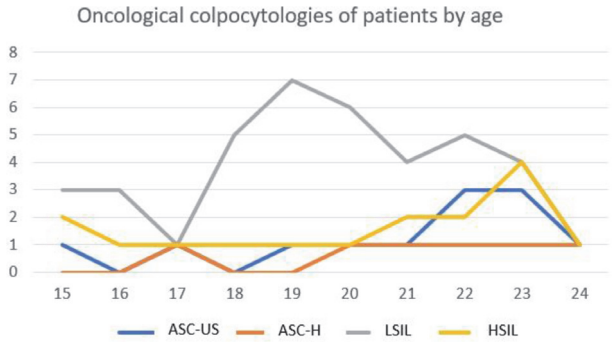
towards the use of molecular classification in a clinical context; however, it remains undetermined, which would be the optimal approach.

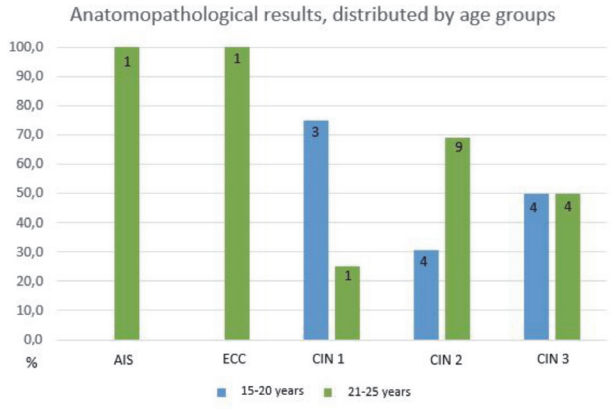
Methods In this study,s we characterized patients (n=60) whose disease had a different than anticipated clinical course determined by current risk stratification tools and histomorphologically corresponding control samples. The aim was to access the molecular classification using two different methods; by performing the FoundationOne CDx NGS panel and using the ProMisE classifier and performing immunohistochemical stainings for MMR proteins and p53. POLE mutation status was in both settings derived from FoundationOne results.

Results 64 patients were entered in this study, and in 60 cases, the molecular classification was successful. MSI status was available from 53 cases. Tumour molecular subtype was of prognostic significance and showed the expected correlations with grade and histotype. Molecular subtype diagnosis based on NGS and ProMisE was in complete agreement for 50 of 53 tumors. In 2 tumors, a TP53 mutation was detected on NGS, but immunostaining showed subclonal pattern, and 1 case was MSI based on NGS but MMR deficient by immunohistochemistry.

Conclusions Both NGS panel sequencing of formalin-fixed paraffin embedded endometrial carcinomas and molecular subtype diagnosis based primarily on immunostaining (ProMisE) yield identical results in 94.3% (kappa – 0.91) of cases.



Abstract 34 Figure 1 Results of oncological colpocytologies of patients by age



Abstract 34 Figure 2 Anatomopathological results, distributed by age groups

Conclusion The highest rate of high-grade lesion was found in the 21–24 age group. This highlights the importance of reevaluating the indication for CC screening in younger women. Furthermore a better understanding of the risk factors involved in the evolution of these lesions in young patients is necessary.

IGCS20_1226

34 SCREENING FOR CERVICAL CANCER IN WOMEN UNDER THE AGE OF 25: A CROSS-SECTIONAL STUDY AT AN UNIVERSITY HOSPITAL IN MINAS GERAIS – BRAZIL

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The main risk factor for cervical cancer (CC) is persistent infection by oncogenic types of human-papillomavirus. This infection promotes cellular changes leading to the emergence of pre-neoplastic lesions that, if left untreated, can progress to invasive neoplasia. In Brazil, screening programs that aim to detect these CC precursor lesions through cervical cytology are recommended only for women between 25 and 64 years old, who have had at least one sexual intercourse. This study aims to evaluate the histological diagnoses and the frequency of patients under 25 years of age who were referred to colposcopy due to altered colpocytologies; and the distribution of high-grade lesions according to age.

Method Cross-sectional study, with retrospective data collection from medical records of asymptomatic patients between 15 and 24 years old referred to the Hospital das Clínicas Samuel Libânio due to changes in the screening test (pap smear).

Result Among the 4,527 women aged 15 to 24 years, 304 (6.7%) had abnormal cytologies, 73 of whom (24%) were referred for colposcopy. Biopsy was performed in 63 patients. Approximately 65% of high-grade lesions (CIN 2+) were in the 21- to 24-year age range, including one case of 'in situ' carcinoma and one case of invasive squamous carcinoma.

IGCS20_1486

35 CLINICAL MANAGEMENT OF GYNECOLOGIC CANCER PATIENTS DURING COVID-19 PANDEMIA: THE EXPERIENCE OF DAY HOSPITAL TUMORI FEMMINILI OF FONDAZIONE POLICLINICO AGOSTINO GEMELLI, IRCCS

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Introduction During COVID-19 pandemia there was the need to reorganize cancer care. Italian and European association published recommendations to evaluate the risk/benefit ratio of delaying anticancer adjuvant/neoadjuvant/first line treatment, delaying all other treatments or manteinance therapy, reducing the risk for medical and paramedical staff. In this scenario, the aim of our work is to retrospective evaluate the activity of Day Hospital (DH) Tumori Femminili of Fondazione Policlinico Agostino Gemelli, IRCCS, for the medical management

of gynecologic cancer patients between February and April 2020.

