ESGO/ESTRO/ESP guidelines [same as NCCN guidelines, plus no lymphovascular space invasion (LVSI)]. 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 ESGO/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 ESGO/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 ESGO/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 1: Multivariable analysis for the association with recurrence	Subgroup 1: endometrioid, grade 1-2, stage IA [N=1935]		Subgroup 2: Subgroup 1 but no LVSI [N=1849]	
	Adjusted HR [95% CI]	P	Adjusted HR [95% CI]	P
Age at surgery [years]	1.40 [1.08-1.81]*	0.01	1.37 [1.05-1.79]*	0.02
Tumor grade [FIGO]				
1	Reference	<0.01	Reference	<0.01
2	2.37 [1.42-3.95]		2.15 [1.27-3.66]	
LVSI				
No	Reference	0.16	--	--
Yes	1.85 [0.78-4.34]			
Peritoneal cytology				
Negative	Reference	<0.01	Reference	0.04
Positive	2.54 [1.28-5.03]		2.24 [1.05-4.76]	

Abbreviations: CI, confidence interval; HR, hazard ratio; LVSI, lymphovascular space invasion; FIGO, International Federation of Gynecology and Obstetrics.
*Hazard ratio per 10-year increase in age.

Disclosures The authors have nothing to disclose.

#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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Introduction/Background In European clinical practice, historically there has been no consensus on the second-line standard of care for recurrent or advanced endometrial cancer (aEC) patients, and differences in real-world treatment patterns with conventional treatments across European countries are not well documented.

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: 4.5–5.3) (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.

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