**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

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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 endometroid carcinoma, and 23.6% with ECOG≥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 (61.1%), 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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