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.
of gynecologic cancer patients between February and April 2020.

Methods Based on published recommendations, with local Health Direction guidelines we draft the Security Protocol to modulate the access of patients into the DH: to perform visits only of new patients or for clinical urgency and to convert on telemedicine the other contacts; to perform a phone/telematic pre-triage the day before the scheduled access and an ‘in site’ pre-triage with measurement of body temperature and administration of a survey for the self-certification of absence risk factors for COVID-19 infection; no caregivers were allowed into DH; surgical masks and gloves were obligatory for anyone.

Results We registered 3223 accesses/contacts into our DH for intravenous/oral chemotherapy and visits. The activity was similar to that recorded in 2019 in the same two-month period (3311 accesses). Despite the high patients flow we had only two cases of confirmed COVID-19 infection and no cases among healthcare staff.

Conclusions Based on the adopted Security Protocol we have guaranteed continuity of care to all our patients and limited the spread of the COVID-19 infection.

Abstract 36 Figure 1  Progression-free survival in the veliparib throughout arm and the control arm for KELIM subgroups in the PDS population

Abstract 36 Figure 2  Progression-free survival in the veliparib throughout arm and the control arm for KELIM subgroups in the IDS population

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