EP132/#512 LYNCH SCREENING AND GENETIC TESTING WITH ENDOMETRIAL CANCER IN A DIVERSE PATIENT POPULATION

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Introduction Lynch syndrome (LS) accounts for most of the inherited endometrial cancers. Screening for mismatch repair (MMR) defects is recommended using immunohistochemistry (IHC) to identify qualifying patients for genetic testing. We report LS screening and genetic testing rates at a tertiary care center with a large minority population.

Methods Retrospective cohort study of patients with newly diagnosed endometrial cancer between January 2014 and June 2022 at the NewYork-Presbyterian Brooklyn Methodist Hospital.

Results 373 patients included. 45% identified as white, 42% black; 8.3% were of Hispanic ethnicity and 18% were non-English speaking. 207(55%) patients were screened using MMR-IHC. 82(40%) of these patients had MMR deficiencies. Of these, 63(77%) received genetic counseling. 62(98%) subsequently underwent genetic testing, and 7(11%) were diagnosed with LS. The rate of LS detected was 1.9%. MMR-IHC testing rates reached 95% in 2021 and 100% in 2022. It was not influenced by race, language, BMI, family history of cancer, or stage. The proportion of patients that received genetic counseling and testing also increased over time ($p<0.01$). Rates were different by ethnicity ($p=0.03$), with only 3.0% of patients receiving services identifying as Hispanic. 98% of genetic counseling was performed by a gynecologic oncologist, as opposed to a genetic counselor.

Conclusion/Implications There were no disparities in access to IHC screening in this diverse population, however more work must be done to reach all ethnicities for genetic counseling and testing. The rate of LS detected was less than the known prevalence in endometrial cancer, indicating demographic differences or gaps in screening.

EP133/#724 PROGNOSTIC VALUE OF THE PROGNOSTIC NUTRITIONAL INDEX IN ENDOMETRIAL CANCER

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Introduction The prognostic nutritional index (PNI) reflects the immuno-nutritional status of patients with cancer, estimated based on pre-operative lymphocyte counts and serum albumin levels. The PNI has been widely used to predict the prognosis of gynecologic cancer. However, endometrial cancer (EC) remains relatively understudied compared to ovarian and cervical cancers. Therefore, this study aimed to evaluate the prognostic value of PNI in patients with EC.

Methods Laboratory and clinicopathological data from 370 patients who were diagnosed with EC between January 2010 and December 2021 were reviewed. PNI was analyzed for correlations with recurrence and survival. The receiver operating characteristic curves were generated for the PNI. Optimal cut-off values were determined. Based on the results of the ROC curve analysis, the patients were grouped into high and low PNI groups. Differences in the clinicopathological characteristics between patients with high and low PNI were compared between the two groups. The effects of the prognostic factors were analyzed using univariate and multivariate Cox proportional hazards model.

Results The optimal cutoff value of the PNI was 52.74 for DFS (area under the curve: 0.817, $p<0.001$). Significantly more patients in the low PNI group experienced recurrence (30.6% vs. 5.2%, $p<0.001$) and cancer-related death (17.8% vs. 2.8%, $p<0.001$). In multivariate analysis, PNI were independent prognostic factors for both DFS and OS.

Conclusion/Implications Low PNI was significantly associated with worse clinical outcomes in patients with EC. Our findings demonstrate that the PNI may be clinically reliable and useful as a prognostic marker for patients with EC.

EP134/#1505 DOSTARLIMAB MONOTHERAPY IN MISMATCH REPAIR DEFICIENT/MICROSATELLITE INSTABILITY-HIGH ADVANCED OR RECURRENT ENDOMETRIAL CANCER IN THE KOREAN EXPANDED ACCESS PROGRAM

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Introduction Dostarlimab, a programmed death 1 inhibitor, is approved in Korea for patients with mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) recurrent or advanced endometrial cancer (EC) that has progressed on or after treatment with a platinum-based chemotherapy. Through the Korean expanded access program (EAP), patients at 16 major medical institutions were able to access dostarlimab treatment. For the first time, we present real-world data from these Korean patients.

Methods Patients with recurrent/advanced dMMR/MSI-H EC with ≤2 lines of prior systemic chemotherapy and no prior anti-PD-(L)1 agent received 500 mg of dostarlimab intravenously once every 3 weeks for 4 cycles, then 1000 mg once every 6 weeks until disease progression or withdrawal from treatment. Tumor response and adverse events were recorded.

Results At data cutoff of August 1, 2023, 17 patients were accepted into the EAP. Median age was 57 years (range, 42–