

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 administrative 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

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### 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 complains and recurrence. Her routine 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

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### 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 an 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 anatomopathological study of different intraoperative lesions, reporting a case of well differentiated neuroendocrine tumor diagnosed as a result of anatomopathological and immunohistochemical study, since the clinical and appearance of macroscopic lesions are nonspecific.

## Imaging – Staging

### IGCS19-0249

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### 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. Fitty-one percent (60/116) patients underwent full

lymphadenectomy (Group A). Forty-eight percent of patients (56/116) underwent SLN mapping with ultrastaging (Group B). Histological findings were used as the reference standard.

**Results** Patients with positive node were 11 (18.3%) and 14 (25%) in group A and B, respectively. In group A, 10 were correctly identified by PET/CT, with only 1 FN case. Sensitivity, specificity, accuracy, positive-predictive value-PPV and negative predictive value-NPV of PET/CT for pelvic LN metastases resulted 90.1%, 98%, 96.7%, 90.1%, 98%, respectively. In group B, 4 were correctly identified by PET/CT, while 10 cases resulted falsely negative. Sensitivity, specificity, accuracy, PPV, and NPV of PET/CT for pelvic LN metastases were 28.5%, 97.7%, 80.4%, 80%, 80.3%, respectively. In 5 of 10 FN PET, micrometastases, and/or ITC were detected by SLN ultrastaging. Overall, sensitivity, specificity, accuracy, PPV, and NPV of PET/CT resulted 56%, 97.8%, 88.7%, 87.5%, 89%, respectively.

**Conclusions** PET/CT demonstrated high specificity in detecting pelvic LN metastases and its high PPV can be useful to refer patients to appropriate debulking surgery. Ultrastaging of SLN increased the identification of metastases (18.3%-25%) not detectable by PET/CT because of its spatial resolution, increasing false-negative PET/CT findings. The combination of both modalities seems promising for nodal staging purpose.

## IGCS19-0389

### 262 OBESITY-RELATED NEUTROPHILIA IN ENDOMETRIAL CANCER

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**Objectives** Obesity and metabolic syndrome are significant risk factors for endometrial cancer (EC). This case-control study aimed to assess the relationship between visceral fat and systemic inflammatory markers in EC and cervical cancer (CC).

**Methods** ImageJ software was used to measure the visceral fat percentage (VFP) on a L3/4 CT slice, for 22 EC, 20 CC. Pre-treatment full blood counts were used to assess inflammatory ratios.

**Results** Mean BMI (32.56 vs 25.87 kg/m<sup>2</sup>, p=0.03) and VFP (33.4 vs 24.0%, p=0.0018) was higher in EC compared to CC patients. BMI did not correlate with VFP. Mean pre-operative leukocytes (8.5 vs 7, p=0.044) and neutrophils (5.85 vs 4.32, p=0.019) were higher in EC patients. There was no difference in the lymphocyte-neutrophil-ratio or lymphocyte-monocyte-ratio, however the neutrophil-monocyte-ratio (NMR) was higher in the EC group (11.27 vs 8.28, p=0.018). This was due to the significant neutrophilia in the EC group (68.9% vs 60.5%, p=0.037) as there was no difference in monocytes in either group. No inflammatory ratio correlated with VFP.

**Conclusions** VFP and BMI do not correlate, and no white cell ratio correlated with either value in this study. Obesity related neutrophilia may be an important target in EC that warrants further investigation

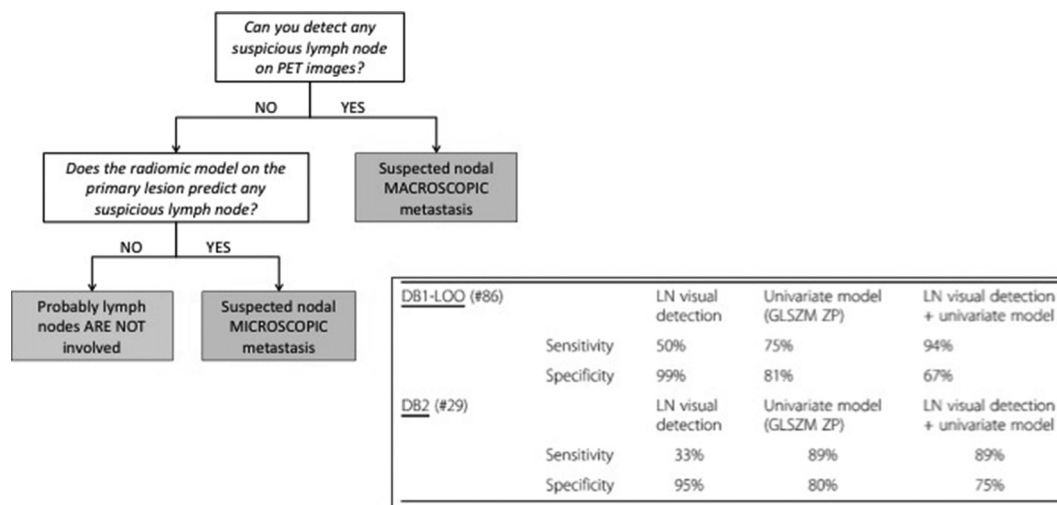
## IGCS19-0521

### 263 RADIOMICS OF THE PRIMARY TUMOUR AS A TOOL TO IMPROVE 18F-FDG-PET SENSITIVITY IN DETECTING NODAL METASTASES IN WOMEN WITH APPARENT EARLY ENDOMETRIAL CANCER

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**Objectives** In this study we investigated the role of radiomic applied in women with endometrial cancer underwent 18F-FDG PET scan, to evaluate if imaging features computed on the primary tumor could improve sensitivity in detection of lymph node (LN) metastases.



Abstract 263 Figure 1