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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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 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.
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