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273 PROJECT ECHO: 2-YEARS EXPERIENCE IN BELARUS

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Objectives Build expertise and competence in diagnostic and treatment of gynecological cancers among clinicians based in Belarus Cancer Centers via case-based analysis of patients by using videoconferencing technology to connect local care providers with world leading gynecologic oncologists, pathologists, and radiation oncologists.

Methods With support from MD Anderson Cancer Center in Texas, USA, IGCS began utilizing the Project ECHO model to conduct virtual tumor boards with trainees as part of the Global Curriculum & Mentorship Program.

In late 2017, IGCS expanded Project ECHO and held the first session with the Belarusian Society of Oncology, a member of the IGCS Strategic Alliance Partnership. The sessions are held monthly by videoconference utilizing Zoom technology to link Faculty Consultants from USA, Canada, Australia, Israel with the clinicians in Minsk. Each Project ECHO session is one hour in length with 30–45 minutes of case presentations and discussion followed by a 15–30-minute didactic lecture.

Results The multidisciplinary team of IGCS participants for Belarus ECHO projects was created. Twenty-two ECHO meetings were held in the period 2017–2019. Belorussian clinical team presented 37 problem-based cases followed by discussion of the cases and a brief didactic lecture. The average number of participants per session was ten. Future developments of this ECHO project include introduction follow-up discussions of cases under review.

Conclusions Project ECHO in Belarus is a useful tool to support international clinical consulting opportunities that allow gynecologic oncologists in Belarus to receive best practice guidance from world leading specialists and provide up to date clinical management.

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274 CHARACTERISTICS AND CLINICAL OUTCOMES OF PATIENTS WITH RECURRENT MICROSATELLITE STABLE ENDOMETRIAL CANCER UNDERGOING EARLY PHASE IMMUNOTHERAPY CLINICAL TRIALS

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Introduction Describe characteristics and outcomes of patients with recurrent microsatellite stable endometrial cancer (MSS EC) undergoing early phase clinical trials with immunotherapy. **Methods** Retrospective evaluation of MSS EC patients receiving ≥ 1 immunotherapeutic agent(s) in early phase clinical trials at MD Anderson Cancer Center from 6/2014 to 12/2019.

Response to treatment was evaluated using RECIST criteria and treatment-related and immune-related adverse events (TRAEs and irAEs, respectively) were graded per trial protocols. Predictors of response and progression free survival were evaluated.

Results Thirty-four MSS EC patients were included. The median age and number of prior lines of systemic therapy was 64 years and three, respectively. The predominant histologic subtype was endometrioid (n = 15) or serous (n = 9). Thirty-three of 34 patients (97.1%) were treated with at least one immune checkpoint inhibitor (ICI) and 24 (76.5%) received combination therapy. Among the 30 evaluable patients, the clinical benefit rate was 30% (n = 9); one partial response and eight stable disease. Seven patients (77.8%) with clinical benefit had an irAE, compared to five non-responders (23.8%). Six patients with clinical benefit were treated with ICI and other class agent(s). Greatest benefit was seen with ICI/PARP inhibitor/anti-VEGF (693 days), ICI/PARP inhibitor (308 days), and ICI/oral tyrosine kinase inhibitor (272 days) combinations. No response was seen in ten (83.3%) and two patients (100%) treated with double and triple ICI agents, respectively.

Conclusion MSS EC tumors do not appear to respond to ICI-only therapies. ICI combination therapy with other class agents and presence of irAEs may be associated with clinical benefit.

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275 PREVALENCE OF UTERINE SARCOMAS IN THE ONCOLOGICAL GYNECOLOGY UNIT OF THE SAN BORJA ARIARAN HOSPITAL

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Introduction Uterine sarcomas are relatively rare, between 3 and 8% of uterine cancers. The most common tumors are leiomyosarcomas (LMS) (59%) and endometrial stromal sarcomas (ESS) (33%).

Material and Method Retrospective review from January 2014 to February 2020. Patients diagnosed with carcinosarcoma were excluded. The global survival (GS) was taken from the diagnosis of the disease to the death of the patient or last control. Figo 2009 was used for staging.

Results A total of 295 patients with uterine cancers with a median age of 59. 16 patients had uterine sarcoma, from which 44% were LMS (7), 13% low-grade ESS (2) and 44% high grade ESS (7). 94% underwent standard treatment. The LMS FIGO IB 43% (3), with GS median of 17 months; FIGO IIIC 14% (1), with GS 15 months; and FIGO IV 43% (3) with GS median of 23.6. 100% low-grade ESS (2) FIGO IB with GS median of 51 months, and 100% high-grade ESS (7) FIGO IB with GS median of 28. In 43% (3) of the high-grade ESS recurrence appeared between 3 to 16 months with a median of 11 months (2 to the lung and 1 to the abdominal cavity), and 50% of low-grade ESS at 60 months. A prevalence of uterine sarcomas of 5.4% was found.

