A CASE OF CAUTION: DO NOT ALWAYS BELIEVE PET-CT!!

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Introduction/Background Pre-operative radiologic staging with PET-CT is generally used in patients diagnosed with endometrial cancer. The false positive rate of PET-CT is not so low and positive findings on PET-CT changes the treatment plan in these patients and sometimes assigns these patients into higher stages

Methodology 69 year old patient referred to our clinic with post menopausal bleeding

Results Endometrial biopsy revealed endometrioid type endometrioid grade 1 adenocarcinoma. In pelvic MRI, 4 cm tumor invading <1/2 myometrial thickness without any concomitant finding. In PET CT scan, 19 mm measuring hypermetabolic (SUV max:11.86) lymphnode in right paraaophageal area was revealed. In the first impression, a clinically stage IV disease was decided in multidisciplinary tumor board and systemic chemotherapy was decided. However, the Ca 125 levels were within normal limits and there was no sign of extratumorous disease in abdominal area. With this discordant findings in hand, thorax surgery consultation was carried out and removal of this lymph node was decided. Lymph node was excised with mini toracotomy just under the seventh intercostal area corresponding to paraaophageal area. The final pathology revealed granulomatous lymphadenitis without any malignant process. By excluding distant metastasis, the patient underwent total laparoscopic hysterectomy and bilateral pelvic sentinal lymph node mapping with ICG. The final pathology revealed a grade I endometrioid type adenocancer with myometrial invasion >1/2 along with negative bilateral sentinel lymph nodes on both sides. The patient was referred to external pelvic radiotherapy.

Conclusion Discordant findings in radiologic imaging should always be evaluated cautiously and any suspicious finding should be histologically confirmed before assigning the patient into a higher stage and proceeding to final treatment.

Disclosures None

THE IMPACT OF COMPLETE SURGICAL RESECTION ON THE LONG-TERM SURVIVAL OF PATIENTS WITH RECURRENT ENDOMETRIOID ENDOMETRIAL CANCER

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Introduction/Background This study was aimed to evaluate the impact of complete surgical resection of recurrent tumor on the long-term survival of patients with endometrioid type endometrial cancer.

Methodology Medical records of patients diagnosed with endometrioid endometrial cancer between 2009 and 2019 at six different hospitals were reviewed. Eligible criteria included patients who underwent appropriate primary treatment including hysterectomy and surgical staging according to practice guidelines, had no radiologic evidence of residual disease after completion of primary treatment, and experienced recurrence. Patients with insufficient data for survival analyses were excluded. Time to second objective disease progression (PFS2) and second-line overall survival (OS2) were analyzed using the Kaplan-Meier method and compared using the log-rank test. The prognostic significance was assessed using the Cox regression hazards model. Patients were followed up for a median of 43.0 months (95% CI 40.7–58.3) after their first recurrence.

Results A total of 75 patients meeting the eligible criteria were included in the survival analysis. The median PFS2 was significantly longer in patients who underwent complete surgical resection compared to those who did not (34.0 vs. 10.0 months, log-rank P < 0.001). Multivariable analysis showed that complete surgical resection was associated with favorable PFS2 (adjusted HR, 0.46; 95% CI, 0.22–0.94; adjusted P = 0.033). However, the median OS2 was not significantly different between the two groups (not reached vs. 40.0 months, log-rank P = 0.62). Multivariable analysis revealed that presence of peritoneal recurrence was the only factor associated with OS2 (HR, 2.31; 95% CI, 1.12–4.74; adjusted P = 0.023).

Conclusion Our study suggests that complete surgical resection for recurrent endometrioid endometrial cancer may delay the time from the first to second recurrence; however, it does not appear to improve OS2. The presence of peritoneal recurrence was associated with worse OS2.

Disclosures None

POSITIVE PERITONEAL CYTOLGY IN ENDOMETRIAL CANCER: IS IT SIGNIFICANT IN LOW-RISK DISEASE?

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Introduction/Background Positive peritoneal cytology (PPC) in endometrial cancer (EC) has been reported as a risk factor for worse oncologic outcomes, but its prognostic role is unclear for patients with low-risk EC. We investigated the prognostic role of PPC in patient with low-risk EC.

Methodology Patients who underwent primary surgical treatment for EC at Mayo Clinic, Rochester, from 1999 to 2021 were included. The prognostic role of PPC was investigated in the entire cohort and in two subsets: low-risk ECs according to NCCN guidelines [endometrioid, grade 1–2, stage IA] and...
ESGO/ESTRO/ESP guidelines [same as NCCN guidelines, plus no lymphovascular space invasion (LVS1)]. Univariate and multivariable survival analyses were used to evaluate the association of PPC with recurrence and death.

