Conclusions The obtained results indicate high efficiency of the artificial neural networks, in supporting diagnosticians. The use of U-NET/ANN is a promising for increasing the effectiveness of cervical screening. The low cost of neural networks usage increases the potential areas of application of the presented method.

IGCS19-0152

266 ARE CURRENT GUIDELINES FOR CERVICAL SAMPLING IN HYSTERECTOMY SPECIMENS FOR ENDOMETRIAL CANCER ADEQUATE?

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Objectives To identify if sampling a single block from the centre of the cervix, including the anterior and posterior lips, is sufficient to detect cervical stromal invasion in hysterectomy specimens for endometrial cancers. We have expanded our study and have analysed according to grade and histological type.

Methods Our centre sequentially processes the entire endocervical canal in cases of endometrial cancer. We reviewed each block of cervical tissue in 79 cases in which there was known cervical stromal invasion; this was to ascertain if sampling only from the centre of the canal was adequate for detection.

Results Cervical stromal invasion is detected in only 73.5% (58/79) of cases when sampling only from the centre of the endocervical canal.

Conclusions Sampling only the centre of the endocervical canal fails to detect 26.5% of cases of cervical stromal invasion by endometrial cancer. We advise processing the entire endocervical canal to ensure correct staging.

IGCS19-0124

267 RETROSPECTIVE STUDY EVALUATING THE ROLE OF TRANSVAGINAL ULTRASOUND GUIDED BIOPSY IN GYNECOLOGICAL CANCER PATIENTS

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Objectives To evaluate the adequacy, safety and diagnostic accuracy of transvaginal ultrasound-guided biopsy.

Methods This is a retrospective study including patients with suspicious pelvic advanced tumors, primary (excluding cervical and vaginal cancer) or recurrent disease, or uncertain lesions who underwent transvaginal ultrasound guided biopsy at the Division of Gynaecologic Oncology, between April 2015 to May 2018. Transvaginal biopsies were performed with a 18-G/25 cm core-cut biopsy needle and finally histology was obtained.

Results A total of 63 women were analyzed. An adequate sample for histological analysis was obtained in all (100%) cases. Three patients (4.7%) complained for pain during the procedure, which was controlled by oral analgesic therapy and lasted for 10 min. No early and late complications were registered. Histopathological examinations showed 24/63 (38%) benign lesions (e.g fibrosis, inflammation, uterine or ovarian myoma) and 39/63 (62%) malignant tumors, distributed as follows: 35/39 (89.8%) malignant gynecological lesions, and 4/39 (10.2%) non gynecological malignant tumors. Among the malignant lesions, there were 15/39 (38.4%) primary tumors and 24/39 (61.6%) recurrent tumors. Thirteen patients underwent surgical treatment. Final histology was not in agreement with the results from tru-cut biopsy in 3 of 13 patients (23%); in particular benign disease at tru-cut biopsy resulted positive for malignancy at final histology (2 cases of recurrent cervical cancer and 1 case of recurrent vaginal cancer).

Conclusions Transvaginal ultrasound-guided tru-cut biopsy is an efficient, minimally invasive, accurate and safe diagnostic method for the management of pelvic tumors or uncertain lesions, where unnecessary surgery can be avoided in 80% of the cases.

Ovarian Cancer

IGCS19-0127

268 ATTITUDES TO STIC LESIONS AND OPPORTUNISTIC SALPINGECTOMY: IS THERE A ROLE IN THE GENERAL POPULATION?

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Objectives The fallopian tube is well recognised as the site of origin of high-grade serous carcinoma (HGSC) and their precursor serous tubal intraepithelial carcinoma (STIC). Bilateral salpingo-oopherectomy is recommended as risk reduction surgery in the high risk population, however the protection offered by opportunistic salpingectomy in the general population remains undetermined. We assessed attitudes among consultant obstetrician/gynaecologists to STIC and performing opportunistic salpingectomy in those without a defined genetic risk.

Methods An anonymous online survey was sent to consultant obstetrician/gynaecologists in Northern Ireland. The questions aimed to determine their understanding of STIC, barriers to counselling patients and performing opportunistic salpingectomy in 3 specific scenarios: caesarean section sterilisation, vaginal hysterectomy and sterilisation requests.

Results 62.3% consider their knowledge either average or poor. 55.1% feel 'somewhat confident' in counselling patients, with main barriers being lack of knowledge, lack of clear evidence and thus no accurate risk/benefit ratio. 68%, 67% and 77% would consider carrying out opportunistic salpingectomy