

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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318

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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319

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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320

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

implicated in EMT. However, the accurate role of miR-361 in CC-associated EMT and the mechanisms underlying its function in CC remains largely unknown. The functional roles of miR-361 in CC cells were explored by a series of cell functional assays. Luciferase reporter assays were used to demonstrate the potential interaction between miR-361, HSP90 and long non-coding RNA (lncRNA) NEAT1. We detected a consistent reduction of miR-361 expression in CC tissues and CC cell lines, and miR-361 overexpression inhibited invasion and EMT phenotypes of CC cells by directly targeting a key EMT activator HSP90. Additionally, we detected significantly higher levels of HSP90 in CC tissues compared with normal tissues, and high expression of HSP90 predicted a poorer prognosis. We further identified NEAT1 as a significantly upregulated lncRNA in CC tissues and high expression of NEAT1 was associated with worse survival in CC patients. NEAT1 directly repressed miR-361 expression and played an oncogenic role in CC cell invasion and sphere formation. These results demonstrated that miR-361 directly targets HSP90 to inhibit the invasion and EMT features, and NEAT1 functions as an oncogenic lncRNA that suppresses miR-361 expression and induces EMT and sphere formation in CC cells, thus providing critical insights into the molecular pathways operating in this malignancy.

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321 COMPARISON OF TWO TYPES OF TRIPLE INCISION TECHNIQUE IN THE TREATMENT OF PATIENTS WITH LOCALLY ADVANCED VULVAR CANCER

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Objective We proposed a modified triple incision technique (MTIT) for vulvar cancer patients with locally advanced disease and reported it in 2002. MTIT has gone through a series of modification and a modified MTIT (M-MTIT) came into being. The purpose of this study was to introduce M-MTIT and compare it with MTIT.

Methods 57 vulvar cancer patients with clinical stage T2 (>4 cm) or T3 disease were included. Of them, 28 underwent MTIT and 29 underwent M-MTIT. Their data on surgery-related complications and survival outcomes were compared.

Results The patients treated with M-MTIT developed significantly less surgery-related morbidities than patients treated

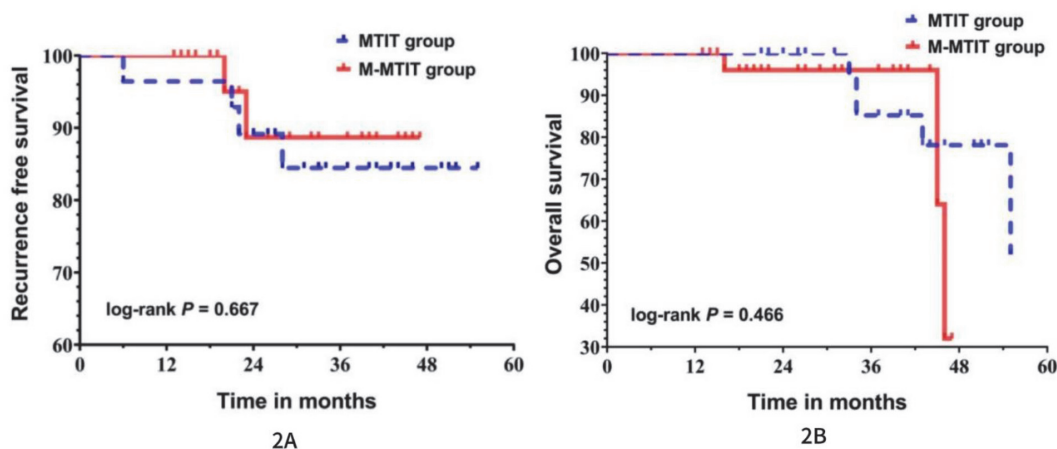


Appearance on the groin following M-MTIT



Appearance on the vulva and groin following M-MTIT

Abstract 321 Figure 1



Abstract 321 Figure 2