

TROP2 expression in endometrioid type endometrial carcinoma and correlation with the prognostic factorsO. Ilhan Celik¹, S.Y. Celik¹¹ Mugla Sitki Kocman University, Faculty of Medicine, Department of Pathology, Turkey

Background & Objectives: Endometrioid type (EEC) endometrial carcinoma is the most common malignancy of the female genital tract in developed countries. The incidence and the death rates have been increasing in the recent decades. It is known that the prognosis of EEC greatly depends on the grade and the stage and has good prognosis when diagnosed in early stages. However in some patients the disease recur in a short time after the treatment. In these recurrent diseases the prognosis worsen and the survivals shorten. So it is important to predict the patients

The aim of this study is to determine the correlation between the results of cervical cytology and colposcopic biopsy applied to HPV 16 or 18 positive women.

Methods: Women who were screened by both hrHPV and cervical cytology between January 2014 -December 2018 were evaluated. Among them, HPV 16 and 18 positive 101 patients who underwent colposcopy were included in the study.

Results: The cytology results of 48 of 101 women were NILM (negative for intraepithelial lesions or malignancies), 3 of them were inadequate. Although colposcopic biopsy results of 38 (79%) of them were in correlation with cytology, in 10 (21%) of them a cervical pathology was diagnosed [CIN1 (n:5), CIN2 or CIN3 (n: 4) and CIN can not be graded due to inadequate biopsy (n:1)]. Cytology slides of these 10 cases were re-evaluated. Interpretation error was detected in 4 of them and they were upgraded to ASC-US, ASC-H or SIL category. As a result, 6 (5.9%) patients would be misdiagnosed if they would have evaluated with smear only. 50 of 101 women had positive cytology results (ASC-US, LSIL, ASC-H or HSIL). Colposcopic biopsy diagnosis of 11 (22%) women were discordant with cytology and reported as non-neoplastic. The cytology results of these cases were ASC-US in (n:4), LSIL (n:3), ASC-H (n:2) and HSIL (n:2). Both the cytology and biopsy slides were re-evaluated and the results were confirmed. As a result, 11 (10.9 %) patients would be misdiagnosed if they would have evaluated with colposcopic biopsy only.

Conclusion: Cervical cancer screening methods are one of the few screening methods that are thought to reduce the incidence and mortality of invasive cancer and have proven effective in this respect. Therefore, it is important to perform this screening with the most appropriate method. According to the results of our study, colposcopic biopsy alone have a higher rate of missing a cervical pathology when compared to cytology alone. Therefore in women with HPV 16 or 18 positivity, cytology screening should not be omitted before referral to colposcopy.