Two months after delivery, TCR provided normal histopathological specimen.

A 38-year-old patient presented with infertility and abnormal uterine bleeding (AUB). After TCR of APA, patient started assisted reproductive treatment with frequent ultrasound monitoring.

For patients aged 48 and 52 year, who presented with intrauterine mass (largest diameter of 18 mm) and AUB, hysterectomy was recommended after confirmation of APA by TCR.

Clinical symptoms of APA included infertility and AUB. Transvaginal ultrasonography confirmed intracavitary lesions in all patients, with largest diameter of 18 mm and glandular polyp as associated pathology.
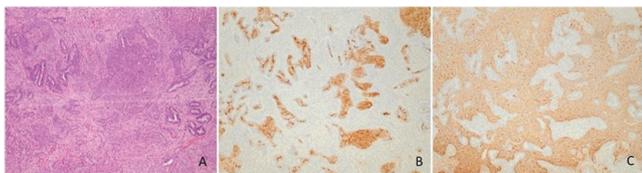
Abstract 2022-RA-215-ESGO Figure 1 A typical polypoid adenomyoma contain irregular, often architecturally complex endometrioid gland, with squamous morules (B – CD10), set within myomatous stroma (C – SMA)

Conclusion In our institution, two patients are being conservatively treated for APA with one case of successful pregnancy. Due to the rarity of APA, further observation will evaluate the success of conservative treatment.

$$MISSING OR BAD GRAPHIC SPECIFICATION (775D89EE-4F2F-4854–9973–8506F2BAC2EC) $$

2022-RA-269-ESGO | **PRIMARY MALIGNANT FOLLICULAR LYMPHOMA OF THE UTERINE CERVIX, TWO CASE REPORTS**

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Introduction/Background The incidence of non-Hodgkin lymphomas in Spain is 10.8/100.000 women. The extranodal lymphomas account for the 15%, only 1% being originated in the genital tract. Their management, prognosis and treatment efficacy is controverted.

Methodology First case: a 36-year-old asymptomatic patient undergoes annual checkup. The pelvic ultrasound shows a 31x37 mm cervical mass with *score 4* vascularization, confirmed by MRI. Cytology and HPV come up negative. A cervical biopsy with immunohistochemistry analysis is performed, with positive results for BCL2–6, CD20, CD23 and CD5. The PET-CT shows no signs of metastases nor pathologic lymph nodes. Second case: a 45-year-old asymptomatic patient undergoes annual checkup. The pelvic ultrasound shows a 48x36 mm cervical mass with *score 4* vascularization, confirmed by MRI. Cytology and HPV come up negative. A cervical biopsy with immunohistochemistry analysis is performed, with positive results for BCL6 and CD20. The PET-CT shows a suspicious right iliac lymph node, but no signs of distal metastases.

Results In case n°1, due to the desire of future pregnancy the patient undergoes chemotherapy after fertility preservation, who is in remission at this moment. In case n°2, the patient undergoes total hysterectomy and periodic checkups, also in remission at this moment.

Conclusion Less than 1/175 extra nodal lymphomas are likely to originate in the genital tract, and it is important to make a differential diagnosis with cervical cancer because both entities can present as vaginal bleeding, dyspareunia, or cervical mass. Diagnosis can be challenging due to frequent negative results from cytology, so the biopsy and immunohistochemical analysis is essential.Further investigation is needed in regard of the best treatment for this type of extra nodal lymphomas. Nowadays, itconsists of neoadjuvant/adjuvant chemotherapy combined with surgery, reaching the complete response in 75% of cases and survival rates of up to 90% after 5 years, according to the latest studies.

2022-RA-442-ESGO | **FALLOPIAN TUBE CYTOLOGICAL FINDINGS IN WOMEN UNDERGOING SALPINGECTOMY AND CORRELATION WITH THE ADNEXAL PATHOLOGY**

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Introduction/Background Epithelial Ovarian Cancer (EOC) is still the most lethal gynecological malignancy, with approximately 21,410 new cases and 13,770 deaths in the USA in 2021. Many theories have been proposed in terms of clarifying the etiology and the carcinogenesis -mechanism of EOC. Based on the latest trends, ovarian, fallopian tube, and peritoneal cancer are incorporated into the same group as it is suggested that high-grade extrauterine tumors of serous histology originate from the fallopian tube.

Methodology We ex vivo collect salpingeal epithelial cellsfrom the fibria directly from fresh fallopian tube specimensfrom women undergoing salpingectomy for any indication. The cytomorphological characteristics of the salpingeal cells are subsequently being evaluated and categorised into malignant and non -malignant. Finally, the ipsilateral adnexaeare examined with the SEE-FIM (Sectioning and Extensively Examining the FIMbriated End) protocol and the pathology reports are corelated with the cytological findings. Our research protocol is ongoing and is designed to include a total of 300 patients in order to confirm the sensitivity and specificity of salpingeal cytology as a method in the early diagnosis of extrauterine gynecological malignancies.

