

women (42.3%) were diagnosed as "gold standard positive" by pathology with diseases including cervical intraepithelial neoplasia (CIN) grade 2 (n=11), CIN3 (n=41), squamous cell carcinoma (SCC; n=115), adenocarcinoma in situ (n=2) and adenocarcinoma (n=16). The remaining 252 cases were deemed "gold standard negative". The sensitivity was 87.6% (95% CI, 82.8–92.3) for FCM testing and 89.7% (95% CI, 85.4–94.1; p=0.5121) for HPV HC2 testing. The specificity of FCM testing was 90.5% (95% CI, 86.2–94.7), which was superior to the specificity of HPV HC2 testing (84.5%, 95% CI, 79.3–89.7; p=0.04). In the 20–29 years old group, the sensitivity and the specificity of FCM testing were 90.0% (95% CI, 71.4–100.0) and 92.9% (95% CI, 76.9–100.0), respectively. The FCM testing CPlx statistically increased with the transition from normal cervical specimens to SCC specimens.

CONCLUSION: Our results showed that the FCM screening system had high sensitivity and specificity for women of various ages. The FCM CPlx was able to evaluate the severity of disease quantitatively.

PO-2013

Are our patients different? A 5-year review of cervical cancer cases managed in tertiary gynaecological cancer unit in Malaysia

Norhuda Mat Ali, [Alik Riasadesa Zakaria](#), Mokhtar Awang

Department of Obstetrics and Gynaecology, Hospital Tengku Ampuan Afzan, Kuantan, Malaysia

OBJECTIVE: The purpose of this review is examine the clinicopathological characteristics of cervical cancer treated in this institution from 2010 to 2014.

METHODS: This is an observational retrospective study.



All cases of cervical cancer treated in this institution from January 2010 until December 2014 were reviewed. Clinicopathological characteristics were recorded and analysed using SPSS version 20.

RESULTS: There were 31 cases of cervical carcinoma identified during that 5-year period. The mean age at diagnosis was 51.0 ± 12.7 years (range, 29-78 years). The majority of them (87%) were diagnosed before the age 70. None of the patients participated in a cervical cancer screening programme and as a result less than 10% of women were diagnosed following an abnormal Pap smear test. More than 90% were symptomatic, out of which 82% were abnormal per vaginal bleeding and the remaining 11% and 7% were postcoital bleeding and compressive symptoms respectively. Risk factors for cervical cancer were identified in less than a third of the patients. Premorbid medical conditions were identified in only 50% of patients and 94% were hypertension and/or diabetes mellitus. Similarly, the majority (94%) were categorised as having either ECOG functional class 0 and 1 i.e. 81% and 13% respectively. There was an equal breakdown between squamous cell carcinoma (SCC) and adenocarcinoma (ACC), which was 48.4% each and the remaining 3.2% were others. For SCC, nearly all (94%) were large cell non-keratinising SCC with only 6% were large cell keratinising SCC subtype. As for ACC, the majority were mucinous endocervical subtype (47%), 40% were unclassified and the remaining 13% were others. Almost all (96.8%) patients had an examination under anaesthesia (EUA) and diagnostic imaging in the form of computer axial tomography (CT) scan to rule out locoregional and distant metastasis. Just above half (55%) of the patient presented with stage 1 disease in which all were stage 1b i.e. 29% 1b1 and another 26% 1b2. Stage 2 contributed to about 23% of which 13% were 2a and 10% were 2b. Stage 3 and stage 4 disease accounted for the remaining 9% and 13% respectively. About two-third of patients went on to have treatment with us and the remaining one-third sought an alternative form of treatment. Out of this, 47% had Wertheim's hysterectomy, 6% had neoadjuvant chemotherapy followed by Wertheim's hysterectomy, 20% had concurrent chemoradiation and the remaining 13% had palliative treatment. From the 16 patients who had Wertheim's hysterectomy, 8 of them (50%) required further adjuvant treatment in the form of radiotherapy.

CONCLUSION: The incidence of adenocarcinoma is higher

than other studies. Only one third of our patients had early disease at presentation, which is likely due to poor cervical smear uptake. Our adjuvant radiotherapy rate was higher compared to others as most of our patients preferred surgery (even if they needed adjuvant radiotherapy) compared to concurrent radiotherapy alone.

PO-2014

Expression of P16, P53, IMP3, Bcl-2 and C-FLIPL and their clinical significance in pre-malignant and malignant lesions of uterine cervix

Xiaofeng Wang, Pengpeng Qu

Department of Gynecology Oncology, Tianjin Central Hospital of Gynecology and Obstetrics, China

OBJECTIVE: To assess the diagnostic values of P16, P53, IMP3, Bcl-2 and C-FLIPL in cervical carcinogenesis by their immunohistochemical expression and their correlation with clinicopathological parameters and to assess their possible involvement in the pathogenesis of cervical cancer.

METHODS: Tissue samples with similar inclusion criteria were collected from pathology department archives at Tianjin Central Hospital of Gynaecology and Obstetrics, P.R.China. The study groups included cases of cervical cancer, CIN II-III and CIN I. Samples obtained from benign leiomyomata cases were used as controls. Immunohistochemical study was done to investigate the expression of the markers mentioned above in these tissues. The expressions of these markers were evaluated using microscopy and were analyzed together with other clinical information collected from patients' previous history.

RESULTS: The expression levels of p16, p53, IMP3 or C-FLIPL each among all the study groups were found to be statistically significant ($P < 0.05$). No statistically significant difference was observed in the expression of Bcl-2 between CIN I and control cases ($P > 0.05$), whereas a significantly higher expression was observed in CIN II-III cases in comparison with CIN I cases ($P < 0.05$). The expression of Bcl-2 in cancer cases was significantly lower when compared with that in CIN II-III ($P < 0.05$). The sensitivity and specificity of the co-expression of IMP3 and p16 to identify the cervical precancerous and cancerous lesion was 87% and