

POLE mutation was seen in 1/53 cases (1.9%), which was grade 2 EEC, harboring P436R mutation. This was a multiple classifier, with mutant type p53 and d-MMR.

Diffuse p53 expression was seen in 97.3% of SC, 83.3% of CCC, 75% of carcinosarcoma, 62% of mixed carcinoma, and 12.8% of EEC.

Conclusion The TCGA molecular classification helps to risk stratify patients of EC. POLE-ultramutated tumors have a superior prognosis over other molecular classes.

Disclosures Authors have no financial implications to disclose

Conflict of interest: Authors declare no conflict of interest

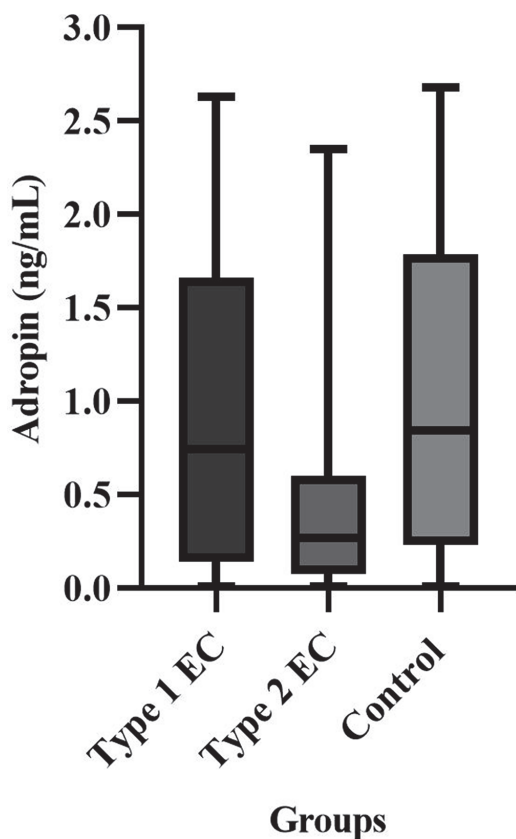
#858

THE RELATIONSHIP BETWEEN SERUM ADROPIN LEVELS, BODY MASS INDEX AND BLOOD PRESSURE VALUES IN ENDOMETRIAL CARCINOMA

Cihat Murat Alinca*. Istanbul Zeynep Kamil Education and Research Hospital, Istanbul, Turkey

10.1136/ijgc-2023-ESGO.380

Introduction/Background Adropin is a protein that has been found in the brain, liver and peripheral tissues in terms of energy homeostasis. Serum adropin levels were lower in hypertension, diabetes mellitus and metabolic syndrome. The aim of this study was to investigate the relationship between adropin levels, body mass index(BMI) and blood pressure values in endometrial carcinoma(EC).



Abstract #858 Figure 1 Minimum (0.01), maximum (2.63, 2.35, 2.68), 25–75% percentile, median (0.75, 0.27, 0.85) and mean (0.99, 0.47, 1.05) serum adropin levels in Type 1 EC, Type 2 EC and control groups.

Methodology 40 healthy individual's and 50 EC patient's demographic information including characteristics of obstetric history, diabetes mellitus(DM), hypertension(HT) and family history were recorded. Fasting insulin, homeostasis model assessment for insulin resistance (HOMA-IR), high-density lipoprotein (HDL), low density lipoprotein (LDL), total cholesterol (TC), triglyceride (TG) and adropin levels were obtained from venous blood samples with an overnight fast.

Results There was no statistically significant difference between the control and EC groups at the serum adropin level. However, adropin was found to be significantly lower in type 2 EC (OR=0.350; 95%CI 0.156–0.783; p=0.011). Optimal cut off value was calculated in ROC curve analysis as 0.4 ng/mL for adropin (63.6% sensitivity, 64.7% specificity). Positive Likelihood ratio (LR+) was 1.8 and negative Likelihood ratio (LR-) was 0.56.

Conclusion In recent years, innovations such as molecular classification recommended for use in the management of endometrial cancer have emerged. Various difficulties such as the high cost to fully transition to clinical use have not been overcome yet, so it does not seem possible to apply it preoperatively to every patient yet. We think that there is still a need for various hormonal methods that are more cost-effective. Further studies may highlight the absolute role of adropin in EC by extending the sample size with different stages of the disease and adding analyses such as molecular or genetic on endometrial tissue.

