

the “delay of shoulder delivery with normal head rotation”. Moreover, other situations as breech delivery and umbilical cord prolapsed should be excluded. **Conclusions:** The key of the success management is the anticipation and the suitable preparation with appropriated staff. Both physicians and midwives should be well trained to perform the protocols and all the obstetrics maneuvers as quickly as needed in order to prevent the potentially serious complications to the neonate and to the mother. When shoulder dystocia happens, it is very important that the physician recognize the emergency and call other staff members in order to give assistance. The necessity of an experimented team in this situation is mandatory!

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297 Evaluation of clinicopathological features of patients diagnosed with atypical glandular cells in cervical cytology

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Introduction and aims of the study: The incidence of cervical glandular lesions has increased significantly during the past two decades especially among young women. In the current study we aimed to evaluate the incidence, clinicopathologic features and management of patients diagnosed with atypical glandular cells (AGC) on cervical cytology. **Methods:** The records of 27 patients who were diagnosed with AGC based on cervical cytology between March 2011 and April 2021 and underwent management in the gynecology outpatient clinic were retrospectively reviewed. Colposcopic examination, cervical biopsy, endocervical and endometrial curettage were performed in patients diagnosed with atypical glandular cells. Clinicopathological features of the patients were examined and recorded. Follow-up histological diagnoses were correlated with cervical cytology and stratified into age groups. **Results:** A total of 830 abnormal cervical smears underwent colposcopic evaluation, of which 27 cases (3.25%) were reported as AGC/AIS. At diagnosis, patients were on average 38.7 years old (range 17 to 70yrs). AGC-NOS were the most common category and accounted for 37 % (10 patients) of all AGC cases. Follow-up histology was available in 24 cases (88.8%), in whom a detailed cytological/histological correlation was carried out. Follow-up histology was normal or benign in 3 (12.5%) cases. Cervical abnormal histological findings were detected in 21(87.5%) of 24 patients with atypical glandular cells. Overall, the most common severe abnormality on histological follow-up was CIN2/3 result in women with AGC (18 cases-85.7%), whereas cervical AIS/adenocarcinoma was significantly less common (2 cases) and in 1 patient cervical squamous carcinoma. The degree of disagreement between cytology and colposcopy with histology was significant ($p<0.001$). Not all women with AGC had had an HPV test performed (only 88.8%). **Conclusions:** Our findings, support that a diagnosis of AGC on cytology has a high predictive value for high-grade histological abnormalities, which justifies the policy of immediate referral for colposcopy and endocervical sampling. However, the limitations

of the present study are its retrospective design and the relatively small number of patients.

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298 Need for intrapartum antibiotics prophylaxis in women with prior history of gbs carriage

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Introduction: The incidence of early onset neonatal GBS(EOGBS) disease in the UK and Ireland is 0.57/1000 births. Intrapartum antibiotic prophylaxis (IAP) reduces the risk. Previous colonisation is associated with 50% carriage in the current pregnancy. In these women, RCOG recommends IAP with a history of neonatal infection, otherwise offering the option of screening at 35-37 weeks. In Ireland, there is no national consensus on IAP in prior GBS colonisation. Currently at University Hospital Waterford (UHW), all women with prior GBS colonisation receive IAP. Studies examining the use of point-of-care testing have shown reduction in the use of IAP and EOGBS rates. **Aim:** We aimed to examine the screening and IAP administration in maternal prior GBS colonisation and the incidence of GBS in this cohort in UHW. **Method:** Data was collected retrospectively from laboratory, medical records and electronic patient manager systems. Women who received IAP between 1stJuly 2020 and 31stDecember 2020 were identified. Women who received IAP for current and prior GBS colonisation were included. Women who received IAP for preterm labour, preterm prelabour rupture of membranes and pyrexia in labour were excluded. **Results:** Ninety-two women with current or prior GBS colonisation received IAP, of which only 15(16.30%) were current and 77(83.69%) were prior GBS colonisation. In women with prior GBS colonisation, 49(63.63%) were screened, 3/49(6.12%) were positive; 28 were not screened. Seventy-eight (84.78%) received benzyl-penicillin. Six (6.52%) received clindamycin. Twenty-two (23.91%) babies were admitted to the Neonatal Unit, however, only one cultured positive for gram-positive cocci. **Conclusion:** The incidence of EOGBS in this cohort is low. A risk-based approach or point-of-care testing should be considered to reduce unnecessary IAP administration.

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299 EGF System receptors profiling in various histologic subgroups of endometrial cancer

