

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

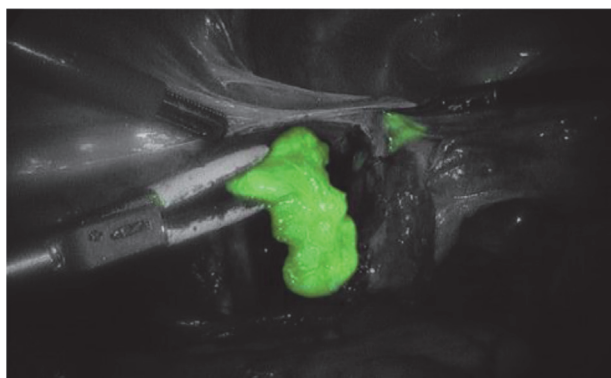
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Standard surgical staging for endometrial cancer is extrafascial hysterectomy, bilateral salpingo-oophorectomy with retroperitoneal lymph node dissection. Sentinel lymph node (SLN) biopsy allows the surgeon to selectively remove and analyze the most 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 JAZF1 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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Objective This study aimed to establish intraoperative diagnostic criteria of sentinel lymph node (SLN) micro-/macrometastasis on the basis of tissue rinse liquid-based cytology (TRLBC) in gynecological cancer.

Methods We enrolled 214 patients with gynecological cancer who underwent rapid diagnosis of SLN metastasis on the basis of TRLBC from a total of 490 SLNs. For slides that were classified as positive for atypical cells on cytological inspection, we counted the number of clusters (an atypical cell mass consisted of three or more cells) and the number of single cells (an atypical cell other than clusters). Receiver operating characteristic (ROC) analysis was applied to determine the efficiency of predicting SLN micro-/macrometastasis.

Results On cytological inspection, 36 slides were classified as positive for atypical cells, while 21 slides (4.3%) were true positive, 15 (3.1%) were false positive, and 454 (92.6%) were true negative. There were no false negative results in this study. The area under the ROC curve for the number of cluster was superior to that for the number of single cells for distinguishing micro-/macrometastasis from negative/isolated tumor cells (0.86 vs. 0.67, $P = 0.032$). The optimum cut-off value of the number of clusters was 5 for distinguishing these two categories.

Conclusions TRLBC is a highly sensitive alternative for detecting SLN metastasis as a rapid intraoperative diagnosis. Counting the number of atypical cell clusters might be useful for distinguishing micro-/macrometastasis from isolated tumor cells.

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IMPACT OF THE SARS-COV2 PANDEMIC ON THE CLINICAL AND RESEARCH MANAGEMENT OF PATIENTS WITH GYNECOLOGICAL MALIGNANCIES: AN ONGOING SURVEY IN THE PAN-ARABIAN REGION

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The novel coronavirus disease (COVID-19) is a global public health emergency that has impacted medical professionals, infrastructures and the care of patients with gynecological malignancies.

The pandemic has also caused disruption to research and clinical trials worldwide. We conducted a Survey within the Pan-arabian Region to evaluate the impact of the COVID-19 Pandemic on the management of patients with gynecological malignancies from the multidisciplinary physicians' perspective, with particular focus on clinical infrastructures, trial participation and maintenance therapy. The survey is designed to capture the dynamic changes observed with the development of the pandemic in order to build robust emergency algorithms tailored to gynecological oncology patients globally in the future.

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HIGH TUMOR-STROMA RATIO IN ESTROGEN RECEPTOR-POSITIVE BREAST CANCER IS CORRELATED TO POOR HISTOPATHOLOGICAL PARAMETERS

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Introduction In breast cancer, attention has focused on the prognostic value of tumor-stroma ratio (TSR), mainly in the triple-negative subtype, which generally has a poor prognosis.

Little prognostic data are available for other carcinoma types.

Objective To determine the prognostic value of TSR in estrogen receptor (ER) positive invasive breast carcinomas.

Methods TSR was measured in hematoxylin and eosin-stained surgical specimens of 70 consecutive EP positive breast carcinomas. Tissue from the most invasive part of the tumor was used. A part of the sample was selected where both tumor and stromal tissue were available. Scoring percentages were given per 10-fold per image field.

Tumors with a low ratio had $\geq 50\%$ of stroma and a high ratio had $< 50\%$ of stroma.

The relationship of TSR to routinely used prognostic histopathological parameters (tumor size, grade, mitotic activity index, lymph-node status, vascular invasion, and HER2 status) was analyzed.

Results All tumors were of no special type. The mean age of patients was of 65 years. There was no multifocality. Sixty percent of tumors had a high ratio and 40% a low ratio.

High ratio tumors were significantly correlated with large size ($p=0.02$), grade 3 ($p=0.045$), presence of vascular invasion ($p=0.0034$) and lymph node metastasis ($p=0.0012$). No significant association was found with the mitotic activity index and HER2 status.

Conclusion High TSR was related to poor histopathological parameters in EP positive breast carcinomas, contrasting data in triple-negative breast cancer, and highlighting the importance of considering ER status when interpreting the prognostic value of TSR.

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LNCRNA NEAT1-MEDIATED MIR-361 DOWNREGULATION CONTRIBUTES TO EMT AND SPHERE FORMATION OF CERVICAL CANCER CELLS VIA INCREASING HSP90 EXPRESSION

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Epithelial-mesenchymal transition (EMT) is a key process contributing to cervical cancer (CC) metastasis, and micro-RNAs (miRNAs) modulate the expression of genes