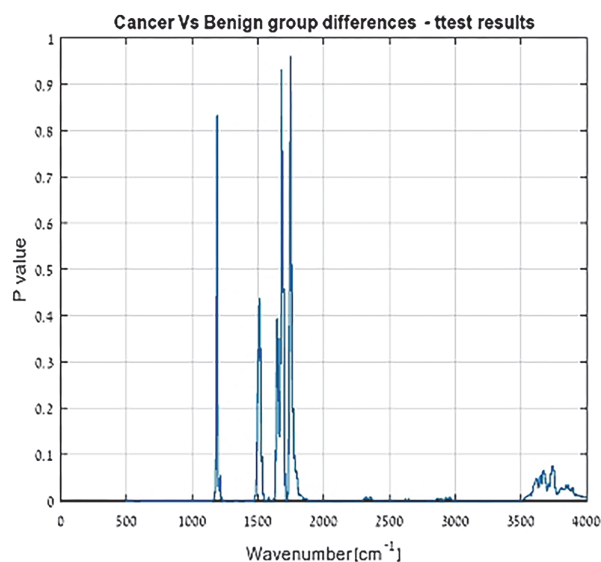


Abstract EP199/#26 Figure 1



Abstract EP199/#26 Figure 2

archive samples, resected from females ages 18 and above. Two sets of slides from malignant tumors and 2 sets of slides from benign tumors were used to study the effect of tissue thicknesses on the measured absorption spectra: a set of 4 microns and a set of 12 microns from each tumor type were compared. Spectroscopic measurements were performed on the different slides. The 4 microns tissue thickness group was chosen. Each slide was measured in multiple locations. PCA-LDA Discrimination analysis was performed using the measured spectra. The cross-validation process was repeated five

times. The results of these validations were then averaged to produce a single estimation.

Results A total of 74 tissue samples were examined. Absorption spectra of the malignant tumors were consistently different from that of benign tumors at many spectral ranges. Using K-fold cross validation technique, the study showed that the model correctly classified the samples into malignant and benign groups with an accuracy of 94.5%.

Conclusion/Implications Our study exhibits a sensitive method to differentiate between a benign and malignant paraffin block preparation. With further research, this technique could become an alternative to conventional histopathology.

EP200/#131

INVASIVE STRATIFIED MUCIN-PRODUCING CARCINOMA OF THE UTERINE CERVIX: COMPARISON OF ITS CLINICOPATHOLOGICAL CHARACTERISTICS AND PROGRAMMED DEATH-LIGAND 1 EXPRESSION STATUS WITH OTHER ENDOCERVICAL ADENOCARCINOMAS

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Introduction Invasive stratified mucin-producing carcinoma (ISMC) is a rare histological type of human papillomavirus-associated (HPVA) mucin-type endocervical adenocarcinoma (EAC). Compared to other HPVA EACs, ISMC shows more frequent post-treatment recurrences and metastases as well as worse survival. We investigated the differences in clinicopathological characteristics, patient outcomes, and programmed

death-ligand 1 (PD-L1) expression status among ISMC, usual-type EAC (UEA), and gastric-type EAC (GEA).

Methods PD-L1 22C3 immunostaining was performed using 20 ISMCs, 20 UEAs, and 20 GEAs. PD-L1 expression was assessed using combined positive score (CPS). We examined whether there are significant differences in clinicopathological characteristics and PD-L1 expression status among ISMC, UEA, and GEA.

Results ISMC showed significantly younger age, more advanced stage, and shorter survival than UEA. Recurrence-free and overall survival rates of ISMC patients were comparable to those of GEA and significantly lower than those of UEA. All 20 ISMCs showed PD-L1 over-expression with a mean CPS of 43.5 (range=10–100), which was significantly higher than that of UEA (mean CPS=8.2; $p=0.017$) and GEA (mean CPS=6.5; $p=0.004$). In spite of PD-L1 over-expression, ISMC patients who treated with pembrolizumab showed no clinical responses. PD-L1 overexpression was found to be a significant predictor for RFS and OS in patients with ISMC. All examined ISMCs over-expressed PD-L1.

