in malignant tumor compared to the control group. The intensity of lipid peroxidation was increasing ~1.5 times in benign and ~2.2 times in malignant tumor compared to the control group.

Conclusions On the background intensification of lipid peroxidation ongoing enhanced use of antioxidants, that reflects on the alteration of organism’s antioxidant system activity.

IGCS19-0187

DETECTION OF NCOA2/3 GENE FUSIONS IN UTERINE TUMORS RESEMBLING OVARIAN SEX CORD TUMORS (UTROSCT)

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10.1136/ijgc-2019-IGCS.256

Objectives Uterine tumors resembling ovarian sex cord tumors (UTROSCT) are rare mesenchymal neoplasms of uncertain histogenesis that are challenging to diagnose due to their morphological and immunohistochemical overlap with more conventional entities. While DNA sequencing has failed to identify recurring mutations in these tumors, RNA sequencing recently detected NCOA2/3 fusions in two small series. The objective of this study was to further describe the characteristics of two UTROSCTs.

Methods We retrospectively evaluated the clinicopathological and immunohistochemical features of two UTROSCTs, and performed RNA sequencing to detect gene fusions.

Results The patients were 52 and 57 years old, tumors measured 5 and 12 cm, and were confined to the myometrium. Both showed multiple histologic patterns including diffuse, cord-like, and trabecular, with rhabdoid cells focally present. One UTROSCT had significant cytologic atypia and brisk mitotic activity, but both lacked necrosis and lymphovascular invasion. Variable immunohistochemical expression for calretinin, inhibin, WT-1, ER, CD10, and pankeratin was noted. RNA sequencing detected an ESR1-NCOA3 fusion in one tumor, whereas the other had a GREB1-NCOA2 rearrangement. The former patient is alive and well five months after diagnosis, while the latter recurred two years later, and is currently alive with disease (six years after original diagnosis).

Conclusions The detection of NCOA2/3 fusions in two additional UTROSCTs further supports this rearrangement as a characteristic finding in these rare tumors. Additional studies are warranted to determine its sensitivity and specificity in UTROSCTs compared to other gynecologic neoplasms.

IGCS19-0255

THE CHALLENGES OF CREATING A FELLOWSHIP IN GYNECOLOGIC ONCOLOGY IN MOZAMBIQUE, A COUNTRY WITH NO FORMAL TRAINING PROGRAM IN GYNECOLOGIC ONCOLOGY

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10.1136/ijgc-2019-IGCS.258

Objectives Atypical endometrial hyperplasia (AEH) is considered precursor of endometrioid endometrial carcinoma. The 2014 WHO classification divides endometrial hyperplasia into two categories: hyperplasia without atypia and atypical hyperplasia. However, this classification ignores the degree of nuclear atypia. The objective of this study was to show the importance of grading nuclear atypia (low vs high-grade) and find out the risk of developing endometrial carcinoma following a diagnosis of AEH. In addition, we investigated the potential role of genes known to be involved in endometrial carcinogenesis such as ARID1A, PIK3CA, PTEN, KRS, CTNNB1 and mismatch repair genes.

Methods We reviewed 91 biopsies of AEH from 91 patients who subsequently underwent hysterectomy within 1 year interval. The association between the grade of nuclear atypia at biopsy and findings at hysterectomy was assessed via a Fisher’s exact test. Targeted sequencing was performed in 30 cases.

Results The grade of nuclear atypia at biopsy was highly predictive of the findings at hysterectomy (P=5.0x10–25), with none of the low-grade AEH having a diagnosis of high-grade AEH/carcinoma at hysterectomy, whereas 9 (29%) of the high-grade AEH had high-grade AEH and 22 (71%) FIGO grade-1 carcinoma. None of the genes tested showed a mutational load significantly associated with the degree of nuclear atypia.

Conclusions In AEH it is crucial to assess the degree (low or high) of nuclear atypia. Our data strongly support that low-grade AEH is inconsequential, questioning the need of hysterectomy for such patients.

IGCS19-0268

ATYPICAL ENDOMETRIAL HYPERPLASIA, LOW-GRADE: ‘MUCH ADO ABOUT NOTHING’

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10.1136/ijgc-2019-IGCS.257

Objectives Mozambique has a high prevalence of gynecologic cancers and has no trained gynecologic oncologist or specialized training program. There are challenges associated with creating a training program.

