6	42,1	33,3
Chemotherapy	14,7	0	50	0
Radiotherapy	26,5	100	37,5	100
Chemotherapy + Radiotherapy	3,6	0	12,5	0
Recurrence (%)	37,1	0	63,1	33,3
Metastatic recurrence	29,4	0	75	100
Status last review				
Disease free	35,3	85,7	13,6	66,6
Disseminated disease	8,8	0	13,6	0
Deceased	52,9	14,3	72,7	33,3
Overall survival (months +/- SD)	190,9 +/- 38,0	269,8 +/- 40,2	131,7 +/- 40,9	127,2 +/- 48,9

Results Table 1 shows results. Low-grade ESS are more frequent in premenopausal women (71,4%). They are usually diagnosed in early stages (85,7%). The most frequent clinical form of presentation is vaginal bleeding, a fact that we did not observe in our analysis, where incidentally diagnosis after a surgery for presumed benign uterine leiomyoma is the most frequent form of presentation. It is usually a tumor with an indolent course but tends to recur, even many years after diagnosis. However, in our analysis we did not find any recurrence, probably due to a small sample size. High-grade ESS are worse prognosis tumors. Usually diagnosis as advanced stages (54,6%), they tend to present as vaginal bleeding (65,2%). High recurrence rates (63,1%), usually as metastatic disease (75% of them), promote high mortality rate (72,7%). USS is a rare tumor typical of postmenopausal women (66,6%). It is a very aggressive tumor that carries a poor prognosis. Usually diagnosed in advanced stages but our sample does not corroborate (n=3, 3 early stages). Initial management requires surgical treatment as long as the tumor is resectable (85,3%). The systematic performance of pelvic and para-aortic lymphadenectomy is controversial since it has not been shown to increase survival.

Conclusion ESS are rare, heterogeneous tumors and the available evidence on their management is poor. The subtype is known as an influent feature in prognosis. A higher disease-free survival was observed in low-grade SSE (85,7%) and a higher mortality in high-grade SSE (72,7%).