patients (table 1). Discontinuation rates of carboplatin or paclitaxel were similar between arms. Immune-related AEs related to dostarlimab or placebo were reported in 38.2% of the dostarlimab arm and 15.4% of the placebo arm. Five deaths were reported in the dostarlimab arm; 2 were related to dostarlimab.

Conclusion The safety profile of dostarlimab+carboplatin/paclitaxel was consistent with that of the individual components. The addition of dostarlimab did not compromise the completion rate of chemotherapy. Dostarlimab+carboplatin/paclitaxel has a favourable benefit-risk profile that makes it a valuable treatment option for patients with pA/rEC.

Disclosures This study (NCT03981796) was sponsored by GSK, Waltham, MA, USA.

Abstract #540 Table 1

<table>
<thead>
<tr>
<th>Event, n (%)</th>
<th>Dostarlimab+</th>
<th>Placebo+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug-related</td>
<td>125 (100.0)</td>
<td>125 (100.0)</td>
</tr>
<tr>
<td>Grade 3-4</td>
<td>125 (100.0)</td>
<td>125 (100.0)</td>
</tr>
<tr>
<td>AEs</td>
<td>92 (73.8)</td>
<td>37 (29.6)</td>
</tr>
<tr>
<td>Time to TEAE, median (95% CI), days</td>
<td>2.0 (0.0-30.0)</td>
<td>2.5 (0.0-30.0)</td>
</tr>
</tbody>
</table>

TEAEs by treatment phase

<table>
<thead>
<tr>
<th>Cycles 1-6 (chemotherapy phase)</th>
<th>TEAEs</th>
<th>24 (96.9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 3</td>
<td>138 (67.0)</td>
<td></td>
</tr>
<tr>
<td>Grade 4</td>
<td>71 (38.4)</td>
<td></td>
</tr>
</tbody>
</table>

TEAEs leading to discontinuation of any study treatment

<table>
<thead>
<tr>
<th>Cycles 1-6 (chemotherapy phase)</th>
<th>TEAEs</th>
<th>57 (23.1)</th>
</tr>
</thead>
</table>

Conclusions

The safety profile of dostarlimab+carboplatin/paclitaxel was consistent with that of the individual components. The addition of dostarlimab did not compromise the completion rate of chemotherapy. Dostarlimab+carboplatin/paclitaxel has a favourable benefit-risk profile that makes it a valuable treatment option for patients with pA/rEC.

Third-party medical writing support Writing and editorial support, funded and coordinated by GSK (Waltham, MA, USA), was provided by Shannon Morgan-Pelosi, PhD, and Mary Wiggin of Ashfield MedComms, an Inizio company.

Abstract #540

Introduction/Background

With the increasing incidence and early onset of endometrial cancer, there is a need for improved diagnostic methods in reproductive-aged women presenting with abnormal uterine bleeding (AUB). This study aims to evaluate the diagnostic potential of DNA methylation detection compared to other non-invasive approaches for endometrial cancer screening.

Methodology A prospective study was conducted involving 517 reproductive-aged women with AUB, who underwent hysteroscopy at a tertiary hospital. Cervical exfoliated cells were collected for cytology, human papillomavirus (HPV) testing, and DNA methylation analysis. Clinical information and transvaginal ultrasound measurements were also obtained. Univariate logistic regression and receiver operating characteristic curve analysis were performed to assess the risk factors and diagnostic efficacy of DNA methylation detection.

Results Age, body mass index (BMI) ≥25 kg/m², endometrial thickness ≥11 mm, CDO1 Act ≤ 8.4, CELF4 ΔAct ≤ 8.8, and combined gene methylation showed significant associations with endometrial cancer in young women (p < 0.05). The highest diagnostic accuracy (AUC = 0.90) for endometrial cancer was achieved with CDO1/CELF4 methylation testing. Sensitivity and specificity were 91.7% and 88.8%, respectively. Combining transvaginal ultrasound with DNA methylation testing improved sensitivity to 95.8% but decreased specificity to 68.0%.

Conclusion DNA methylation detection in cervical cells provides enhanced accuracy for endometrial cancer diagnosis in reproductive-aged women with AUB. The combination of CDO1 and CELF4 methylation testing with transvaginal ultrasound improves sensitivity, highlighting its potential as a valuable screening approach.

Disclosures No potential conflict of interest was reported by the authors.

