Clinical Impact of the 2023 FIGO staging system for endometrial cancer (EC) patients

The new 2023 FIGO staging system for EC critically integrates new pathological features and molecular subtypes. In this retrospective study data of > 500 EC patients undergoing primary treatment at 3 ESGO accredited centres in Austria/Italy were pooled. Patients were categorized according to the 2023 and the 2009 FIGO staging system. Stage shifts were analysed and the prognostic precision of the new FIGO classification was evaluated in comparison with 2009.

Results (Sub)stage shifts occurred in 144/519 (27.6%) patients: 123 upshifts (23.6%) and 20 (3.9%) downshifts. 2023 FIGO staging system identified a stage I cohort with a notably higher 5-year PFS rate compared to 2009 (93.0% versus 87.4%, respectively). For stage II disease, the 5-year PFS rate was slightly lower in the 2023 FIGO staging system compared to 2009 (70.2% versus 71.2%, respectively). The two new molecularly defined 2023 FIGO substages IAmPOLEmut and IICmp53abn displayed distinct, particularly favorable and adverse oncologic outcomes within early stage disease, respectively. A remarkably lower 5-year PFS rate for stage III patients was revealed in the 2023 FIGO staging system compared to 2009 (44.4% versus 54.1%, respectively).

Conclusion The new 2023 FIGO staging system led to a substantial stage shift in roughly one quarter of patients and to an improved prognostic precision. The new substages in early stage disease add further prognostic granularity & identify treatment-relevant subgroups.

Disclosures The authors have nothing to disclose.

04. Fertility/Pregnancy

#739 IMPACT OF ENDOSCOPIC SLEEVE GASTROPLASTY IN OBESE WOMEN WITH DIAGNOSED ENDOMETRIAL ALTERATIONS UNDER CONSERVATIVE TREATMENTS: PRELIMINARY CASE SERIES

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Introduction/Background Obesity represents one of the main risk factors for endometrioid endometrial cancer (EC). Besides being responsible for a chronic inflammatory state and insulin-resistance, obesity exposes women to a higher level of estrogen, leading to endometrial diseases. Even though it’s not the standard treatment, a conservative approach with hysteroscopic surgery followed by progestinic therapies can be considered in selected patients diagnosed with atypical endometrial hyperplasia (AEH), endometrial intraepithelial neoplasia (EIN), and low-grade EC. By producing a sustained weight loss, bariatric surgery has been demonstrated to reduce both cancer risk and recurrence. The endoscopic sleeve gastropasty (ESG) is a minimally invasive technique that mimics the restrictive parts of bariatric surgery. Thus, we aimed at analyzing the feasibility of combined conservative treatment and endoscopic bariatric approach for the treatments of young obese women wishing to preserve fertility with diagnosis of AEH, EIN or EC.

Methodology We retrospectively retrieved patients who underwent both conservative treatment for AEH, EIN or early EC and ESG at our Institution from January 2020. We will analyze clinical, gynecologic oncological, and weight loss data as well as obstetric outcomes.

Results Results on the patients retrieved will be presented in the late-breaking abstract.

Conclusion This preliminary study may provide further evidence of the impact of obesity in the natural history of endometrial diseases. In fact, after obtaining a better metabolic status thanks to ESG, we expect to find improved response rate in our population thus allowing a fertility sparing treatments for our young and obese patients, which are known to experience a worse response compared to normal weight patients.

Disclosures The authors have nothing to disclose.
# 06. Ovarian cancer

**Introduction/Background** First-line phase III trials in stage III/IV Epithelial Ovarian Cancer (EOC) have shown improved survival both with addition of bevacizumab (BEV) to three-weekly (q3w) carboplatin (C) plus paclitaxel (T) and integration of weekly dose-dense paclitaxel (ddwT) with carboplatin compared to q3wCt alone. ICON8B, a 3-arm trial, compared BEV+q3wCt versus (vs) BEV+q3wCddwT vs q3wCddwT in high-risk stage III (residual disease >1cm diameter after primary surgery or requirement for primary chemotherapy) and stage IV EOC.

**Methodology** Eligible patients were randomised 1:1:1 to Arm B1 (standard- q3w C AUC5/6+q3w T 175mg/m2+ q3w BEV 7.5mg/kg); Arm B2- q3w C AUC5/6+ddwT 80mg/m2; Arm B3- q3w C AUC5/6+ddwT 80mg/m2+ q3w BEV 7.5mg/kg. Up to six cycles chemotherapy and 18 BEV cycles were administered. Arm B2 recruitment discontinued after ICON8N saw no evidence of progression-free survival (PFS) improvement with q3wCddwT vs q3wCt. The consolidated Arm B1 vs B3 trial targeted 509 PFS events to detect B3vB1 HR=0.75 with 90% power.

**Results** 707 patients randomised from 07/2015 – 03/2020 (B1=292, B2=129, B3=286), median age 64 years, 94% ECOG Performance Status 0-1, 53% stage IIIIC, 40% stage IV, 91% High Grade Serous histology. 14% upfront surgery, 84% planned Delayed Primary Surgery, 2% no surgery planned. 88%/83%/82% completed 6 cycles carboplatin-based chemotherapy and 45%/51%/58% experienced ≥grade 3 toxicities in B1:B2:B3. 49%/61% completed 18 cycles bevacizumab in B1: B3. Median 59.0 months follow-up (07/2023-B1 and B3).

Given slow additional event rate, the study committee concluded 465 progression events were sufficient for primary analysis, giving 87% power for the targeted effect size of 0.75. PFS was better in B3 compared to B1. Median PFS 16.7 months B1 vs 22.2 months B3 (HR=0.75, 95% CI=0.62-0.90, p=0.002). Median OS; 40.9 months B1 vs 51.1 months B3 (HR=0.77, 95% CI=0.62-0.96, p=0.020).

**Conclusion** In primary treatment of high-risk stage IIIIC/IV EOC, BEV+q3wCddwT improves median PFS by 5.5 months compared to BEV+q3wCT.

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**Abstracts**

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**Conclusion** In primary treatment of high-risk stage IIIIC/IV EOC, BEV+q3wCddwT improves median PFS by 5.5 months compared to BEV+q3wCT.