targeted therapies, TNBC is associated with high morbidity and mortality. Therefore, for several years, neoadjuvant chemotherapy has been the mainstay of treatment.

**Methodology** Our work consists of a retrospective study carried out at the Hassan 2 University Hospital of Fez, between January 2016 and December 2021, involving 24 cases of triple-negative breast cancer that had undergone surgical treatment.

**Results** The results show a predominance of breast cancer in patients aged over 35 years and still in genital activity. Invasive ductal carcinoma is the most predominant type representing 90% of cases with an initial inflammatory aspect in 10 patients. Histopronostic grades II and III represent each 47.8% of cases. In addition, a proliferation rate (Ki67%) was high in more than 70% of patients. Neoadjuvant chemotherapy was prescribed in 19 patients and the time between surgery and the last chemotherapy treatment was less than 6 weeks in 74% of cases. Radical surgery (Patey) was performed in 18 patients, while only 3 patients received conservative treatment. Despite the fact that all our patients received adjuvant treatment with radiotherapy and chemotherapy, the 3-year survival rate was 53%.

**Conclusion** Although advances in treatment and the advent of targeted therapies, breast cancer remains the leading cause of death. Current clinical and histological classifications do not fully establish prognostic and predictive parameters for treatment response.

**Introduction/Background** Synchronous endometrial and ovarian carcinoma (SEOC) accounts for 10% of ovarian and 5% of endometrial cancers. SEOC tumours are staged separately but most demonstrate clonality. The ProMisE algorithm classifies endometrial carcinomas into p53 aberrant, mismatch repair deficient (MMRd), POLE mutant tumours and tumours of no specific molecular profile, up to ½ of which are CTNNB1 mutant (CTNNB1mut).

**Methodology** Formalin-fixed paraffin-embedded (FFPE) tissue was obtained from 34 patients with SEOC for haemaotoxylin and eosin (H&E) review, and immunohistochemistry (IHC). Progesterone receptor (PR) and estrogen receptor (ER) expression was scored between 0–300. Tumours were assessed for MMRd via MLH1, MSH2, MSH6 and PMS2 staining, and detected and analyzed the corresponding area on the IHC (ER, PR, p53, Her2) glasses.

The algorithms successfully classified the samples with malignancy, computer vision next detected the corresponding region on the IHC (ER, PR, p53, Her2) stained glasses and quantified it using pre-trained DeepLiif solution. DeeLiif was trained on the control samples provided with all stained glasses, proving the concept that with proper validation (271) groups; the training dataset was generated including 90% of cases with an initial inflammatory aspect in 271 slides from a single medical center cohort, an AUC of 0.865 was achieved, primarily failing to distinguish between atypical hyperplasia and malignancy.

**Conclusion** The model is the first four-type classifier for histopathological WSIs' whole slide images. Tested on 271 slides from a single medical center cohort, an AUC of 0.865 was achieved, primarily failing to analyze the membranous staining of Her2.

**Results** The model is the first four-type classifier for histopathological WSIS classification of endometrial lesions. Tested on 271 slides from a single medical center cohort, an AUC of 0.882 was achieved, mainly failing to distinguish between atypical hyperplasia and G1 endometrioid carcinoma. For IHC, total accuracy of 0.865 was achieved, primarily failing to analyze the membranous staining of Her2.