

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 endometrial carcinoma sentinel nodes 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 endometrial carcinoma sentinel lymph node workup.

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268 PAPILLARY CARCINOMA OF THE BREAST : REPORT OF 30 CASES

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Introduction Breast cancer is the most common type of cancers 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 predominantly a breast lump and axillary lymphnode was detected in 76% of cases of which 20% were metastatic. Tumoral stage was T2 N1M0 in 50%. Ultrasound examination revealed a cystic or solidocystic appearance in most cases. The mean histological tumor size was 26 mm. Immunohistochemical studies revealed the positivity of hormonal receptor in 73% and the negativity of HER in all cases. Age, Lymphovascular invasion and tumor necrosis were significantly associated to recurrence free and overall survival. Local recurrence was noted in 6%. Five-year Recurrence free survival and overall survival were respectively 87% and 88%.

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.

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269 CLINICAL PROFILES AND INTRAOPERATIVE CHARACTERISTICS AFTER CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY– AN EXPERIENCE FROM A TERTIARY CARE CENTRE IN INDIA

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Introduction Peritoneal surface malignancies were considered as terminal disease before the introduction of cytoreduction surgery (CRS) and Hyperthermic Intraperitoneal Chemotherapy (HIPEC).

Methods Ninety-seven patients underwent CRS and HIPEC from 2017 – 2019 and data was recorded from a prospective maintained computerized database. Clinical profile, Peritoneal Cancer Index (PCI), Completeness of Cytoreduction (CC), CRS Operative time and HIPEC time were reviewed.

Results Demographic characteristics-

The median age was 57 years (range; 25–65 years). Females comprised 70% of the population. The median body mass index was 27.21 (Range; 25–39).

Disease distribution-

Ovarian cancer comprised of 58.76%, Colorectal constituted 32% and appendiceal cancer accounted for 9.2%. High-grade histology was found in 76 patients.

PCI & CC Score characteristics-

Median Peritoneal Cancer Index (PCI) was 14 (range; 8–25). Completeness of Cytoreduction (CC) of 0 and 1 was achieved in all patients, with CC -0 in 87 patients (90%) and CC-1 in 10 patients (10%). The mean operating time for CRS was 581 minutes (range; 172–874) and for HIPEC was 59.58 minutes (range; 45 – 60).

The extent of resection-

Right hemicolectomy along with anterior peritonectomy was done in 14 patients. Low Anterior Resection with pelvic peritonectomy was done in 10 patients. Total omentectomy, cholecystectomy and segmental ureteric resection were performed in 57, 10 and 3 patients respectively.

Conclusions Complete CRS and HIPEC are safely done with expert hands in selected patients. The intraoperative extent of disease and complete CRS along with the duration of surgery and chemotherapeutic drug dosage are important determinants of peri-perioperative outcomes.

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

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