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%).

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.

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

<table>
<thead>
<tr>
<th>Pathology</th>
<th>Non-malignant</th>
<th>Malignant</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cytology Non-malignant</td>
<td>218</td>
<td>17</td>
<td>235</td>
</tr>
<tr>
<td>Malignant</td>
<td>69</td>
<td>39</td>
<td>108</td>
</tr>
<tr>
<td>Total</td>
<td>287</td>
<td>56</td>
<td>343</td>
</tr>
</tbody>
</table>

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

Introduction/Background Ovarian cancer is one of the primary causes 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 obtained from the specimen of the Department of Pathology Anatomy Hasanuddin University, Makassar, Indonesia. The samples were stained with anti-CD133, anti-CD4, and anti PD-L1 antibodies using an immunohistochemical protocol. Samples included 31 metastatic-HGSC and 20 non-metastatic-HGSC. CD133, CD47, and PD-L1 expression were statistically compared 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 negative 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

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.