

towards the use of molecular classification in a clinical context; however, it remains undetermined, which would be the optimal approach.

Methods In this study, we characterized patients (n=60) whose disease had a different than anticipated clinical course determined by current risk stratification tools and histomorphologically corresponding control samples. The aim was to access the molecular classification using two different methods; by performing the FoundationOne CDx NGS panel and using the ProMisE classifier and performing immunohistochemical stainings for MMR proteins and p53. POLE mutation status was in both settings derived from FoundationOne results.

Results 64 patients were entered in this study, and in 60 cases, the molecular classification was successful. MSI status was available from 53 cases. Tumour molecular subtype was of prognostic significance and showed the expected correlations with grade and histotype. Molecular subtype diagnosis based on NGS and ProMisE was in complete agreement for 50 of 53 tumors. In 2 tumors, a TP53 mutation was detected on NGS, but immunostaining showed subclonal pattern, and 1 case was MSI based on NGS but MMR deficient by immunohistochemistry.

Conclusions Both NGS panel sequencing of formalin-fixed paraffin embedded endometrial carcinomas and molecular subtype diagnosis based primarily on immunostaining (ProMisE) yield identical results in 94.3% (kappa = 0.91) of cases.

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34

SCREENING FOR CERVICAL CANCER IN WOMEN UNDER THE AGE OF 25: A CROSS-SECTIONAL STUDY AT AN UNIVERSITY HOSPITAL IN MINAS GERAIS – BRAZIL

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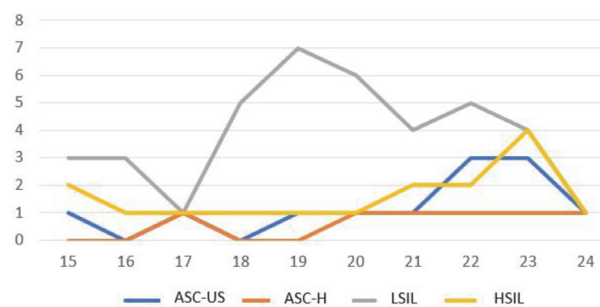
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The main risk factor for cervical cancer (CC) is persistent infection by oncogenic types of human-papillomavirus. This infection promotes cellular changes leading to the emergence of pre-neoplastic lesions that, if left untreated, can progress to invasive neoplasia. In Brazil, screening programs that aim to detect these CC precursor lesions through cervical cytology are recommended only for women between 25 and 64 years old, who have had at least one sexual intercourse. This study aims to evaluate the histological diagnoses and the frequency of patients under 25 years of age who were referred to colposcopy due to altered colpopcytologies; and the distribution of high-grade lesions according to age.

Method Cross-sectional study, with retrospective data collection from medical records of asymptomatic patients between 15 and 24 years old referred to the Hospital das Clínicas Samuel Libânio due to changes in the screening test (pap smear).

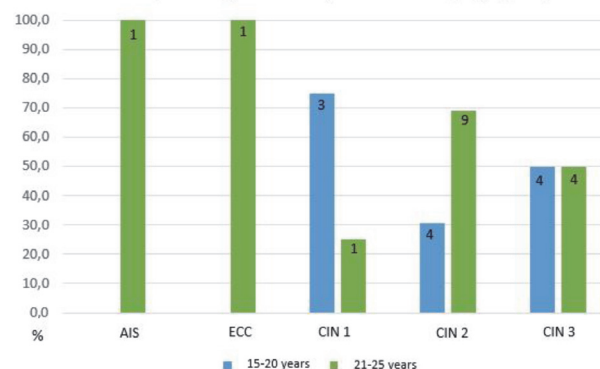
Result Among the 4,527 women aged 15 to 24 years, 304 (6.7%) had abnormal cytologies, 73 of whom (24%) were referred for colposcopy. Biopsy was performed in 63 patients. Approximately 65% of high-grade lesions (CIN 2+) were in the 21- to 24-year age range, including one case of 'in situ' carcinoma and one case of invasive squamous carcinoma.

Oncological colpopcytologies of patients by age



Abstract 34 Figure 1 Results of oncological colpopcytologies of patients by age

Anatomopathological results, distributed by age groups



Abstract 34 Figure 2 Anatomopathological results, distributed by age groups

Conclusion The highest rate of high-grade lesion was found in the 21–24 age group. This highlights the importance of reevaluating the indication for CC screening in younger women. Furthermore a better understanding of the risk factors involved in the evolution of these lesions in young patients is necessary.

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35

CLINICAL MANAGEMENT OF GYNECOLOGIC CANCER PATIENTS DURING COVID-19 PANDEMIA: THE EXPERIENCE OF DAY HOSPITAL TUMORI FEMMINILI OF FONDAZIONE POLICLINICO AGOSTINO GEMELLI, IRCCS

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Introduction During COVID-19 pandemia there was the need to reorganize cancer care. Italian and European association published recommendations to evaluate the risk/benefit ratio of delaying anticancer adjuvant/neoadjuvant/first line treatment, delaying all other treatments or maintenance therapy, reducing the risk for medical and paramedical staff. In this scenario, the aim of our work is to retrospective evaluate the activity of Day Hospital (DH) Tumori Femminili of Fondazione Policlinico Agostino Gemelli, IRCCS, for the medical management