Each final 'branch', the smallest sub-criteria has its specific weight and based on the answer will receive a percentage score. Finally the scores for each sub-criteria are added up to the total score of each country.

Results The 2023 HPV Atlas compares the progress with the earlier 2020 edition. The results will be available on 22 June and compared to earlier results:

Belgium, Denmark, Ireland and the UK are the policy champions and lead the Atlas with excellent policies on primary secondary prevention and providing evidence based information to citizens.

Belarus and Azerbaijan score the worse, as there is literally no information about the HPV prevention to be found and policies on primary or secondary prevention are non-existent.

Conclusion The situation in Europe is very unequal. There is a clear divide between northern Europe, Southern Europe and Eastern Europe. While vaccine exists and screenings technologies are available – the access is very dependent on where you live. This leads to high incidence and mortality which could be avoided should proper policies be put in place.

Disclosures https://www.epfweb.org/node/552

02. Diagnostics

#873 DEVELOPMENT OF AN ARTIFICIAL INTELLIGENCE-BASED DIAGNOSTIC SYSTEM FOR THE DETECTION OF ABNORMAL COLPOSCOPIC FINDINGS

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Introduction/Background Colposcopic examination requires sufficient training to detect cervical intraepithelial neoplasia (CIN) with (1) high diagnostic accuracy and (2) minimizing time and reducing tissue biopsies. The aim of this study was to develop an artificial intelligence (AI)-based system that replicates expert colposcopic examination techniques, independent of examiner skill.

Methodology A retrospective analysis was performed using 8341 colposcopic videos from 2013 to 2019, consisting of seven early-stage cervical cancer cases, 203 CIN3 cases, 276 CIN2 cases, and 456 CIN1 cases. An AI-based lesion detection model was developed to identify major abnormal colposcopic findings. The model was trained using the annotated abnormal findings with the highest acetic acid intensity in cervical cancer and CIN3 cases whose histological diagnoses were confirmed. The developed AI model was then applied to CIN1 and CIN2 cases to evaluate the diagnostic accuracy of the lesions.

Results The AI-based model was trained on 60 cases of cervical cancer and CIN3 and validated on 150 cases. The model was able to identify severe lesions with high accuracy, with a sensitivity of 85%, a specificity of 73%, an area under the curve (AUC) of 0.89 for lesion area, and an accuracy of 95% for the number of lesions identified. The model also predicted abnormal colposcopic findings in CIN1 and CIN2 cases with high accuracy for detection of lesion area (sensitivity: 87% and 86%, specificity: 70% and 67%, AUC: 0.81 and 0.81, respectively) and identification of the number of lesions (97% and 93%, respectively). Furthermore, a heat map display based on the prediction results allowed visualization of the area of highest acetic acid intensity corresponding to the actual biopsy locations.

Conclusion We have newly developed an AI-based diagnostic system for colposcopy that can identify CIN lesions with high accuracy and suggest appropriate biopsy sites.

03. Endometrial cancer

#73 NON-STEROIDAL ANTI-INFLAMMATORY MEDICATION USE AND SURVIVAL FOLLOWING AN ENDOMETRIAL CANCER DIAGNOSIS: A POPULATION-BASED NORWEGIAN COHORT STUDY

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Introduction/Background Endometrial cancer (EC) is the most common gynaecological cancer in Norway, with rising incidence. There is a strong need for primary and secondary prevention strategies. While non-steroidal anti-inflammatory drugs (NSAIDs) have been shown to improve survival in other cancers, data in patients with EC is conflicting.

Methodology This population-based, retrospective cohort study linked data from the Cancer Registry of Norway with The Norwegian Prescription database. These registries cover more than 99% of the Norwegian population including all patients in an unselected manner. Patients diagnosed with EC from 2004 – 2018 were included. Biometric data were available from four large health studies for a subgroup of patients. Post-diagnostic exposure to aspirin and non-aspirin NSAIDs was defined as at least three consecutive NSAID prescriptions at least 30 days after the diagnosis of EC. The main outcome measures were overall survival (OS) and endometrial cancer specific survival (CSS). Hazard ratios were calculated with multivariable Cox-regression model.