Disclosures I declare that no funds, grants, or other support were received during the preparation of this manuscript.

#867

EVALUATION OF THE CONCENTRATION OF THE SOLUBLE FORM OF GAL-9 IN THE PLASMA OF PATIENTS WITH ENDOMETRIAL CANCER IN THE ASPECT OF CLINICAL SIGNIFICANCE

¹Weronika Kurylo*, ²Agnieszka Kwiatkowska-Makuch, ³Anna Pawlowska, ³Wiktoria Skiba, ³Karolina Włodarczyk, ³Aleksandra Maciejczyk, ³Dorota Suszczyk, ²Rafał Tarkowski, ³Iwona Wiertel. ¹The student research group Independent Laboratory of Cancer Diagnostics and Immunology, Medical University of Lublin, Lublin, Poland; ²Chair and Department of Oncological Gynaecology and Gynaecology, Medical University in Lublin, Lublin, Poland; ³Independent Laboratory of Cancer Diagnostics and Immunology, Medical University of Lublin, Lublin, Poland

10.1136/ijgc-2023-ESGO.381

Introduction/Background Endometrial cancer (EC) is the most common gynaecological cancer and the second most common female malignancy in the world. Gal-9 is a ligand for TIM-3 which is on the surface of T cells, eosinophils or dendritic cells. The high concentration of Gal-9 may bring to the apoptosis of the activated T cells. Gal-9 has been proven to play a therapeutic role in autoimmune disease. Endometrial cancer management remains challenging and important is deeper understanding of the immunology diversity of this cancer.

The study aimed to evaluate the concentrations of soluble Gal-9 in the plasma of patients with endometrial cancer and healthy subjects in the aspect of its clinical significance

Methodology In the present study, we evaluated the concentrations of soluble Gal-9 in the peripheral blood (PB) and of both patients with endometrial cancer (n = 79) and healthy subjects (n = 19) using ELISA.

Results In our study, we observed a significantly higher ($p<0.0001$) concentration of sGal-9 in the plasma of EC patients in comparison to the plasma obtained from healthy subjects. The concentration of sGal-9 in plasma in the early (I/II) and late (III/IV) stages of EC was significantly higher than that detected in the control group. Additionally, we demonstrated the correlation between the concentration of sGal-9 in the plasma and the age of EC patients. However, the concentration of sGal-9 in plasma did not differ significantly between early (I/II) and late (III/IV) FIGO stages of EC, and between grade I and II of EC. There was no relationship between the plasma concentration of sGal-9 and the body mass index of the patients.

Conclusion Increased sGal-9 levels might play an important role in the immune dysregulation of endometrial cancer and the level of sGal-9 could provide information about the activity and severity of EC.

Disclosures yes

#877 ROLE OF INTRAOPERATIVE FROZEN SECTION IN GUIDING SURGICAL STAGING FOR ENDOMETRIAL CANCER

Khalid Atallah*. *Oncology Center, Mansoura University, Mansoura, Egypt*

10.1136/ijgc-2023-ESGO.382

Introduction/Background Endometrial cancer is a common gynecologic malignancy that usually presents at an early stage, the need for lymphadenectomy in those patients is still debatable. In addition, it occurs in old comorbid patients. So performing unnecessary lymphadenectomy in patients with low risk for lymphatic metastases should be omitted to avoid related short and long-term postoperative complications.

Methodology We used intraoperative frozen section for 62 patients with low and intermediate risk stage I endometrial cancer to evaluate the tumour histologic type, grade, depth of myometrial invasion, extension to the cervix, and ESMO risk group. According to the results of frozen section, lymphadenectomy and surgical staging were tailored.

Results Intraoperative frozen section guided us to perform lymphadenectomy for 13 patients and omitting the procedure in 49 patients. Out of 62 patients, 55 were treated adequately, 5 patients were undertreated and needed surgical restaging procedure and 2 patients were over-treated by unnecessary lymphadenectomy. The adequacy of frozen section in guiding lymphadenectomy was 88.7%.

Conclusion Intraoperative frozen section is a useful strategy to guide and tailor surgical staging in early endometrial cancer.

