This study was designed to describe the clinicopathological characteristics of cervical squamous cell carcinoma (SCC) intra epithelial spreading to the upper genital tract.

A total of fifteen patients were enrolled, including eleven patients which were cervical SCC spreading to the endometrium, four patients whose squamous cell carcinoma intra epithelial spread along the uterine cavity to the adnexa. Clinical information and pathological data were collected. Human high risk HPV was detected by mRNA in situ hybridization.

The average age was 55.07 years old. Twelve of the fifteen patients were post menopause women. The intra epithelial spread pattern can be seen in thirteen patients. Five of the fourteen patients received a uterine apoxesis, the other pre operative condition including chemotherapy, papillary thyroid carcinoma, thyroid hypofunction, and immune deficiency. HPV was positive in all the patients’ specimen, and the infection status of cervical lesions, endometrial lesions, and adnexal lesions were same. For the peculiar case twelve, the cervical CIS lesion intra epithelial spread along the mucosa of uterine cavity and fallopian tube, and invasive SCC can be identified in the uterine corpus, fallopian tubes and ovaries.

Intra epithelial spread pattern is an indolent spreading pathway of the cervical SCC, it can involve the upper uterine tract even when the cervical lesion in at a very early stage, such as CIS. The deepest invasion site may not be the primary site. The intra epithelial spread may have relationship with pre operative disposal. High risk HPV detection can help to confirm the cervical origination.

IGCS20_1279

**Abbreviation**

HGST: Histopathologic Ultrastaging

**Background**

Lymph node metastases are considered a major risk factor in endometrial carcinoma patient management and nodal assessment is an integral part of staging. While still under investigation sentinel node biopsy has been established in many centers. It has been shown that histopathologic ultrastaging leads to an increased detection of isolated tumor cells (ITC) and micrometastases (MIC). However, the clinical impact of ITC and MIC is not yet clearly defined. The aim of this study was to retrospectively perform histopathologic ultrastaging in a large series of endometrial carcinoma patients all of which have been treated at the Tuebingen University Women’s Hospital.

**Method**

Patients with sentinel node biopsy during endometrial carcinoma surgery were identified. All cases with negative sentinel nodes, were submitted to retrospective histopathologic ultrastaging (5 × 100μm intervals followed by 500μm sections.

**Results**

The average age was 55.07 years old. Twelve of the fifteen patients were post menopause women. The intra epithelial spread pattern can be seen in thirteen patients. Five of the fourteen patients received a uterine apoxesis, the other pre operative condition including chemotherapy, papillary thyroid carcinoma, thyroid hypofunction, and immune deficiency. HPV was positive in all the patients’ specimen, and the infection status of cervical lesions, endometrial lesions, and adnexal lesions were same. For the peculiar case twelve, the cervical CIS lesion intra epithelial spread along the mucosa of uterine cavity and fallopian tube, and invasive SCC can be identified in the uterine corpus, fallopian tubes and ovaries.

Intra epithelial spread pattern is an indolent spreading pathway of the cervical SCC, it can involve the upper uterine tract even when the cervical lesion in at a very early stage, such as CIS. The deepest invasion site may not be the primary site. The intra epithelial spread may have relationship with pre operative disposal. High risk HPV detection can help to confirm the cervical origination.
and immunohistochemical pancytokeratine staining of the entire lymphnode).

Results A total of n=159 cases was available, of which in 5/159 (3.0%) case positive nodes were detected during initial routine pathology workup (pT1a,G3: n=1; pT1b,G1: n=1; pT1b,G3: n=2; pT2,G2: n=1). After retrospective ultrastaging additional micrometastases were identified in n=3 cases (pT1a,G1; pT1a,G2; pT1a,G3), isolated tumor cells in n=2 cases (pT1a,G3; pT1b,G3), a macrometastasis was revealed in one case (pT1b,G3). Overall 11/159 cases (6.7%) were finally reported positive.

Conclusion In our cohort histopathologic ultrastaging of endometriat carcinoma sentinel nodules led to a substantially increased detection rate of nodes with isolated tumor cells, micro- and macrometastases. We suggest that histopathologic ultrastaging should be mandatory in endometriat carcinoma sentinel lymph node workup.

IGCS20_1280

PAPILLARY CARCINOMA OF THE BREAST : REPORT OF 30 CASES

1 Bouroua*, 1M Bouhani, 1S Sakhr, 1M Slimene, 2O Adoumi, 1M Hechiche, 1R Chargui, 1K Rahal, 1Department of Oncologic Surgery, Salah Azaiez Institute, Tunisia; 2Department of anatomopathology, Salah Azaiez Institute, Tunisia

Introduction Breast cancer is the most common type of cancer in women. Invasive ductal carcinoma remains the most frequent histological type but invasive papillary carcinoma (IPC) is an uncommon histopathological variant. It accounts for approximately 3 to 6% of all invasive breast cancers. Morphologically, It is characterised by pseudopapillary. IPC is associated with a high incidence of axillary lymphnode metastasis and lymphovascular invasion. Local recurrence is more frequent.

Patients and Methods The data of 70 patients were reviewed retrospectively. Thirty of them were included in our study between 2004 and 2019.

Results All patients were women and the mean age was 62 years old. Right breast was the most site involved and tumor was located mostly in the outer upper quadrant. Clinical presentation was predominately a breast lump and lymphovascular invasion. Local recurrence was noted in 76% of cases of which 59% reported positive.

Conclusion Invasive micropapillary carcinoma has a poor clinical behaviour but in our study it has a good prognosis with a high rate of survival and less rate of recurrence.

IGCS20_1282

CERVICAL CANCER AND HUMAN PAPILLOMAVIRUS AWARENESS, VACCINE STATUS AND RISK FACTORS AMONG WOMEN IN SAUDI ARABIA

1K Akkour*, 2M ARAFAH, 1H Alhsosun, 1H Alhalal, 1A Bassi, 1N Alayed, 1S Igbal. 1Department of Obstetrics and Gynecology, College of Medicine, King Saud University, Saudi Arabia; 2Department of Obstetrics and Gynecology, College of Pathology, King Saud University, Saudi Arabia; 3Faculty of Medicine, Alfalibri College of Medicine, Saudi Arabia

Introduction The incidence of cervical cancer is in decline due to the early detection, diagnosis and management. HPV is one of the most commonly identified cause in cervical cancer. Cancer is a major public health issue resulting in huge economic burden. We aimed to assess the awareness, vaccine status, and risk factors of cervical cancer among women in Saudi Arabia.

Methods We used online questioner (https://www.surveymonkey.com/r/AW5MDJX) in Arabic language. The data was recorded from a prospective maintained computerized database. The study was approved by IRB of the institution.

Results A total of 1007 women participated in our study. The HPV awareness was 96.3% among the women. The virus had been vaccinated in 73% of the participants. The main risk factors were smoking (76%), intercourse (65%), and early marriage (63%).

Conclusion The awareness, vaccination status, and risk factors of cervical cancer are important factors in the prevention and management of cervical cancer. The awareness of the population towards cervical cancer and HPV is high. However, there is a need for further education and awareness campaigns to improve the vaccination status and reduce the risk factors of cervical cancer.