Results So far, we have obtained 343 salpingeal brushingsfrom a total of 214 patients. The sensitivity of cytology regarding distinguishing malignant from non-malignant tumors,was 69.64% (95% CI: 55.90% – 81.22%), while its specificity 75.96% (95% CI: 70.59% – 80.79%). Cytology's positive predictive value (PPV) was 16.33% (95% CI: 12.57% – 20.67%),

while the negative predictive value (NPP) reached 92.77% (95% CI: 89.56% – 95.04%). In general, the diagnostic accuracy of the cytological evaluation reaches 74.93% (95% CI: 66.99% – 79.43%).

Abstract 2022-RA-442-ESGO Table 1 Cross-tabulation cytology-adnexal pathology

		Non-malignant	Malignant	Total
				Pathology
Cytology	Non-malignant	218	17	235
	Malignant	69	39	108
	Total	287	56	343

Conclusion Salpingeal cytomorphologic evaluation appears to be a promising method to detect adnexal cancer. Our study, aims in the long term to validate the oncological efficacy of tubal cytology as an early diagnosis tool against gynecological extrauterine malignancies.

CD133, CD47, AND PD-L1 EXPRESSION IN OVARIAN HIGH-GRADE SEROUS CARCINOMA AND ITS ASSOCIATION WITH METASTATIC DISEASE

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Introduction/Background Ovarian cancer is a one of the primary cause of cancer-related death in women. The majority of ovarian cancer had metastasized at the time of diagnosis, since its signs and symptoms are generally silent. Cancer stem cells and immune evasion are thought to play a significant role in metastatic process. CD133, CD47, and PD-L1 proteins are important in cancer cells proliferation and evasion in metastasis process, which involve immune system activation. The purpose of this study was to characterize CD133, CD47, PD-L1 protein expression profiles in High-Grade Serous Carcinoma (HGSC) ovary. Understanding their roles in metastasis could gain the possibility of these markers to be a target therapy for ovarian cancer treatment and prevention.

Methodology A total of 51 tissue samples of HGSC were stained with anti-CD133, anti-CD4, and anti PD-L1 antiboies using an immunohistochemical protocol. Samples included 31 metastatic-HGSC and 20 non-metastatif-HGSC. CD133, CD47, and PD-L1 expression were statistically comapred among groups.

Results CD133 and CD47 were strongly expressed in 52% and 66.7% respectively in tissue samples. 65% of samples with metastases had a high level of CD133 expression with a p-value of 0.039. CD47 expression was observed to be elevated in 83% of metastatic samples. 66.7% of samples had

negatif PD-L1 expression, which had a significant inverse association with HGSC metastatic disease (p=0.023).

Conclusion Our results demonstrated that CD133, CD47, and PD-L1 expression increased in a dynamic fashion as the primary lesion progressed to metastatic lesion, implying that these proteins may be involved in the progression of ovarian HGSC from primary to metastatic lesion. These markers could be explored as potential targets for HGSC-specific treatment

CONSENSUS BASED RECOMMENDATIONS FOR THE DIAGNOSIS OF SEROUS TUBAL INTRAEPITHELIAL CARCINOMA, AN INTERNATIONAL DELPHI STUDY

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Introduction/Background Reliable diagnosis of precursor lesions to high grade serous cancer (HGSC) is crucial, for individual patient care, for better understanding its oncogenesis and for research regarding novel strategies to prevent ovarian cancer. These precursor lesions, serous tubal intraepithelial carcinoma (STIC), are difficult to diagnose: the lesion is small, rare, and clear diagnostic criteria are lacking. We aim to optimize STIC diagnosis by providing recommendations for STIC diagnosis, based on international consensus from gynecopathologists.

Methodology A three-round Delphi study was conducted to systematically explore current clinical practice and to reach consensus regarding STIC diagnosis. First, an expert panel consisting of international gynecopathologists was formed. This panel was asked to provide information regarding all relevant aspects of STIC diagnostics, which was used to form a set of statements. Second, the panel rated their agreement on those statements. Third, statements without consensus, according to predefined rules, were rated again by the panel members in the light of the anonymous responses to round 2 of the other panel members. Finally, each expert was asked to either approve or disapprove the set of consensus statements.

Results A panel of 34 gynecopathologists from 11 countries rated their agreement on 64 statements. A total of 27 statements (42%) reached consensus. This set reflects the entire diagnostic workup for pathologists, regarding processing and macroscopy, microscopy, immunohistochemistry, interpretation and reporting. The final set of consensus statements was approved by 76% of the experts.

Conclusion A set of 27 statements regarding STIC diagnosis reached consensus by an international expert panel of gynecopathologists. Those consensus statements contribute to a basis for international standards for STIC diagnosis, which are urgently needed for better understanding of HGSC, for better counselling of patients, and for safely investigating novel preventive strategies for women at high risk of ovarian cancer.