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 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.

IGCS20_1281

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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10.1136/ijgc-2020-IGCS.231

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-operative outcomes.

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

Introduction Cervical cancer (CC) is the 8th most common cancer among Saudi women of all ages. With limited national data, we aimed to evaluate the public awareness in regards to CC risk factors, HPV infection and HPV vaccines in the different regions of Saudi Arabia.

Methods This is a survey-based cross-sectional study that encompassed 564 Saudi women during a period of a month. A self-administrated questionnaire was distributed through different social media platforms. Data collected included socio-demographic variables and questions assessing the awareness of CC and the attitudes in regards to CC screening and HPV vaccine.

Result Most respondents were aware of CC (474, 84.0%) though their primary source of information was the internet. However, only 45 females (8%) gave a history of cervical screening. Furthermore, most females did not know that HPV is transmitted sexually (78.9%) or that it causes genital warts (81.7%) and CC (81.9%). In regards to the HPV vaccine, 100 females (17.7%) have heard about it but only 11 (2%) took the vaccine though more than half of the respondents (305, 54.1%) were willing to take the vaccine after being informed about it.

Conclusion There is a remarkably lack of awareness within the Saudi women regarding the HPV clinical implications, HPV vaccine, its importance and its availability. The main resource of information for most Saudi women is the internet which may be unreliable or providing misleading information that may delay screening or discourage vaccination. Thus, organized campaigns by the Ministry of Health or other health advocating agencies are strongly encouraged.

IGCS20_1283

271 COMPARISON OF GENOMIC INSTABILITY TEST SCORES USED FOR PREDICTING PARP ACTIVITY IN OVARIAN CANCER

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10.1136/ijgc-2020-IGCS.233

Introduction Genomic instability (GI) scores and gene panels that assess deficiencies in the homologous recombination (HR) DNA repair pathway to support PARP inhibitor use in ovarian cancer may not be equivalent. We compared the proportion of patients identified as candidates for PARP inhibitor use by three measures of HR deficiency: a 3-biomarker HR deficiency (HRD) score, percent loss of heterozygosity (%LOH), and an 11-gene panel.

Methods Whole-genome SNP analysis was used to reconstruct ovarian tumor genomic profiles for two cohorts (clinical laboratory cohort, N = 3,689; SCOTROC4 trial, N = 176). Mutation screening was performed for 11 HR pathway genes (ATM, BARD1, BRCA1, BRCA2, BRIP1, CHEK2, MRE11A, NBN, PALB2, RAD51C, RAD51D) for a subset of tumors from SCOTROC4 (N = 153). Samples were considered positive if they had HRD score > threshold (thresholds at 33 and 42 evaluated), %LOH > 16%, or a pathogenic variant in one of the 11 HR genes. Correlation between results from %LOH and the 11-gene panel were compared to HRD score.

Results Among patients with positive HRD scores, up to 51% were negative by %LOH and up to 63% were negative by the

11-gene panel. Only 3% of patients identified as positive by %LOH and 7% positive by the 11-gene panel were negative by HRD score.

Conclusions/Implications These data show that HR deficiency tests used in clinical trials are not equivalent and should not be considered interchangeable in predicting PARP inhibitor response in clinical practice.

IGCS20_1284

272 CERVICAL AND ENDOMETRIAL CARCINOMA IN THE GREEN LYMPH NODE ERA. PATHOLOGICAL FINDINGS AND MANAGEMENT. FIRST EXPERIENCE IN ARGENTINA WITH ICG

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10.1136/ijgc-2020-IGCS.234

Introduction Sentinel lymph node (SLN) mapping is becoming the new standard of care in cervical and endometrial carcinoma (CC) (EC), changing the prognosis of patients with unsuspected LN involvement, and avoiding systematic lymphadenectomies in high risk EC. We can also identified low volume metastases (LVM), but we still lack of data about the appropriate adjuvant treatment.

Methods Analysis on a group of patients from our two prospective trials of SNL in EC and CC. we included patients in whom we used indocyanine green (ICG). We analysed the final pathology and the adjuvant treatment, with special interest in those with LVM. We analysed the subgroup of patients with aortic lymphadenectomy.

Results 59 patients. 41 EC and 18 CC. we used 1,25 mg of cervical ICG. global detection rate: 98,3%. Bilateral detection rate: 91,5%. Pelvic lymphadenectomy in 18 EC and in all CC. aortic in 6 patients. 10 had nodal metastases: All with bilateral SNL. The sensitivity was 100%, no false negative rate. There were no aortic positive nodes without pelvic compromised. In 22 of EC we only performed SLN mapping. 2 of them, initially low risk, had nodal disease. we had 4 LVM, 2 in the low risk EC. They all received radiotherapy.

Conclusion The presence of LVM conditioned the indication of adjuvant. We consider than SLN and selective lymphadenectomy if SLN aren't found, is a valid option in cases of high risk EC. Because of these results and our experience, we are no longer performing extensive lymphadenectomies.

Abstract 272 Figure 1