Disclosures none

#888 REAL-WORLD TREATMENT PATTERNS IN RECURRENT OR ADVANCED ENDOMETRIAL CANCER PATIENTS WHO INITIATED FIRST-LINE SYSTEMIC THERAPY IN 5 EUROPEAN COUNTRIES: A RETROSPECTIVE CHART REVIEW STUDY

¹Sneha S Kellar, ²Vimalanand S Prabhu, ³Jingchuan Zhang, ¹Yoscar M Ogando, ⁴Véronique Grall, ⁵Christian Marth*. ¹OPEN Health, Bethesda, USA; ²Merck and Co., Inc., Rahway, USA; ³Eisai Inc., Nutley, USA; ⁴M3 (EU), Abingdon, UK; ⁵Medical University Innsbruck, Innsbruck, Austria

10.1136/ijgc-2023-ESGO.383

Introduction/Background Novel therapies are being investigated for first-line use in recurrent or advanced endometrial cancer (aEC) patients in Europe, however, country-specific real-world treatment patterns with conventional treatments are not well documented.

Methodology Endometrial Cancer Health Outcomes-Europe-First-Line (ECHO-EU-1L) is a retrospective chart review study in recurrent or aEC patients in United Kingdom (UK), France (FR), Germany (GE), Italy (IT), and Spain (SP). Physicians extracted de-identified data from medical records of adult female patients initiating first-line therapy between 1/JUL/2016 and 31/MAR/2020 after aEC diagnosis. Ethics approval and informed consent waivers were obtained.

Results Overall, 57 physicians provided data for 242 patients (UK=49, FR=49, GE=48, IT=48, SP=48) with a median age of 69 years at aEC diagnosis, 49.2% with endometrioid carcinoma, and 23.6% with ECOG \geq 2 at treatment start. Carboplatin-paclitaxel was the most prescribed first-line regimen in all countries (UK=51.0%, FR=79.6%, GE=58.3%, IT=66.7%, SP=81.3%). Second preference varied: cisplatin-paclitaxel in UK (28.6%), cisplatin-5-fluorouracil in FR (6.1%), bevacizumab-carboplatin-paclitaxel in GE (18.8%), carboplatin monotherapy in IT (12.5%), and doxorubicin-liposomal, megestrol acetate, or paclitaxel in SP (4.2% each). Overall, physicians prescribed >20 different regimens in first-line. Overall, 95% of patients discontinued first-line treatment, mostly due to progression (cross-country range: 40.0–59.2%), regimen completion (26.7–49.0%), and maximum clinical benefit reached (6.1–35.6%). Median time to discontinuation was 5.2 months (95% confidence interval: 4.9–5.5) (UK=4.3, FR=5.4, GE=5.5, IT=6.3, SP=5.3). Overall, 31.3–54.2% of patients initiated second-line treatment.

Conclusion In European recurrent or aEC patients prior to 2021, guideline-recommended carboplatin-paclitaxel was a prevalent first-line regimen, however there were marked cross-country variations in other regimens selected and overall treatment approach. Novel therapies are needed to help streamline treatment options for these patients.

Disclosures Funding for this research was provided by Merck Sharp & Dohme LLC, a subsidiary of Merck & Co., Inc., Rahway, NJ, USA and Eisai Inc., Nutley, NJ, USA. Sneha Kellar and Yoscar Ogando are employees of OPEN Health, Bethesda, MD, USA, who were paid consultants of Merck Sharp & Dohme LLC a subsidiary of Merck & Co., Inc., Rahway, NJ, USA. in connection with the development of this abstract, study design, management, and statistical analysis for the study. Vimalanand Prabhu and spouse are employees of Merck Sharp & Dohme LLC, a subsidiary of Merck & Co., Inc., Rahway, NJ, USA, and shareholder of Merck & Co., Inc., Rahway, NJ, USA. Jingchuan Zhang is an employee of Eisai Inc., Nutley, NJ, USA. Véronique Grall is an employee of M3 (EU), Abingdon, England, a subcontractor to OPEN Health, who were paid consultants of Merck Sharp & Dohme LLC, a subsidiary of Merck & Co., Inc., Rahway, NJ, USA in the data collection for the study. Christian Marth is an employee of Medical University Innsbruck, Innsbruck, Austria, which has received funding for clinical research support from Merck Sharp & Dohme LLC, a subsidiary of Merck & Co., Inc., Rahway, NJ, USA, and reports honoraria/consulting fees from Merck Sharp & Dohme LLC, a subsidiary of Merck & Co., Inc., Rahway, NJ, USA.