

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

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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

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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.

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