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.

Abstract #403 Table 1 Patients characteristics, surgical and post-operative outcomes in patients who followed the ERAS-prehabilitation program and patients who had surgery before the implementation of the program.

	ERAS N=35	NO ERAS N=272	Total N=307	p-value
Patients and tumor characteristics				
Age (mean, SD)	71.2 (10.5)	67.9 (13.6)	68.3 (13.3)	0.166
BMI (mean, SD)	31.6 (8.2)	30.0 (6.7)	30.2 (6.9)	0.256
Karnofsky (mediana, min-max)	90 (60-100)	90 (40-100)	90 (40-100)	0.827
ASA score (N, %)				0.070
I	0	15 (5.5%)	15 (4.9%)	
II	20 (57.1%)	125 (46.0%)	145 (47.2%)	
III	12 (34.3%)	122 (44.8%)	134 (43.6%)	
IV	3 (8.6%)	5 (1.8%)	8 (2.6%)	
Complication risk (median, min-max)				
Serious complication	7.5 (2.3-19.5)	6.1 (1.7-31.7)	6.2 (1.7-31.7)	0.079
Any complication	9.0 (3.2-24.3)	7.2 (0.5-36.4)	7.3 (0.5-36.4)	0.041
Histologic type (N, %)				0.183
Type I	23 (65.7%)	147 (54.0%)	170 (55.3%)	
Type II	12 (34.3%)	102 (37.5%)	114 (37.3%)	
Others	0	23 (8.5%)	23 (7.4%)	
FIGO stage				0.096
IA	14 (42.4%)	149 (54.8%)	163 (54.0%)	
IB	8 (24.2%)	59 (21.7%)	67 (22.2%)	
II	3 (9.1%)	8 (2.9%)	11 (3.6%)	
IIIa	0 (0.0%)	10 (3.6%)	10 (3.3%)	
IIIb	1 (3.0%)	4 (1.5%)	5 (1.6%)	
IIIc1	4 (12.1%)	9 (3.3%)	13 (4.3%)	
IIIc2	1 (3.0%)	11 (4.0%)	12 (4.0%)	
IVa	1 (3.0%)	5 (1.8%)	6 (2.0%)	
IVb	1 (3.0%)	14 (5.1%)	15 (5.0%)	
Grade (N, %)				0.687
1	10 (30.3%)	70 (29.2%)	80 (29.3%)	
2	11 (33.3%)	66 (27.5%)	77 (28.2%)	
3	12 (36.4%)	104 (43.3%)	116 (42.5%)	
Lymphovascular space invasion (N, %)				0.662
No	21 (70.0%)	61 (63.5%)	82 (65.1%)	
Yes	9 (30.0%)	35 (36.5%)	44 (34.9%)	
Intraoperative outcomes				
Surgical approach				0.022
Laparoscopy	35 (100.0%)	229 (84.2%)	264 (86.0%)	
Laparotomy	0	39 (14.3%)	39 (12.7%)	
Vaginal	0	4 (1.5%)	4 (1.3%)	
Conversion to Laparotomy (N, %)	0	12 (4.4%)	12 (3.9%)	0.374
Pelvic lymphadenectomy (N, %)	23 (65.8%)	135 (49.6%)	158 (51.5%)	0.105
Para-aortic lymphadenectomy (N, %)	15 (42.9%)	105 (38.6%)	120 (39.0%)	0.714
Omentectomy (N, %)	5 (15.2%)	63 (23.2%)	68 (22.1%)	0.287
Duration of surgery (minutes, median – min-max)	180 (60-360)	137.5 (50-435)	150 (50-435)	0.043
Abdominal drainage (N, %)	10 (28.6%)	173 (63.6%)	183 (59.6%)	<0.001
Post-operative outcomes				
Blood transfusion (N, %)	0	17 (6.2%)	17 (5.5%)	0.234
Reintervention (N, %)	0	12 (4.4%)	12 (3.9%)	0.372
Hospital stay (days, median – min-max)	3 (2-21)	4 (1-137)	4 (1-137)	<0.001
Time drainage removal (days, median – min-max)	1 (1-2)	3 (1-28)	3 (1-28)	<0.001
Complications (N, %)				
Itraoperative	4 (11.4%)	24 (8.8%)	28 (9.1%)	0.525
Post-operative	7 (20.0%)	40 (14.7%)	47 (15.3%)	0.445
Clavien Dindo III-V	2 (5.7%)	11 (4.0%)	13 (4.2%)	0.640

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, highlining 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.

