months vs 70; p=0.033), and stage 1 vs 2 and 3 (79 months vs 29 vs 28; p<0.001).

Conclusions Survival in elderly with endometrial carcinoma is much lower when compared to the general population especially with high grade or advanced stage disease. They are more likely to receive suboptimal treatment due to their health condition. Further clinical studies will give us the opportunity to develop treatment guidelines to improve outcomes.

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PROGNOSTIC VALUE OF P53 PROTEIN EXPRESSION IN BREAST CANCER

S Ben Slama, D Bacha, A Ben Amor*, A Halouani, A Lahmar. Mongi Slim Hospital, Pathology Department, University Tunis El Manar, Tunisia; Mongi Slim Hospital, Obstetrics and Gynecology Department, University Tunis El Manar, Tunisia

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Introduction Breast cancer is the first women’s cancer in terms of frequency and mortality.

New biomarkers have been tested in this cancer with prognostic and therapeutic implications.

Objective To assess the prognostic value of the expression of p53 in breast cancer

Methods Our study was retrospective. An immunohistochemical study of the p53 protein was tested on tissue samples of breast cancer.

We analyzed the correlation between this expression and other conventional prognostic factors: age, tumor size, lymph node invasion, modified SBR grade, profile expression of hormone receptors, and HER-2.

Results Thirty-five patients were enrolled in the study. The average age of our patients was 53.6 years. The average size of the nodules was 5.27 cm. Most tumors (80%) were invasive breast carcinoma of non-specific type, of histological grade II (52%). Almost half (49%) of our patients had lymph node metastases at the time of diagnosis. The immunohistochemical study revealed an expression of estrogen receptors in 37% of the cases, of progesterone receptors in 34% of the cases and of the HER-2 in 65% of the cases. As for the protein p53, it was expressed in 80% of the cases. We found no correlation between p53 expression and classical prognostic factors as well as survival.

Conclusion Although several studies have found a correlation between the expression of p53 and the classic prognostic factors of breast cancer, the status of p53 cannot be applied routinely such as tumor stage, lymph node status, and histological grade.

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A CASE ON AGGRESSIVE ANGIOMYXOMA OF THE Vagina

R Imperio-Onglao*, A Amin-Ong. Philippine general hospital, Philippines

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Aggressive Angiomyxoma (AAM) is a rare mesenchymal tumor found among women, with the propensity to infiltrate the soft tissues of the pelvic and perineal area. It is often misdiagnosed as a benign lesion due to its gross appearance and indolent nature. This poses a clinical dilemma for most gynecologist because of the high rate of recurrence due to inadequate excision of the infiltrative tumor. Vis-a-vis, histopathologically, the morphology of angiomyxoma may resemble benign lesions such as fibroepithelial polyps. The misdiagnosis of an otherwise benign lesion impacts the management and prognostication of patients. This could produce unnecessary anxiety and stress on the patient. The importance of histopathological diagnosis is underscored especially in the setting of indigent patients with limited funds. A clear protocol for the management of AAM is difficult to ascertain because of its rarity, there are but a few case reports documenting the disease and not enough to conduct clinical trials. This report presents a case of angiomyxoma diagnosed post operatively and its management at in a resource limited setting. Pre-operative diagnosis is difficult due to rarity and absence of diagnostic features, but it should be considered in every mass in genital, perianal and pelvic region in a woman in the reproductive age.