Results We collected 364 cases of cervical cancer, account for 58.33% of the cervical samples received in our laboratory. It represents 24.57% of cancers diagnosed in our laboratory during our study and 69% of gynecological cancers. The average age of the patients was 52.45 years with extremes of 26 and 83 years. The peak frequency was in the age group [40 – 49 years]. The presence of cervical mass was the clinical information communicated in n = 194 (53.29%) of the cases. Cancer was diagnosed in n = 326 (89.56%) on biopsy specimens and in n = 38 (10.43%) on surgical specimens. The histological types was squamous cell carcinoma in n = 325 (89.28%), adenocarcinoma in n = 37 (10.16%), and adenosquamous carcinoma in n = 2 (0.54%).

Conclusion Cervical cancer is the most frequently diagnosed gynecological cancer in our laboratory. It mainly concerns the [40 – 49 years old] age group. Squamous cell carcinoma is the predominant histological type.

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315 LAPAROSCOPIC SENTINEL NODE BIOPSY IN EARLY ENDOMETRIAL CANCER USING INDOCYANINE GREEN: A REPORT OF THE FIRST TWO CASES IN THE PHILIPPINES

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Standard surgical staging for endometrial cancer is extrafascial hysterectomy, bilateral salpingo-oophorectomy with retroperitoneal lymph node dissection. Sentinel lymph node (SLN) biopsy allows the surgeon to selectively remove and analyze the most relevant nodes, thereby minimizing complications.

Herein we report the first two cases of laparoscopic SLN biopsy using near-infrared fluorescence (NIR) with indocyanine green (ICG) for endometrial cancer in the Philippines. Both cases were diagnosed with endometrial cancer, endometrioid type, confined to the corpus. Identified sentinel nodes were negative for metastasis on ultrastaging. Final histopathology of harvested nodes was negative. Peritumoral lymphovascular space invasion was identified only in the first case. Isolated lymphovascular space invasion appears to be a poor prognostic factor, even in the absence of lymph node metastasis and myometrial invasion.

Sentinel lymph node biopsy using ICG in laparoscopic staging for endometrial cancer is an easily performed and

Abstract 315 Figure 1

reproducible procedure in experienced hands. Standardization of histopathologic analysis of sentinel nodes should be implemented before adapting this method as standard of care in endometrial cancer.

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316 HIGH GRADE TRANSFORMATION OF LOW-GRADE ENDOMETRIAL STROMAL SARCOMA; A MORPHOLOGICAL, IMMUNOHISTOCHEMICAL AND MOLECULAR CASE STUDY

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Objective Endometrial stromal tumours are rare uterine mesenchymal neoplasms whose classification has changed over the years. The 2014 WHO classification divides endometrial stromal sarcomas into low grade endometrial stromal sarcoma (LGESS) and high grade endometrial stromal sarcoma (HGESS), each demonstrating characteristic morphological, immunohistochemical and molecular events. Our knowledge of HGESS has significantly evolved since WHO 2014 classification with identification of distinct genetic alterations namely ZC3H7B-BCOR and YWHAE-NUTM2 gene fusions, associated with high grade histological features. We describe a case of endometrial stromal sarcoma showing high grade histological features but lacking either BCOR or YWHAE gene rearrangements and instead harbouring JAZF1 mutation typically associated with low grade endometrial stromal sarcomas.

Method and Results A 60 old female presented with postmenopausal bleeding. Imaging revealed a mass in the uterus suggestive of a uterine fibroid for which she underwent hysterectomy with bilateral salpingo-oophorectomy. Histological examination of the uterine mass revealed a uterine mesenchymal tumour diagnosed on histology as HGESS. However molecular studies revealed JAZF 1 mutation typically seen in LGESS. We describe detailed morphological, immunohistochemical and genetic alterations of this recently recognised entity.

Conclusion High grade transformation of low grade endometrial stromal sarcomas is exceedingly rare. High grade transformation in our case was identified at the time of initial diagnosis but can occur years after initial diagnosis. Awareness of this entity and recognition of high-grade features is important as despite JAZF1 abnormality, it shows high grade features which may indicate more aggressive behaviour

IGCS20_1338

317 DIAGNOSTIC CRITERIA OF SENTINEL LYMPH NODE MICROMETASTASIS OR MACROMETASTASIS BASED ON TISSUE RINSE LIQUID-BASED CYTOLOGY IN GYNECOLOGICAL CANCER

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