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Abstracts

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38th European Congress of Pathology

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Results

: The patients ranged in age from 41 to 66, with a mean age of 53. Metrorrhagia was the primary cause of consultation (n = 9). In every instance, a cervical biopsy verified the histopathological diagnosis. At diagnosis, the FIGO stage varied from IB1 to IIIB. Depending on their stage, all patients had a combination of radiation, chemotherapy, and/ or surgery.

Conclusion: Cervical adenocarcinoma remains a rare entity, but its incidence is tending to increase, particularly in young women. Its prognosis is often less favourable than that of squamous cell carcinoma due to its later diagnosis and variable therapeutic response. Appropriate screening and a better understanding of its biological characteristics are essential for improving management.

E-PS-11-056

Interobserver variability in folate receptor alpha (FRα) immunohistochemistry in high-grade serous ovarian carcinoma: an Italian multi-observer study

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Background & Objectives: Folate receptor alpha (FRα) is an emerging predictive biomarker and therapeutic target in high-grade serous ovarian carcinoma (HGSOC). Its assessment by immunohistochemistry (IHC) is routinely used in clinical practice; however, interpretation remains semi-quantitative and may be affected by interobserver variability, particularly in cases close to clinically relevant thresholds.

Methods: A total of 37 HGSOC cases were stained using the VENTANA FOLR1 (FOLR1-2.1) RxDx assay. A reference standard was established by a panel of four expert gynaecologic pathologists. Twelve pathologists independently evaluated whole-slide images, recording internal control adequacy, staining intensity (positive vs. negative), and percentage of FRα-positive tumour cells. Interobserver agreement was assessed using Fleiss' kappa (κ) for categorical variables and intraclass correlation coefficient (ICC) for continuous variables.

Results: Agreement for internal control adequacy was almost perfect (κ = 0.84). Substantial agreement was observed for staining intensity (κ = 0.76). Estimation of the percentage of FRα-positive tumour cells showed excellent concordance (ICC = 0.89). Notably, discordances were predominantly observed in borderline cases with 65–85% positivity and in tumours with intermediate staining intensity. These discrepancies were mainly related to threshold-based interpretation rather than gross misclassification, indicating intrinsic challenges in semi-quantitative scoring.

Conclusion: FRα IHC evaluation shows high reproducibility among pathologists, particularly for percentage estimation and control adequacy. However, clinically relevant variability persists in borderline cases, which may influence patient stratification for targeted therapies. These findings highlight the need for refined and standardized scoring criteria and support the integration of digital pathology and AIassisted tools to improve consistency in challenging cases.

E-PS-11-057

Primary vaginal extra-gastrointestinal stromal tumour: case report with molecular characterization and literature review

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Background & Objectives: Extra-gastrointestinal stromal tumours (EGISTs) account for fewer than 10 percent of all gastrointestinal stromal tumours, with primary vaginal localization being exceptionally rare and documented in fewer than 25 cases globally. Due to their atypical anatomical site, vaginal EGISTs frequently mimic primary gynaecologic malignancies, posing significant diagnostic challenges that may delay appropriate management.

Methods: We report the case of a 66-year-old female with a history of hysterectomy for uterine leiomyomas who presented with vaginal bleeding and abdominal discomfort. Clinical examination identified a spherical, non-tender mass

Results
in the posterior vaginal wall, while computed tomography confirmed a 53 by 40 mm pelvic mass exerting mass effect on the rectum. Following complete surgical excision, histopathological evaluation revealed a mixed spindle cell and epithelioid morphology with coagulative necrosis and a high mitotic index of 17 per high-power field, indicating aggressive biological potential.

: The diagnosis was established through diffuse immunohistochemical positivity for CD117 (KIT), DOG1, and CD34. Molecular characterization via next-generation sequencing (Oncomine Precision Assay Genexus, Applied Biosystems, USA) identified a pathogenic c-KIT mutation (c.1669_1674delTGGAAG), confirming the diagnosis and facilitating targeted therapy. The patient remains disease-free at 9-month follow-up following adjuvant imatinib treatment.

Conclusion: By presenting this case, we aim to shed light on this rare entity and provide a better understanding of these neoplasms. Our findings underscore the necessity of including EGIST in the differential diagnosis of vaginal masses and highlight the critical role of an integrated diagnostic approach combining histomorphology, immunohistochemistry, and molecular analysis to ensure diagnostic accuracy and optimize targeted therapeutic strategies.

E-PS-11-058

Pathomorphological characteristics of glandular ectopia of the cylindrical epithelium of the cervix in papillomavirus infection: non-oncogenic and oncogenic variants

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Background & Objectives: Persistence of high-risk HPV underlies 99.7% of cervical cancers cases, underscoring the importance of early cytological diagnosis. In Kazakhstan, >1,800 cases and ~1000 death is registered annually (18.2 per 100,000 vs. 13.3 globally). The morphological variability of HPV-associated lesions confirms the key role of histopathological examination in distinguishing between benign and precancerous cervical processes. **Objective:** To conduct a comparative pathomorphological analysis of cervical pathologies caused by low- and high-risk HPV, with the aim of identifying the most significant morphological criteria for the early diagnosis of HSIL/CIN 2–3.

Methods: A retrospective morphological analysis of 50 cervical specimens (biopsy/conization material) was performed. Samples were divided into Group 1 (Low-risk HPV/LSIL/CIN 1) and Group 2 (High-risk HPV/HSIL/CIN 2–3). Inclusion criteria: high-quality preparations with histological findings and HPV test results. Statistical analysis included absolute values, percentages, Pearson’s χ^2, Fisher’s exact test, and the Mann–Whitney U test ($p < 0.05$).

Results: 50 cervical smears were analysed: 34 for lowrisk HPV and 16 for high-risk HPV. It was found that in the high-risk HPV group, the patients’ age was statistically significantly higher, at 40 [38; 42] years, compared to 31 [29; 34] years in the low-risk HPV group (U=11,0; p=4,93×10 The total morphological score was also higher in cases of high-risk HPV—12 [12;13] versus 8 [6;10] (U=0,0; $p=7{,}10\times10^{-10}$). The data obtained confirm that these morphological features are the most significant criteria for the early diagnosis of HSIL/CIN 2–3.

Conclusion: Cervical lesions associated with low- and highrisk HPV exhibit distinct pathomorphological differences. High-risk HPV corresponds to HSIL/CIN 2–3, whereas low-risk HPV is predominantly associated with LSIL/CIN 1. Results confirm the high diagnostic value of histopathological examination in distinguishing between background and precancerous lesions, serving as a fundamental tool for morphological risk stratification.

E-PS-11-059

Active trilineage haematopoiesis within an ovarian mature cystic teratoma: a rare mesodermal presentation

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Background & Objectives: Ovarian mature cystic teratomas are benign germ cell neoplasms exhibiting differentiation from all three embryonic layers. While