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

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Objective To determine the diagnostic accuracy of sentinel lymph node micrometastasis or macrometastasis in gynecologic malignancies using tissue rinse liquid-based cytology (LR-CT). We aimed to establish the diagnostic criteria of micrometastasis or macrometastasis.

Method and Results We reviewed 382 sentinel lymph nodes (SLNs) specimens by LR-CT with immunocytochemistry (ICC) from patients who underwent staging surgery for gynecologic tumors at our institution from January 2018 to March 2020. We investigated the diagnostic criteria for micrometastasis or macrometastasis using ICC on tissue rinses obtained from LR-CT. We also evaluated the diagnostic criteria based on ICC on tissue sections of LR-CT and compared them with histological analyses. We determined the diagnostic criteria for micrometastasis as the presence of single cells with positive expression of cytokeratin and negative expression of CD31, CD34, and factor VIII, and the diagnostic criteria for macrometastasis as the presence of clusters of positive cells larger than 2 cm in diameter.

Conclusion The diagnostic criteria for micrometastasis and macrometastasis based on LR-CT using ICC were established and validated in our study. These criteria can be used to identify sentinel lymph node micrometastasis or macrometastasis in gynecologic malignancies, which may help in the preoperative diagnosis of metastasis and in surgical planning.