Abstract #908

Introduction/Background

In the past few years, the molecular classification system, which categorizes endometrial cancer (EC) into four risk classes, has become a crucial tool for determining the appropriate treatment following surgical staging. The primary objective of this study was to compare recurrence-free survival among the four molecular classes.

Methodology Starting from April 2019, we prospectively performed molecular characterization of all EC patients according to the WHO-endorsed algorithm. Molecular analysis included IHC for p53 and MMR proteins, microsatellite instability assay and Next Generation Sequencing for POLE exonuclease domain and TP53. ECs were classified into 4 molecular classes (POLEmut, MMR deficiency [MMRd], p53 abnormality [p53abn], and non-specific molecular profile [NSMP]). For the current analysis patients with stage IV disease, vaginal approach, no lymph node assessment, no molecular analysis, and follow-up < 6 months were excluded.
Comparison of clinicopathological characteristics between molecular classes was performed with univariate analysis. Survival analysis was performed using Kaplan-Meier curves to assess recurrence-free survival by molecular class.

**Results** In total, 239 patients were included: 26 (18.9%) POLEmut, 76 (31.8%) MMRd, 101 (42.3%) NSMP, 36 (15.1%) p53abn. Overall, 29 (12.1%) recurrences were observed, including 0/28 (0%) in the POLEmut, 4/76 (5.2%) in the MMRd, 12/101 (12.9%) in the NSMP, and 13/36 (36.1%) in the p53abn. The median time of recurrence was 12 months (IQR 8–17); while median follow-up of those without recurrence was 18 months (IQR 11–29). At survival analysis, we found a significant difference in recurrence-free survival among the four groups (p-value < 0.001).

**Conclusion** Our study prospectively confirms in a large population that molecular classification can predict the risk of recurrence in EC and underlines the protective role of POLEmut and negative predictive value of p53abn. These results highlight the importance of performing molecular evaluation in all patients with EC to improve risk stratification and guide clinical decision-making.

**Disclosures** The authors declare no conflict of interests.

### ADVANCING ENDOMETRIAL CANCER STAGING: PROSPECTIVE ASSESSMENT OF SENTINEL LYMPH NODE BIOPSY VALIDITY AND ONCOLOGICAL OUTCOMES IN INDIAN PATIENTS

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**Introduction/Background** Despite the prospective validation of sentinel lymph node (SLN) biopsy in early-stage endometrial cancer, there remains a lack of evidence regarding the oncological outcomes associated with the SLN procedure alone. Our study aimed to determine the disease-free survival (DFS) in low-risk endometrial cancer patients undergoing exclusive SLN procedures and validate the efficacy of this approach in high-risk patients, irrespective of the surgical approach, within an Indian patient population.

**Methodology** We prospectively enrolled patients with uterine-confined endometrial cancer, regardless of histology or risk factors, who underwent surgery via laparoscopy, robotic-assisted, or open laparotomy approaches at Tata Medical Centre, Kolkata, India, between December 2019 and November 2021. All patients received indocyanine green (ICG) dye injections for SLN mapping. We analysed patient and disease characteristics, as well as survival outcomes, with a specific focus on low-risk patients.

**Results** Among the 143 women enrolled, 98 (68.5%) underwent SLN biopsy along with pelvic lymphadenectomy, while 45 patients with low-risk disease underwent SLN biopsy alone. Within the low-risk group, 4 patients (8.9%) had positive SLNs. With a median follow-up of 20 months (range: 1–40 months), all patients remained disease-free. For high-risk patients, the SLN detection rates per patient were 98.6% (95% CI: 95%–99.6%), with a bilateral detection rate of 88.1% (95% CI: 81.8%–92.4%). The SLN-ICG algorithm demonstrated an overall sensitivity of 74% (95% CI: 48.8%–90.9%), while the robotic SLN algorithm exhibited a sensitivity of 80% (95% CI: 44.4%–96.7%) and a negative predictive value of 96% (95% CI: 86.8%–99.5%).

**Conclusion** Our prospective study provides valuable insights, showing that the SLN procedure alone has a good oncological outcome, though our follow-up duration was low. Additionally, the SLN-ICG and robotic SLN algorithms demonstrate good sensitivity and negative predictive value, supporting their efficacy in guiding surgical management.

**Disclosures** No conflict of interest.