Abstract #73 Table 1 Characteristics of the study cohort based on NSAID use

Characteristics	Non-exposed (n= 6482)		Aspirin-exposed (n = 685)		Non-aspirin NSAIDs-exposed (n= 620)	
Median age at diagnosis (years)	65.50 (25.50-92.50)		73.34 (37.83-91.92)		64.33 (31.18-85.25)	
	n	*(%)*	*n*	*(%)*	*n*	*(%)*
Clinical stage						
- local	4933	**76.10**	533	**77.81**	442	**71.30**
- regional	523	**8.07**	63	**9.20**	44	**7.10**
- metastatic	618	**9.53**	49	**7.15**	92	**14.84**
- uknown	408	**6.30**	40	**5.84**	42	**6.77**
Tumor histology						
- type 1	5470	**84.39**	575	**83.94**	497	**80.16**
- type 2	675	**10.41**	79	**11.53**	75	**12.10**
- other	337	**5.20**	31	**4.53**	48	**7.74**
Survival status						
- Alive	5285	**81.53**	491	**71.68**	488	**78.71**
- Dead	1197	**18.47**	194	**28.32**	132	**21.29**
- Dead as a result of EC	571	**8.81**	77	**11.24**	81	**13.06**
- Dead as a result of another reason	626	**9.70**	117	**17.08**	51	**8.23**
BMI						
- < 25kg/m²	768	**11.85**	60	**8.76**	61	**9.84**
- ≥25kg/m²	1585	**24.45**	185	**27.00**	169	**27.26**
- Unknown	4129	**63.70**	440	**64.23**	390	**62.90**

Results A total of 7751 patients diagnosed with EC were included, with 685 (9%) exposed to aspirin and 620 (8%) exposed to non-aspirin NSAIDS. The median follow-up time was 5.0 years, with 1518 (20%) deaths observed (728, 9%, EC-specific). In multivariable analysis, non-aspirin NSAID use was associated with poorer OS (HR 1.12, 95% CI 0.93–1.34) and CSS (HR 1.37, 95%CI 1.08–1.73) compared to non-users. This association was robust to additional adjustment for BMI. Associations between non-aspirin NSAID use and CSS were strongest among women with BMI <25 kg/m2. Aspirin use was not associated with OS or CSS.

Conclusion In line with a previous population-based study, we report a higher risk of death among patients that used non-aspirin NSAIDs after the diagnosis of EC. Use of aspirin was not associated with survival. The interaction between the immune system, chronic inflammation and EC should be further explored.

#264 LONG-TERM FOLLOW UP OF SELINEXOR MAINTENANCE FOR PATIENTS WITH TP53WT ADVANCED OR RECURRENT ENDOMETRIAL CANCER: A PRE-SPECIFIED SUBGROUP ANALYSIS FROM THE PHASE 3 ENGOT-EN5/GOG-3055/SIENDO STUDY

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Introduction/Background Molecular characterization is important to inform treatment decisions for patients with endometrial cancer (EC). Wild type TP53 (TP53wt) is found in ~75% of newly diagnosed EC and 50% of advanced/recurrent tumors; there are no specific targeted therapies for patients with TP53wt EC. Selinexor is an investigational oral XPO1 inhibitor that drives nuclear retention and functional activation of wt tumor suppressor proteins, including p53.

Methodology SIENDO (NCT03555422) was a phase 3 double-blind study evaluating selinexor vs placebo as maintenance in patients with advanced/recurrent EC. The primary endpoint was progression-free survival (PFS) and first presented at the ESMO plenary in March 2022. Selinexor efficacy and safety was now further assessed with long-term follow-up in a pre-specified subgroup of patients with TP53wt EC.

Results 113 patients with TP53wt EC were randomized (selinexor, n=77/placebo, n=36). As of data cutoff on Nov 30, 2022, median follow-up was 20.3 months, with 26.3% and 22.9% patients still on selinexor and placebo treatment, respectively. Median PFS for TP53wt subgroup was 20.8 months with selinexor vs 5.2 months with placebo (HR [Stratified by chemotherapy response CR vs PR] 0.46; 95% CI (0.27, 0.79), nominal one-sided p-value=0.0020). The most common adverse events (AEs) of any grade (selinexor/placebo) were nausea (90%/34%), vomiting (61%/11%) and diarrhea (38%/34%); and most common grade 3+ AEs: neutropenia (18%/0%), nausea (12%/0%), and thrombocytopenia (9%/0%). TEAEs leading to discontinuations occurred at a rate of 15%/0%.

Conclusion Long-term follow-up of a pre-specified subgroup analysis showed durable PFS with selinexor maintenance in TP53wt EC, which offers the potential to prolong prior chemotherapy response. These data suggest that TP53 status is a robust prognostic biomarker for EC and selinexor may provide meaningful benefits for these patients. Updated data will be presented. A phase 3 trial of selinexor as a maintenance therapy in TP53wt EC is underway (NCT05611931).

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