**Results** 3517 patients were included in the entire cohort, with 1935 in the NCCN low-risk subgroup and 1849 in the ESGO/ESTRO/ESP low-risk subgroup. PPC was found in 15.9% of the entire population (559/3517), including 8.2% of the NCCN subgroup (158/1935), and 8% of the ESO/ESTRO/ESP subgroup (148/1849). When looking at the entire cohort, recurrence-free survival (RFS) and overall survival (OS) were significantly worse in patients with PPC [p<0.01]. In the NCCN and ESO/ESTRO/ESP low-risk subgroups, RFS was worse in patients with PPC [p=0.01 and p=0.04, respectively], but there was no difference in OS. On univariate analysis, age, grade, and PPC were significant predictors of recurrence in both low-risk subgroups. After adjusting for variables listed in table 1, PPC remained independently associated with recurrence in the NCCN low-risk subgroup [p<0.01] and in the ESO/ESTRO/ESP low-risk subgroup [p=0.04].

**Conclusion** Patients with PPC had worse survival outcomes in the entire cohort and both low-risk subgroups. This is important information when deciding between offering adjuvant therapy vs surveillance in patients with otherwise low-risk disease.

### Abstract #892 Table 1

<table>
<thead>
<tr>
<th>Subgroup 1: endometrioid, grade 1-2, stage I-V [N=3919]</th>
<th>Subgroup 2: Subgroup 1 but no LVSI [N=2016]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted HR (95% CI) for recurrence</td>
<td>Adjusted HR (95% CI) for recurrence</td>
</tr>
<tr>
<td>Age at surgery (years)</td>
<td>Age at surgery (years)</td>
</tr>
<tr>
<td>1.40 (1.08-1.81)</td>
<td>1.07 (1.05-1.79)</td>
</tr>
<tr>
<td>TNM No.</td>
<td>TNM No.</td>
</tr>
<tr>
<td>2.07 (1.42-3.38)</td>
<td>2.15 (1.37-3.36)</td>
</tr>
<tr>
<td>LVSI No.</td>
<td>LVSI No.</td>
</tr>
<tr>
<td>1.82 (1.02-3.24)</td>
<td>2.24 (1.28-3.99)</td>
</tr>
<tr>
<td>Peritoneal cytology Positive</td>
<td>Peritoneal cytology Positive</td>
</tr>
<tr>
<td>Reference</td>
<td>Reference</td>
</tr>
<tr>
<td>&lt;0.01</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Abbreviations: CI, confidence interval; HR, hazard rate; LVSI, lymphovascular space invasion; FGIO, International Federation of Gynecology and Obstetrics.</td>
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</tr>
</tbody>
</table>

Disclosures The authors have nothing to disclose.

**Methodology** Endometrial Cancer Health Outcomes-Europe (ECHO-EU) is a multicenter, retrospective, chart review study in recurrent or aEC patients across the United Kingdom (UK), France (FR), Germany (GE), Italy (IT), and Spain (SP). Physicians extracted de-identified data from medical records of adult female patients diagnosed with recurrent or aEC who progressed between 1/JUL/2016 - 30/JUN/2019 following prior systemic therapy. Data collected included demographics, clinical characteristics, and treatment patterns. Ethics approval and informed consent waivers were obtained in respective countries.

**Results** Overall, 103 physicians provided data for 475 patients (UK=101, FR=96, GE=88, IT=100, SP=90) with a median age of 69 years at aEC diagnosis, 57.7% with endometroid carcinoma, and 45.9% with ECOG ≥2 at second-line treatment initiation. In second-line, the use of non-platinum-based chemotherapy varied by country (UK=36.6%, FR=68.8%, GE=46.6%, IT=73.0%, SP=52.2%); other patients received platinum-based chemotherapy (UK=35.6%, FR=10.4%, GE=13.6%, IT=9.0%, SP=21.1%), taxane monotherapy (UK=7.9%, FR=5.2%, GE=10.2%, IT=8.0%, SP=1.1%), or endocrine therapy (UK=6.9%, FR=15.6%, GE=27.3%, IT=10.0%, SP=23.3%). In second-line, physicians prescribed >40 different regimens. Overall, 90.3% of patients discontinued second-line treatment (UK=94.1%, FR=90.6%, GE=92.0%, IT=86.0%, SP=88.9%), primarily due to disease progression (UK=45.3%, FR=70.1%, GE=56.8%, IT=50.0%, SP=63.8%). Median time to discontinuation was 4.9 months (95% confidence interval: 4.3–5.3) (UK=4.2, FR=5.0, GE=4.2, IT=6.0, SP=5.7). Only a small proportion of patients (<10%-20%) initiated third-line therapy.

**Conclusion** For pre-treated European recurrent or aEC patients prior to mid-2019, our study found no consensus on a standard of care in second-line, substantial differences in treatment regimens across countries, and a high rate of discontinuation. Recently approved novel therapies may streamline treatment options for this patient population.

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. Jingchuan Zhang is an employee of Eisai Inc., Nutley, NJ, USA. Sneha Kelkar 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, who were paid consultants of Merck Sharp & Dohme LLC, a subsidiary of Merck & Co., Inc., Rahway, NJ, USA. Nicola Miles 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.

**Abstract #894**

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

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Disclosures The authors have nothing to disclose.

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