in 29.2% and 18.8%, respectively. Best objective response rate was 20.8% and disease control rate was 66.6%. Median progression-free survival (PFS) was 5.3 (95% confidence interval=3.9–6.6), respectively. The median number of cycles for PEMBRO+LEN was 4.5. More than half of patients (56.2%) received LEN dose reduction was once or more but it did not affect survival outcomes. Common AEs of LEN was fatigue (18.8%), hypertension (16.7%) and hypothyroidism (14.6%). Treatment-free interval (TFI) was the only statistically significant factor associated with PFS ($p=0.017$). In a subgroup analysis, TFI 5 months showed statistically higher in best overall response ($p=0.042$) and in the number of the cycle of AEs first encountered during PEMBRO+LEN treatment ($p=0.017$).

Conclusion: In Korean patients with recurrent endometrial cancer, PEMBRO+LEN treatment showed acceptable response rates with tolerable AEs when treatment was supported with optimal LEN dose reduction.

Oral (OM2)

Endometrial Hyperplasia, Endometrial Intra-epithelial Neoplasia, and Endometrial Cancer

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Menopausal status combined with serum CA125 level significantly predicted concurrent endometrial cancer in women diagnosed with atypical endometrial hyperplasia before surgery

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Objective: About 10%–60% of patients with atypical endometrial hyperplasia diagnosed before surgery (preoperative-AEH) are found to have concurrent endometrial cancer (EC) at definitive hysterectomy, leading to incomplete primary surgery and delayed adjuvant treatment. This study aims to investigate the potential risk factors of concurrent EC in preoperative-AEH patients in a clinical setting with gynecological pathology review.

Methods: All patients diagnosed with AEH by endometrial biopsy or curettage and then underwent definitive hysterectomy from January 2016 to December 2019 were analyzed. All diagnoses were reviewed by gynecological pathologists.

Results: Totally 624 preoperative-AEH patients were included, 30.4% of whom had concurrent EC. In multivariate analysis, postmenopausal status and cancer antigen 125 (CA125) ≥ 35 U/mL significantly correlated with concurrent EC (odds ratio

[OR]=3.33, 95% confidence interval [CI]=1.76–6.30; OR=2.12, 95% CI=1.13–3.98). Similar findings were showed in predicting intermediate-high-risk EC. The combined predicting value of postmenopausal status and CA125 ≥ 35 U/mL were remarkably increased for concurrent EC (OR=14.10, 95% CI=1.59–125.22) and intermediate-high-risk EC (OR=30.2, 95% CI=2.44–374.40). Notably, concurrent intermediate-high-risk EC was more commonly seen in preoperative-AEH women with postmenopausal time ≥ 5 years (OR=7.83, 95% CI=2.44–25.18, $p=0.001$), with no difference in this risk among subgroups of premenopausal status, postmenopausal time <2 years or between 2–5 years.

Conclusion: Preoperative-AEH patients with postmenopausal status and elevated level of CA125 may have high risk of concurrent EC. Adequate pre-surgical evaluation and sentinel lymph node sampling should be suggested for such patients.

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Clinical implications of neoadjuvant chemotherapy in advanced endometrial cancer: a multi-center retrospective cohort study

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Objective: In a portion of patients with advanced endometrial cancer, upfront complete cytoreduction is not possible. Hence, we aimed to assess the feasibility and effectiveness of neoadjuvant chemotherapy followed by interval debulking surgery (NAC-IDS) in unresectable, metastatic endometrial cancer. We also investigated factors which related to the favorable conditions for NAC-IDS in endometrial cancer.

Methods: From the four institutions in Korea, we identified stage IIIC–IVB endometrial cancer patients who received NAC-IDS between 2008 and 2020. We collected patients' baseline characteristics, NAC regimens, response to NAC, and surgical details. Both progression-free survival (PFS) and overall survival (OS) were calculated, and factors affecting survival outcomes were investigated.