Abstracts

heterogeneity. The tumour immune subtype provides a new perspective, and its combination with the molecular subtype facilitates precise diagnosis and treatment for patients.

Methods We collected 60 cases of CNH endometrial carcinoma in the TCGA database. Based on the enrichment scores of immune-related gene signatures, we used unsupervised cluster analysis to identify heterogeneous immune subtypes, and described their immune characteristics and prognosis. We also identified the prognostic marker through differential gene analysis and lasso regression analysis. Finally, we observed the distribution of the marker in tissues using immunohistochemical staining, and validated its prognostic value in independent samples.

Results We defined two immune subtypes, immune-hot (IH) and immune-cold (IC), which differed in immune cell infiltration, cytokine and chemokine expression and prognosis. The IH subtype has significantly stronger immune activation than the IC subtype, showing a significant infiltration of immune effector cells and high expression of relevant chemokines, with a better prognosis. By analyzing differentially expressed genes, we identified GZMM as a prognostic biomarker, confirming its unique prognostic value in CNH endometrial cancer. Additionally, we observed the correlation between GZMM and prognosis in immunohistochemical staining.

Conclusion/Implications This study revealed heterogeneous immune subtypes in CNH endometrial cancer and identified the prognostic biomarker GZMM. The stratified classification strategy combined with molecular and immune subtypes provides a reference for future clinical practice.

PRE-TREATMENT SYSTEMIC INFLAMMATORY MARKERS PREDICT SURVIVAL IN ENDOMETRIAL CANCER: A JAPANESE GYNAECOLOGIC ONCOLOGY GROUP (JGOG) 2043 EXPLORATORY DATA ANALYSIS

Introduction Inflammation predisposes patients to tumorigenesis by damaging DNA, stimulating angiogenesis, and potentiating pro-proliferative and anti-apoptotic processes. This study investigated whether pre-treatment systemic inflammatory markers (PTSIMs) are associated with survival outcomes in endometrial cancer (EC) patients.

Methods Women with EC were recruited to the JGOG 2043 study. PTSIMs including neutrophil-to-lymphocyte ratio (NLR), platelet-to-lymphocyte ratio (PLR), and hematoglobin, albumin, lymphocyte, and platelet (HALP) score were analysed in terms of clinicopathological factors, progression-free survival (PFS), and overall survival (OS). Optimal cut-off values for NLR, PLR, and HALP score were determined using the web application Cutoff Finder for PFS and OS. Survival estimates were calculated using the Kaplan-Meier method.

Results In total, 712 patients were enrolled with a median age of 59 years and median body mass index (BMI) of 22.4 kg/m². The optimal cut-off values for PFS were 1.478 for NLR, 0.01695 for PLR, and 35.52 for HALP score. Similarly, the optimal cut-off values for OS were 1.88 for NLR, 0.02623 for PLR, and 19.87 for HALP score. Regarding the optimal cut-off values for PFS, NLR was associated with BMI; PLR with age, BMI, and stage; and HALP score with BMI, stage, and lymph node metastasis. For the optimal cut-offs for OS, NLR was associated with BMI, PLR, and BMI; and HALP score was associated with age and BMI. In PFS, HALP score was the prognostic factor. In OS, PLR and HALP score were prognostic factors.

Conclusion/Implications PTSIMs are associated with survival outcomes in EC. In particular, HALP score was a prognostic factor for both PFS and OS.

MANAGEMENT OF IMMUNE-RELATED ADVERSE EVENTS IN PATIENTS WITH PRIMARY ADVANCED OR RECURRENT ENDOMETRIAL CANCER: DOSTARILIMAB PLUS CHEMOTHERAPY COMPARED WITH CHEMOTHERAPY ALONE IN THE ENGOT-EN6-NSGO-GOG-3031/RUBY TRIAL

Introduction Dostarlimab plus carboplatin-paclitaxel demonstrated PFS and OS benefits vs carboplatin-paclitaxel in patients with primary advanced or recurrent endometrial cancer (pA/rEC). Here, we report on the management of immune-related adverse events (irAEs) in the RUBY (NCT03981796) trial.

Methods Patients with pA/rEC were randomized 1:1 to dostarlimab 500 mg, or placebo, plus carboplatin AUC 5 and paclitaxel 175 mg/m² Q3W for 6 cycles, followed by dostarlimab...