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.

**IGCS20_1280**

**268** **PAPILLARY CARCINOMA OF THE BREAST : REPORT OF 30 CASES**

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10.1136/ijgc-2020-IGCS.230

**Introduction** Breast cancer is the most common type of cancer in women. Invasive ductal invasive 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 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 appearence 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.

**IGCS20_1282**

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

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10.1136/ijgc-2020-IGCS.232