Methods Based on published recommendations, with local Health Direction guidelines we draft the Security Protocol to modulate the access of patients into the DH: to perform visits only of new patients or for clinical urgency and to convert on telemedicine the other contacts; to perform a phone/telematic pre-triage the day before the scheduled access and an 'in site' pre-triage with measurement of body temperature and administration of a survey for the self-certification of absence risk factors for COVID-19 infection; no caregivers were allowed into DH; surgical masks and gloves were obligatory for anyone.

Results We registered 3223 accesses/contacts into our DH for intravenous/oral chemotherapy and visits. The activity was similar to that recorded in 2019 in the same two-month period (3311 accesses). Despite the high patients flow we had only two cases of confirmed COVID-19 infection and no cases among healthcare staff.

Conclusions Based on the adopted Security Protocol we have guaranteed continuity of care to all our patients and limited the spread of the COVID-19 infection.

IGCS20_1102

36 PROGNOSTIC VALUE AND ASSOCIATION WITH VELIPARIB BENEFIT OF MODELED CA-125 ELIMINATION KINETICS (KELIM) IN PATIENTS WITH NEWLY DIAGNOSED OVARIAN CANCER: ANALYSIS FROM THE VELIA/GOG-3005 STUDY

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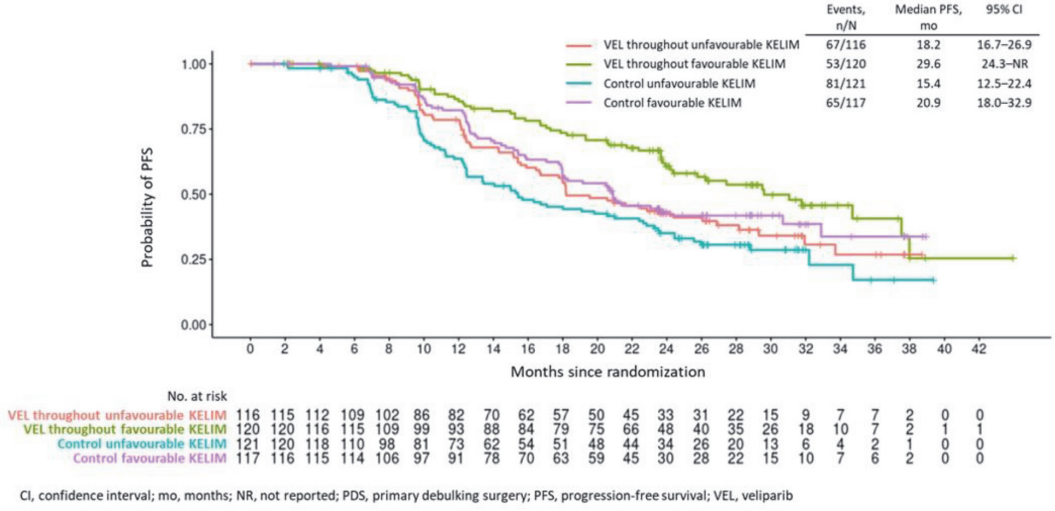
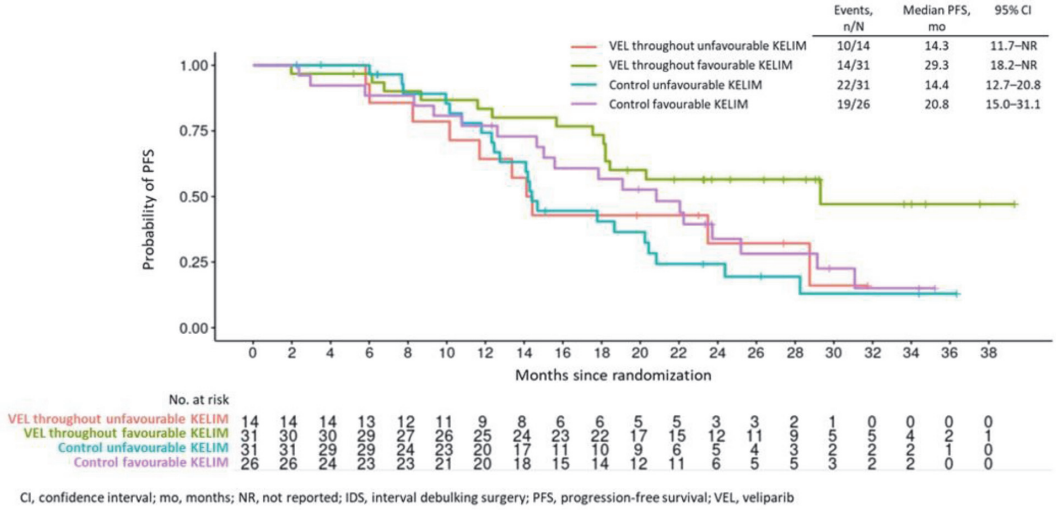
10.1136/ijgc-2020-IGCS.36

Introduction In VELIA (Phase 3), veliparib with carboplatin/paclitaxel (CP), followed by veliparib maintenance (veliparib-throughout) led to improved progression-free survival (PFS) vs CP alone (control). This exploratory analysis assessed the



Abstract 36 Figure 1 Progression-free survival in the veliparib throughout arm and the control arm for KELIM subgroups in the PDS population



Abstract 36 Figure 2 Progression-free survival in the veliparib throughout arm and the control arm for KELIM subgroups in the IDS population