blurred vision (1%, 56%), fatigue (5%, 53%), and hypertension (17%, 33%).

Conclusions MIRV and BEV demonstrated anti-tumor activity, regardless of prior BEV treatment, and should be considered in FRα-positive recurrent OC. A randomized phase 3 trial (GLORIOSA) will evaluate MIRV and BEV in the maintenance setting in patients with FRα-high platinum-sensitive OC.

Abstract O012/#352

ATEZOLIZUMAB AND BEVACIZUMAB IN RECURRENT ENDOMETRIAL CANCER: A PHASE II, MULTI INSTITUTIONAL TRIAL

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Objectives Clinical data across several solid tumors, including EC, suggests synergy between immune checkpoint inhibition and anti-angiogenic agents. This study sought to evaluate the efficacy and safety of Atezolizumab (A) and Bevacizumab (Bev) in recurrent EC.

Methods This multicenter, single arm trial (NCT03526432) enrolled patients with recurrent EC (1–2 priors) to receive A 1,200 mg and Bev 15 mg/kg day 1 every 21 days. The primary endpoint was overall response rate (ORR) and duration of response (DOR).

Results There were 57 response evaluable patients who received both drugs for the first two cycles. Median age was 65 (25–91) years and race included 22.8% Black and 2% American Indian. 61% had endometrioid tumors, 18% UPSC or carcinosarcoma each and 4% clear cell. 87% were mismatch repair proficient (MMRp) and 13% MMRd. 15% had prior pelvic radiation. Adverse events and clinical activity in table 1. Translational data including blood immune cell population analysis by CyTOF will be presented with the clinical data.

Conclusions The ORR for A and Bev approximates that seen with Len/Pem with far fewer side effects. An ongoing trial within the Alliance contains this similar arm and if confirmed would support this combination as a treatment option.

Abstract O013/#813

TRENDS OF METASTATIC LEIOMYOSARCOMA FOLLOWING THE US FOOD AND DRUG ADMINISTRATION (FDA) WARNING ON LAPAROSCOPIC POWER MORCELLATORS

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Objectives In 2014, the FDA released a warning against the use of laparoscopic power morcellators in women undergoing myomectomy or hysterectomy for the treatment of uterine fibroids due to the risk of spreading unsuspected leiomyosarcoma. We proposed to describe the pattern of incidence and survival of leiomyosarcoma (LMS) before and after the FDA warning.

Methods Incidence data were obtained from the United States Cancer Statistics (USCS) database from 2001–2018 and survival data were obtained from the National Cancer Database (NCDB) for diagnoses made between 2004–2016. Average annual percent change (AAPC) was calculated using Joinpoint regression.

Results Using USCS data from 2001 to 2018, 16,808 cases of leiomyosarcoma were diagnosed (10,207 (60.7%) White, 3,773 (22.4%) Black, 1,924 (11.4%) Hispanic, 727 (4.3%) Asian/Pacific Islander). Prior to the FDA warning, from 2001 to 2014, the incidence of distant LMS increased 4.00% annually (p<0.05). After the FDA warning, from 2014 to 2018, the incidence of distant LMS decreased 4.67% annually (p<0.05). However, the incidence of local and regional LMS remained stable from 2001 to 2018 (AAPC 0.10 and 0.50 respectively, p>0.05). Using NCDB data, we divided the study group into diagnoses made during 3 time periods (2004–2007, 2008–2012, 2013–2016). The LMS 5-year survival rate remained unchanged at 36.62%, 36.77% and 36.46% respectively (p>0.05).

Abstract O013/#813 Figure 1

Conclusions Since the FDA warning of the power morcellator in 2014, distant LMS has decreased 4.67% per year. The correlation of these findings to the FDA warning of power morcellators warrants further investigation.