and ERAS program for patients who were undergoing surgery for endometrial cancer on their post-operative outcomes.

**Methodology** In this prospective, single-center study we evaluate a cohort of consecutive patients undergoing surgery for endometrial cancer who followed a prehabilitation and ERAS program. Post-operative outcomes of these patients were compared to those of a retrospective cohort of patients who underwent surgery for endometrial cancer before the implementation of this program.

**Results** In total 307 patients were included: 35 patients that followed the ERAS-prehabilitation program and 272 patients who had surgery before the implementation of the program, between 2010–2018. There were no significant differences in clinic-demographic or tumor characteristics, neither in type of surgery performed between the study groups. In the ERAS-prehabilitation group, compliance rate exceeded 80% in all proposed pre-operative interventions, while compliance only exceeded 80% in 9 out of 15 intra-operative and 3 out of 7 post-operative interventions. The ERAS-prehabilitation group had shorter hospital-stay (3 vs. 4 days; p<0.001). There were no differences between groups regarding blood loss, need for blood transfusion, complication rate or need for reintervention.

**Conclusion** The implementation of an ERAS-prehabilitation program for patients undergoing surgery for endometrial cancer is feasible and highly accepted by patients, with high compliance rates to pre-operative interventions. Compliance rate to intra ant post-operative interventions is still suboptimal, highlighting the need for training of health-care professionals involved in the care of these patients. Even with suboptimal compliance rates, a prehabilitation-ERAS program could significantly reduce hospital stay, without increasing the complication rate or need for reintervention.

**Disclosures** The authors have no conflicts of interest.
Conclusion VBT decreases the risk of recurrence with minimal toxicity in adjuvant treatment of endometrial cancer. Our study demonstrated the effectiveness of VBT in patients scheduled for adjuvant radiotherapy, and showed that it reduces recurrence rates. Overall survival did not change.

Disclosures The authors have no potetial conflict of interest to report.

**Abstract #412**

**PEMBROLIZUMAB IN METASTATIC CANCER PATIENTS WITH MICROSATELLITE INSTABILITY: SUBGROUP ANALYSIS ON ENDOMETRIAL CANCER PATIENTS, RESULTS FROM A SINGLE CENTER STUDY**


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Introduction/Background Advanced Endometrial Cancer (EC) has limited therapeutic strategies after failure of first line, with 5-year survival rate of 18%. Approximately 30% of these tumors are microsatellite instability-high (MSI-H) or mismatch repair-deficient (dMMR). We conducted a monocentric, single arm, interventional study to assess the efficacy and safety of Pembrolizumab in pretreated patients with metastatic MSI-H/dMMR solid tumors. Here we report the results of the EC cohort started on Pembrolizumab before its registration.

Methodology Eligible patients received Pembrolizumab at a dose of 200 mg every 3 weeks intravenously until progression, treatment intolerance or up to 35 cycles of total treatment. Tumor responses and safety data were collected. Primary endpoint of the study was overall response rate (ORR). Secondary endpoints were progression free survival (PFS) and safety.

Results Between September 2019 and September 2020, 7 patients with pretreated advanced MSI-H/dMMR EC were enrolled (3 patients received pembrolizumab as first line treatment, 2 as second line, 1 as third line and 1 as fourth line), 4 patients achieved complete response (CR) as best treatment response, 1 partial response (PR), 1 stable disease (SD) and one had progressive disease (PD), with an overall ORR of 71%. The median PFS was 23 months. Median time to response was 8 months. Median number of Pembrolizumab cycles received were 29. All patients who achieved complete response are now off treatment and are still maintaining complete response after 21, 20, 12 and 10 months, respectively.

Only 1 patient required discontinuation for grade 3 immune-related interstitial pneumonia, nevertheless the patient maintains CR. Most frequent irAE was fatigue (3/7).

Conclusion Despite the relatively small number of patients, our study shows a considerable number of CR in pretreated MSI-H EC. Moreover, long-term benefit of Pembrolizumab in these patients is confirmed.

Disclosures The authors declare no conflicts of interest.

**#414**

**EVALUATION OF PEGYLATED LIPOSOMAL DOXORUBICIN COMBINED WITH TRABECTEDIN IN UTERINE SARCOMAS**

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Introduction/Background Due to limited life expectancy in uterine sarcomas, it is mandatory to achieve a high therapeutic index. Doxorubicin combined with trabectedin is considered to improve progression-free survival (PFS) compared to single-agent use of doxorubicin despite higher toxicity. We assume a higher therapeutic index positively affecting quality of life when treating with pegylated liposomal doxorubicin (PLD) combined with trabectedin.

Methodology In total, 21 patients with uterine sarcomas treated with PLD 30 mg/m2 plus trabectedin 1.1 mg/m2 every three weeks between January 2000 and April 2023 at the University Hospital in Innsbruck were included in this retrospective single-arm study. Response to treatment was assessed every three cycles and every three months during the follow-up. Toxicity was evaluated according to the National Cancer Institute-Common Terminology criteria, on a total of 148 administered cycles in 33 patients.

Results Regarding grade 3/4 toxicity, thrombocytopenia were recorded in 9%, anaemia in 12% and neutropenia in 36% of patients. Febrile neutropenia was present in 21% of patients. In summary, toxicity resulted in 3 cycles delay and in 5.4% in a dose reduction. After three cycles one patient (4.8%) achieved complete remission (CR) and nine patients (43%) partial remission (PR) resulting in an objective response rate (ORR) of 48%. Three patients (14%) showed stable disease (SD), resulting in a clinical benefit rate (=ORR +SD) of 62%. Unfortunately, the results were not translatable to the response evaluation after 6 months with an ORR of 24% and a CBR of 43%. Median PFS was 60 months (SD: ±21 months), while median overall survival was 26 months (SD: ±32 months).

Conclusion The treatment investigated here is a feasible option for uterine sarcomas, as it presents a more favourable toxicity profile when compared to doxorubicin plus trabectedin. Although the CBR is limited, it is still similar to that of the current standard.

Disclosures no disclosures