Objective This study aimed to establish intraoperative diagnostic criteria of sentinel lymph node (SLN) micro-/macrometastasis on the basis of tissue rinse liquid-based cytology (TRLBC) in gynecological cancer.

Methods We enrolled 214 patients with gynecological cancer who underwent rapid diagnosis of SLN metastasis on the basis of TRLBC from a total of 490 SLNs. For slides that were classified as positive for atypical cells on cytological inspection, we counted the number of clusters (an atypical cell mass consisted of three or more cells) and the number of single cells (an atypical cell other than clusters). Receiver operating characteristic (ROC) analysis was applied to determine the efficiency of predicting SLN micro-/macrometastasis.

Results On cytological inspection, 36 slides were classified as positive for atypical cells, while 21 slides (4.3%) were true positive, 15 (3.1%) were false positive, and 454 (92.6%) were true negative. There were no false negative results in this study. The area under the ROC curve for the number of cluster was superior to that for the number of single cells for distinguishing micro-/macrometastasis from negative/isolated tumor cells (0.86 vs. 0.67, P = 0.032). The optimum cut-off value of the number of clusters was 5 for distinguishing these two categories.

Conclusions TRLBC is a highly sensitive alternative for detecting SLN metastasis as a rapid intraoperative diagnosis. Counting the number of atypical cell clusters might be useful for distinguishing micro-/macrometastasis from isolated tumor cells.

IGCS20_1339

318 | IMPACT OF THE SARS-COV2 PANDEMIC ON THE CLINICAL AND RESEARCH MANAGEMENT OF PATIENTS WITH GYNECOLOGICAL MALIGNANCIES: AN ONGOING SURVEY IN THE PAN-ARABIAN REGION

[1]S Nasser, [2]S Awad, [1]J Sehouli*. [1]Charite Comprehensive Cancer Center, Germany; [2]Mansoura University Hospitals, Egypt

The novel coronavirus disease (COVID-19) is a global public health emergency that has impacted medical professionals, infrastructures and the care of patients with gynecological malignancies.

The pandemic has also caused disruption to research and clinical trials worldwide. We conducted a Survey within the Pan-arabian Region to evaluate the impact of the COVID-19 Pandemic on the management of patients with gynecological malignancies from the multidisciplinary physicians' perspective, with particular focus on clincial infrastructures, trial participation and maintenance therapy. The survey is designed to capture the dynamic changes observed with the development of the pandemic in order to build robust emergency algorithms tailored to gynecological oncology patients globally in the future.

IGCS20_1340

319 | HIGH TUMOR-STROMA RATIO IN ESTROGEN RECEPTOR-POSITIVE BREAST CANCER IS CORRELATED TO POOR HISTOPATHOLOGICAL PARAMETERS

[1]D Bacha, [2]A Ben Amor*, [2]A Halouani, [1]A Lahmar, [1]S Ben Slama. [1]Mongi Slim Hospital, Pathology Department, University Tunis El Manar, Tunisia; [2]Mongi Slim Hospital, Obstetrics and Gynecology Department, University Tunis El Manar, Tunisia

Introduction In breast cancer, attention has focused on the prognostic value of tumor- stroma ratio (TSR), mainly in the triple-negative subtype, which generally has a poor prognosis.

Little prognostic data are available for other carcinoma types.

Objective To determine the prognostic value of TSR in estrogen receptor (ER) positive invasive breast carcinomas.

Methods TSR was measured in hematoxylin and eosin-stained surgical specimens of 70 consecutive EP positive breast carcinomas. Tissue from the most invasive part of the tumor was used. A part of the sample was selected where both tumor and stromal tissue were available. Scoring percentages were given per 10-fold per image field.

Tumors with a low ratio had ≥50% of stroma and a high ratio had <50% of stroma.

The relationship of TSR to routinely used prognostic histopathological parameters (tumor size, grade, mitotic activity index, lymph-node status, vascular invasion, and HER2 status) was analyzed.

Results All tumors were of no special type. The mean age of patients was of 65 years. There was no multifocality. Sixty percent of tumors had a high ratio and 40% a low ratio.

High ratio tumors were significantly correlated with large size (p=0.02), grade 3 (p=0.045), presence of vascular invasion (p=0.0034) and lymph node metastasis (p=0.0012). No significant association was found with the mitotic activity index and HER2 status.

Conclusion High TSR was related to poor histopathological parameters in EP positive breast carcinomas, contrasting data in triple-negative breast cancer, and highlighting the importance of considering ER status when interpreting the prognostic value of TSR.

IGCS20_1341

320 | LNCRNA NEAT1-MEDIATED MIR-361 DOWNREGULATION CONTRIBUTES TO EMT AND SPHERE FORMATION OF CERVICAL CANCER CELLS VIA INCREASING HSP90 EXPRESSION

P Dong*, D Xu, Y Konno, K Ihira, H Watari. Hokkaido University, Japan

Epithelial-mesenchymal transition (EMT) is a key process contributing to cervical cancer (CC) metastasis, and micro-RNAs (miRNAs) modulate the expression of genes