#411 THE ROLE OF VAGINAL BRACHYTHERAPY IN THE TREATMENT OF ENDOMETRIAL CANCER

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10.1136/ijgc-2023-ESGO.323

Introduction/Background Tandem vaginal brachytherapy applied immediately after pelvic curative radiotherapy is a treatment that aims to destroy endometrial cancer cells and reduce the risk of recurrence This study retrospectively evaluated patients with endometrioid-type endometrial adenocarcinoma and those receiving adjuvant therapy to evaluate the efficacy of brachytherapy compared to standard external beam radiation therapy.

Methodology A total of 116 patients who underwent comprehensive surgical staging for endometrioid type endometrial cancer at Zeynep Kamil Women and Children's Diseases Training and Research Hospital between January 2014 and January 2020, and were given adjuvant treatment, were included in our study. Data included patients' age, tumor size, FIGO grade, FIGO stage, myometrial invasion (<50, ≥ 50), lymphovascular invasion (present/absent), and total number of lymph nodes removed from pelvic±paraaortic dissection. Type of surgery (laparoscopy/laparotomy), duration of follow-up (months), type of adjuvant treatment (pelvic radiotherapy/±brachytherapy, chemotherapy, chemoradiotherapy), type of recurrence (local/systemic), recurrence date (month/year), the cause and date (month/year) of death were extracted from hospital records. Statistical analysis was performed using IBM SPSS for Windows, Version 25.0.

Results The mean age of patients was 58.5 ± 0.9 years. Ninety patients received radiotherapy and 20 patients received chemotherapy + radiotherapy. Median follow-up time was 44.5 (15–86) months. During follow-up, 11 (10%) patients had recurrence and death occurred in 5 (5%) patients. Age (p=0.293), tumor diameter (p=0.560), FIGO grade (p=0.070), myometrial invasion (p=0.132), lymphovascular space invasion (p=0.266) did not differ between patients receiving only external radiotherapy (ERT) and vaginal brachytherapy (VBT) and/or ERT. A significantly lower rate of recurrence was found in the VBT group (p=0.038, table 1).

Abstract #411 Table 1 The statistical analysis of the clinical characteristics in terms of radiotherapy regimen.

	VBT ± ERT (n=82)	*ERT (n=8)*	P Value
Age (years)	58.4 ± 1.0	62.0 ± 3.1	0.293 [2]
Tumor Diameter (mm)	45 (10-120)	50 (20-80)	0.560
Pelvic Lymph Nodes	21 (6-67)	23 (17-30)	0.645
Paraaortic Lymph Nodes (n=67)	10 (2-36)	8.5 (4-17)	0.378
CA-125 (n=39)	22 (5-95)	48.5 (37-60)	0.085
Surgery			1.000 [1]
Laparotomy	48 (58.5)	5 (62.5)	
Laparoscopy	34 (41.5)	3 (37.5)	
FIGO Grade			0.070 [1]
Low Grade	73 (89.0)	5 (62.5)	
High Grade	9 (11.0)	3 (37.5)	
MI			0.132 [1]
< 50%	48 (58.5)	2 (25.0)	
≥ 50%	34 (41.5)	6 (75.0)	
LVSI			0.266 [1]
No	43 (52.4)	2 (25.0)	
Yes	39 (47.6)	6 (75.0)	
Stage			0.216 [1]
I	74 (90.2)	6 (75.0)	
II	5 (6.1)	1 (12.5)	
III	3 (3.7)	1 (12.5)	
Follow Up (m)	44.5 (12-86)	32.5 (25-86)	0.665
Recurrence	2 (2.4)	2 (25.0)	**0.038** [1]

Abbreviations: mm= Millimeter, n= Number, CA= Cancer Antigen, %= Percent, , MI= Myometrial Invasion, LVSI= Lymphovascular Space Invasion, m= Month, VBT= Vaginal Brachytherapy, ERT= External Radiation Therapy.

Statistical analyses were based on Mann-Whitney U Test. [1] = Fisher's Exact Test was used for statistical analyses. [2] = Student's T-test was used for statistical analyses.

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.

#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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10.1136/ijgc-2023-ESGO.324

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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10.1136/ijgc-2023-ESGO.325

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 17% of cycles in a dose 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 (=OOR +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 6.0 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