Methods The International Gynecologic Cancer Society (IGCS) Gynecologic Oncology Global Curriculum & Mentorship Program, a two-year program to train gynecologists in gynecologic oncology in countries without training programs,
Abstracts

includes self-study, assessments and surgical training with international mentors. The program uses the Project ECHO (Extension for Community HealthCare Outcomes) telementoring model for monthly tumor boards. Fellows present cases, discuss management with international mentors from Brazil and the US, and receive didactic lectures. Fellows record cases in REDCap, a web database, and travel to Brazil for additional study.

Results Prior to this program there were limited options for surgical treatment of women with gynecologic tumors in Mozambique. Developing support and resources for a new training program requires fellows and mentors to clearly explain the program to hospital and Ministry of Health leadership. The fellows in Mozambique developed strategies to work and learn together, particularly in the operating room. A senior gynecology faculty member is the local mentor. The program, initiated in 2017, has matured as administratively and resource challenges have been successfully met.

Conclusions This program offers a unique opportunity to build a specialty training program with support from an international society and experienced clinicians and lays the foundation to develop a training program. Knowledge, surgical skills and patient care has improved. Patients with gynecologic cancers can now receive care locally, including surgery.

IGCS19-0586

259 A CASE OF LYMPHOEPITHELIOMA-LIKE CARCINOMA IN THE UTERINE CERVIX

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Objectives To find a relationship between human papilloma virus (HPV 16)/Epstein-Barr virus (EBV) and cervical lymphoepithelioma-like carcinoma (LELC) in a uterine cervix case.

Methods In this a rare case report, we present a 56 years of Norwegian woman with (FIGO 2009) stage IB1 LELC in the uterine cervix. We described the clinical and histopathologic findings in detail and in addition to that we also analysed the Epstein- Barr virus (EBV) and Human papilloma virus (HPV) by using the relevant proper techniques in order to identify the real underlying pathogenesis. LELC case was first reported almost 50 years ago in the world literature and this is one of the very few case reported in scandinavia. 2 years after Piver type III open radical hysterectomy she has been living well without any complaints and recurrence. Her rutine control has increased to 6 months interval.

Results Epstein-Barr virus analysed by in situ hybridization (ISH) which was negative in this case. On the other hand HPV 16 test was positive. Patient

Conclusions This rare case report supports a possible different pathway of pathogenesis of cervical LELC in a Norwegian woman. The exact role of EBV and HPV in the development of LELC tumour is remains to be defined.

IGCS19-0492

260 CASE REPORT OF NEUROENDOCRINE TUMOR ARISING FROM OVARIAN TERATOMA

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Objectives The objective of this study is to report a case of a neuroendocrine tumor arising from a teratoma that was diagnosed with the result of the exeresis of the nodule in the epiploic appendix due to being a case of non-specific and rare presentation.

Methods The methodology used was the study of hospital records and the review of medical literature

Results The mature ovarian cystic teratoma constitutes neoplasm derived from germ cells and presents well differentiated tissues from the three embryonic leaflets. On the other hand, neuroendocrine tumors can develop in several organs. There are few cases in the literature that report the onset of it from a mature teratoma.

The case is of a 57-year-old female patient complaining of progressive growth abdominal mass, who presented abdominal ultrasound and magnetic resonance imaging findings suggestive of adnexal neoplastic lesion. The patient underwent a exploratory laparotomy, and the right pelvic tumor with extraperitoneal extension and epiploic appendage nodule were evidenced and performed. Microscopy and immunohistochemistry confirmed that neuroendocrine tumor was arising from mature teratoma.

Conclusions This work illustrates the importance of the exercise and anatomo-pathological study of different intraoperative lesions, reporting a case of well differentiated neuroendocrine tumor diagnosed as a result of anatomo-pathological and immunohistochemical study, since the clinical and appearance of macroscopic lesions are nonspecific.

Imaging – Staging

IGCS19-0249

261 STAGING OF HIGH-RISK ENDOMETRIAL CANCER WITH PET/CT AND SENTINEL LYMPH NODE MAPPING ALGORITHM

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Objectives We evaluated the role of PET/CT and sentinel lymph node (SLN) biopsy in women with early stage high-risk endometrial cancer (G2 and deep myometrial invasion, G3, serous, clear cell carcinoma or carcinosarcoma).

Methods Between November 2006 to June 2018, 116 women underwent PET/CT scan followed by surgery were included. Fifty-one percent (60/116) patients underwent full