Conclusion/Implications All examined ISMCs over-expressed PD-L1. ISMC showed significantly higher PD-L1 expression than other EACs and worse survival than UEA. Our data suggest that PD-L1 over-expression is associated with poor prognosis of ISMC.

EP201/#746

ASSOCIATION BETWEEN ESTROGEN RECEPTOR/PROGESTERONE RECEPTOR STATUS AND RISK FACTORS IN POSTMENOPAUSAL WOMEN WITH ENDOMETRIOID TYPE ENDOMETRIAL CANCER

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Introduction Estrogen receptor(ER)/Progesterone receptor(PR) status has been known as a prognostic factor in endometrial cancer. Our study aimed to analyze the association between ER/PR status and risk factors including stage, histologic grade, myometrial invasion, lymphovascular space invasion(LVSI), lymph node(LN) metastasis, and cytology washing results in order to determine their relevance in postmenopausal women with endometrioid type endometrial cancer.

Methods We retrospectively analyzed 114 postmenopausal patients who underwent staging surgery after being diagnosed with endometrioid type endometrial cancer at Haeundae Paik Hospital between 2010 and 2022. The associations between ER/PR status and risk factors were compared using the chi-square test.

Results ER status showed statistically significant associations with histologic grade, myometrial invasion, LVSI, LN metastasis, and the results of washing cytology (p-values were 0.001, 0.016, 0.033, 0.018, and 0.013, respectively). On the other hand, PR status showed only significant association with histologic grade statistically (p-value 0.001).

Conclusion/Implications ER status was observed to have a more significant role as a prognostic factor than PR in postmenopausal endometrioid type endometrial cancer.

EP202/#750

PROGNOSTIC FACTORS IN EARLY ENDOMETRIAL CANCER: A COHORT STUDY OF POSTMENOPAUSAL WOMEN

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Introduction Estrogen receptor(ER), progesterone receptor(PR) status and P53 has been known as a prognostic factor in endometrial cancer. The aim of this study is to analyze the significance of P53,ER,PR status as risk factors for recurrence in postmenopausal early endometrial cancer and to provide useful information for selecting patients who require adjuvant treatment.

Methods A total of 122 postmenopausal patients who were diagnosed with endometrial cancer and underwent staging surgery, histological, immunohistochemical, and molecular genetic tests at Haeundae Paik Hospital from 2010 to 2022 were included in this study. Kaplan-Meier analysis was conducted to compare the recurrence rates between the subgroups.

Results The recurrence rate was lowest in the endometrioid subgroup without P53 mutation(3.9%), and highest in the non-endometrioid subgroup with PR negative(32.7%). When comparing recurrence rates among the four subgroups based on P53 mutation and histologic type, the non-endometrioid subgroup with P53 mutation had the highest recurrence rate (28.8%). When comparing recurrence rates among the four subgroups based on ER expression and histologic type, the non-endometrioid subgroup with ER negative had the highest recurrence rate(21.3%). Similarly, in the PR subgroup, the non-endometrioid type with PR negative had the highest recurrence rate(32.8%).

Conclusion/Implications In postmenopausal patients with early endometrial cancer, it was observed that the recurrence rate was lower in cases with endometrioid tumors without P53 mutation and ER(+) and PR(+). Therefore, adjuvant treatment should be considered in cases with P53 mutation or without ER and/or PR expression, especially non-endometrioid type.

EP203/#368

CHARACTERIZATION OF FOLATE RECEPTOR ALPHA EXPRESSION IN NON-HIGH-GRADE SEROUS GYNECOLOGIC TUMORS

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Introduction Mirvetuximab soravtansine (MIRV) is an anti-folate receptor alpha (FOLR1)-drug conjugate. Following the results of the SORAYA trail, MIRV was approved for the treatment of FOLR1-positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer. All 106 participants enrolled in SORAYA had high-grade serous carcinoma tumors on histology. Here, we report FOLR1 expression in gynecologic tumor histologies not represented by the SORAYA trail.

Methods Archived gynecologic tumor samples from the Stanford University Department of Pathology were retrieved. Cores