Conclusion Uterine sarcomas represented 5% of the primary uterine neoplasms. In our review the highest percentage (61%)

were ESS and not LMS. Low-grade ESS are rare compared to other sarcomas and have higher GS.

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276 REVIEW OF ENDOMETRIAL CANCER MANAGEMENT AT AN UPCOMING GYNAECOLOGICAL ONCOLOGY UNIT IN INDIA

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Aim Analyse the presentation and management of endometrial cancer in a newly established gynaecological oncology unit in an upcoming cancer hospital.

Methods Retrospective analysis of all endometrial cancer patients managed in the unit between April 2015 and June 2020.

Results A total of 54 women with uterine corpus cancers were seen. The commonest complaint was post menopausal bleeding. Of these, 41 are endometrioid adenocarcinomas. The age distribution is as follows: <50 years: 6, >50 years: 35 (85%). Majority had 2 children. The commonest co-morbidities were hypertension (21) and diabetes (18). The BMI (Asian standards) was >25 (overweight & obese) in 31 women. The predominant preoperative histologic grade on endometrial biopsy was grade 1 (17/41). Preoperative MR Imaging showed myometrial invasion of <50% in 13/41 (31%), >50% in 6/41 (14%). All women had primary surgical staging except a lone patient with lung metastases. The surgical staging showed that 27 (65%) had stage 1A, 8 were in 1B (19.5%) and the rest 5 in stage 3 (12.19%). All women with stage 3 disease had LVSI. According to ESGO-ESMO-ESTRO risk stratification, 22 (53.6%) were in low risk, while 9 (21.9%) in high risk and remaining 9 (21.9%) were in intermediate risk. Adjuvant chemotherapy, radiation therapy or combination was given according to this risk classification. Two women, who refused adjuvant treatment, died of recurrence. All patients are on regular follow-up.

Conclusions Timely evaluation of post menopausal bleeding helps in the diagnosis and management of endometrial cancer.

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277 'GYNAEFELLOW': A NEW ONLINE MULTI-MEDIA RESOURCE FOR GYNAE-ONCOLOGY & GYNAECOLOGY SURGERY TRAINING

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Study Objective To study the adoption of new innovative online multimedia educational resource aimed to provide focused surgical and clinical training

Design Free and open access innovative multimedia platform available as web and App formats. Descriptive analysis to study users' behaviours using the online advanced analytics

Setting A new innovative online multimedia educational platform called 'GynaeFellow';

- website: www.gynaefellow.com
- App: (IOS) <https://apps.apple.com/gb/app/gynaefellow/id1494635066>,
- (Android) https://play.google.com/store/apps/details?id=com.gynaefellow.app&hl=en_GB
- Focused peer-reviewed free access online surgical videos provided on the App and reading material offered through the website

Participants All health professionals who work or interested in gynaecology No geographical restrictions

Interventions High quality laparoscopic and open surgical videos deconstructed into simple bite-size and easy-to-follow building blocks to develop surgical knowledge and confidence. Supporting 2–5 minutes focused read resources on the website to consolidate the clinical experience and decision-making knowledge.

Measurement We used the following measurement to assess the adoption of the new platform;

- Users retention and engagement
- Multimedia analytics
- Users feedback

Results The rate of adoption increased by over 100% on a weekly basis and platform was downloaded in over 70 countries within 2 months of release.

> 5 K minutes of videos were viewed within 6 weeks of release

Conclusion GynaeFellow provides high quality, easy-to-follow surgical videos illustrating anatomy planes that are readily available and can be repeatedly accessed by the keen gynaecologists providing a self-directed learning experience that can be translated into practice in the operating room – increasing patient's safety and enhancing each operating opportunity. There is a universal adoption to innovative educational platforms.

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278 PERSONALIZATION OF THE TREATMENT IN PATIENTS WITH ENDOMETRIAL CANCER AND LIFE-THREATENING COMORBIDITIES

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Introduction Endometrial cancer (EC) is the most common oncogynecological malignancy. Currently, there is a trend of the co-existence of EC and somatic comorbidities.

Aim To evaluate the single-center experience in treating patients with EC and life-threatening comorbidities, to optimize the management.

Methods We analyzed the treatment outcomes in 17 patients with EC and somatic comorbidities, who were admitted to the Almazov National Medical Research Centre from 01.01.2019 to 30.04.2020. In 52.9% of patients, the Charlson Comorbidity Index (CCI) exceeded 6 points, which corresponds to 3 or more diseases with a severe course. The majority of patients had concurrent cardiovascular disorders. Previously, 23.5% of patients had coronary artery stents, 11.8% -mechanic heart valves, while 17.6% experienced a recurrent pulmonary embolism. BMI was above 40 kg/m² in 23.5% of cases.