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Introduction/Aims: ErbB receptors are trans-membrane glycoproteins with tyrosine kinase activity. Especially in cancer, they are implicated in cell proliferation, transformation, angiogenesis, migration and invasion. The expression of ErbB receptors, has not been studied well in endometrial cancer patients. The main aim of our study was to assess EGF system receptors expression among various

histologic subgroups of endometrial cancer. *Methods:* We evaluated retrospectively tissue specimens from 93 patients with endometrial cancer, that have been treated in Gynaecological Oncology Unit of the University of Patras. For ErbB receptors immunostaining, we used: anti-EGFR polyclonal antibody sc-03 (Santa Cruz Biotechnology Inc., Santa Cruz, CA, USA) in a dilution 1:20, anti-ErbB-2 monoclonal antibody CB11 (BioGenex Laboratories Inc., San Ramon, CA, USA) in a dilution 1:100, anti-ErbB-3 polyclonal antibody sc-285 (Santa Cruz Biotechnology Inc., Santa Cruz, CA, USA) in a dilution 1:100 and anti-ErbB-4 polyclonal antibody sc-283 (Santa Cruz Biotechnology Inc., Santa Cruz, CA, USA) in a dilution 1:200. *Results:* For EGFR receptor 53 cases were positive (57%) and 40 were negative (43%), while for ErbB-2 receptor 61 cases were positive (65.6%) and 32 were negative (34.4%). For ErbB-3 receptor 66 cases were positive (71%) and 27 were negative (29%), while for ErbB-4 receptor 72 cases were positive (77.4%) and 21 were negative (22.6%). There were some differences regarding ErbB receptors profile among different histologic subgroups of endometrial cancer. However, all those differences were not statistically significant mainly because of the small number of cases with papillary serous or clear cell histology. *Conclusions:* There are some differences in EGF system receptors expression among various histologic subgroups of endometrial cancer. This is mainly based on the fact that various histologic subtypes of endometrial cancer have different pathophysiology and clinical behavior.

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300 EGF System receptors status in aggressive subtypes of endometrial cancer

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Introduction/Aims: ErbB receptors are trans-membrane glycoproteins with tyrosine kinase activity. Especially in cancer, they are implicated in cell proliferation, transformation, angiogenesis, migration and invasion. The expression of ErbB receptors, has not been studied well in endometrial cancer patients. The main aim of our study was to access EGF system receptors status in aggressive subtypes of endometrial cancer. *Methods:* We evaluated retrospectively tissue specimens from 10 patients with type II endometrial cancer, that have been treated in Gynaecological Oncology Unit of the University of Patras. For ErbB receptors immunostaining, we used: anti-EGFR polyclonal antibody sc-03 (Santa Cruz Biotechnology Inc., Santa Cruz, CA, USA) in a dilution 1:20, anti-ErbB-2 monoclonal antibody CB11 (BioGenex Laboratories Inc., San Ramon, CA, USA) in a dilution 1:100, anti-ErbB-3 polyclonal antibody sc-285 (Santa Cruz Biotechnology Inc., Santa Cruz, CA, USA) in a dilution 1:100 and anti-ErbB-4 polyclonal antibody sc-283 (Santa Cruz Biotechnology Inc., Santa Cruz, CA, USA) in a dilution 1:200. *Results:* For EGFR receptor, 5 cases were positive (50%) and 5 cases were negative (50%), while for ErbB-2 receptor 9 cases were positive (90%) and 1 case was negative (10%). For ErbB-3 receptor all cases were positive (100%), while for ErbB-4 receptor 7 cases were positive (70%) and 3 cases were negative (30%). Overall, we observed high expression levels of all ErbB receptors in our study population and 5 patients

were positive (50%) for all ErbB receptors. *Conclusions:* The high expression levels of EGF system receptors in aggressive subtypes of endometrial cancer, possibly indicates a future role of ErbB-targeted therapies in well-defined subgroups of endometrial cancer with EGFR and ErbB-2 overexpression.

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302 The role of risk factors and biochemical markers in the susceptibility of hormone dependent malignancies

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Introduction: Multiple studies have associated the global increase of postmenopausal breast and endometrial cancer with the worldwide increase in obesity and the metabolic syndrome. *Aim:* To evaluate which markers can be utilized to develop a risk assessment screening diagnostic tool to identify individuals at increased risk of developing breast or endometrial cancer. *Method:* Three populations were recruited: Patients with a history of endometrial carcinoma; patients with a history of breast carcinoma; and a control group. All patients recruited were postmenopausal of Maltese ethnicity. Each subject was interviewed, anthropometric data measured and a biochemical profile obtained. *Results:* 195 patients were recruited: 80 patients were diagnosed with breast cancer, 44 patients were diagnosed with endometrial cancer (two patients had endometrial and breast cancer) and 73 patients had normal histological findings. The study observed a positive correlation between early menarche and high BMI with both breast and endometrial cancer risk. Tobacco smoking and high level of SHBG were also found to increase breast cancer risk while a positive association between history of hypertension, presence of the metabolic syndrome and family history of endometrial cancer was found with endometrial cancer. Menarche age less than 12years reached the highest specificity (74.6%) while BMI >25kg/m² had the highest sensitivity (79.2%) for breast cancer. Family history of endometrial cancer reached the highest specificity (91.5%) while metabolic syndrome and BMI >25kg/m² had the highest sensitivity values (82.9% and 87.8% respectively) for endometrial cancer. For every 1kg/m² increase in BMI, the odds of having breast cancer increased by 9% (OR=1.090) while the odds of having endometrial cancer increased by 19% (OR=1.190). *Conclusion:* This study gave better understanding on the risk significance of various factors related to breast and endometrial carcinogenesis in the Maltese population.

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303 Eras protocols in gynaecological oncology. Should we include epidural analgesia?

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Introduction: Enhanced recovery after surgery (ERAS) pathways aim to improve the perioperative practice ending in a shorter length of stay with less postoperative complications. Although thoracic epidural analgesia (TEA) is included in ERAS guidelines of other