component (adenosquamous carcinoma). These were excluded in this patient. Immunohistochemistry differed from that of primary adenocarcinoma of the ampulla.

PP 20

Grading of non-invasive papillary urothelial tumours: Evaluation of the Royal College of Pathologists minimum dataset guidelines

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Objectives: The Royal College of Pathologists minimum dataset recommends the concurrent use of both WHO 1973 and 2004 grading systems for urothelial tumours. In this study, we determine whether the 1973 grades add prognostic value when using the 2004 system.

Methods: Non-invasive bladder tumours diagnosed in a single centre between 2005 and 2008 were reviewed. All had been initially graded using both 1973 and 2004 systems. Of 270 patients identified, 195 had a follow-up of >4 years and were included for analysis.

Results: The mean follow-up was 6 years (range 4-8.7). Recurrences were more frequent in patients with low grade papillary urothelial carcinoma (PUC) than PUNLMP (55v26% p=0.02) but there was no significant difference in grade or stage progression between these groups. Of 117 patients with low grade PUC, 36 were 1973 grade G1 and 81 G2. There was no significant difference in rate of recurrence (53v56%), grade progression (14v15%) or stage progression (0v5%) between G1 and G2 groups. Of 55 patients with high grade PUC, 18 were 1973 G2 and 37 G3. Recurrence was more frequent in patients with high grade G2 than G3 tumours (72v43% p=0.051) but there was no difference in stage progression (17v16% respectively).

Conclusions: The use of the 1973 grading system, in addition to WHO 2004, adds no clinical value. Our findings do not support the concurrent use of both systems.

PP 21

Association of endometriosis and p53 gene codon 72 polymorphism in a group of Sri Lankan women

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Objectives: To evaluate the association between endometriosis and the p53 gene polymorphism in a group of Sri Lankan women.

Methods: A case control study was conducted in a tertiary care hospital where women with endometriosis (N=25) were compared with women without endometriosis (N=25), both confirmed by laparoscopy or laparotomy. Genotype distribution of the p53 codon 72 polymorphism was analyzed by allele specific polymerase chain reaction and direct sequencing. Allele frequency was compared using chi square test to determine the association.

Results: Allele frequencies of the three p53 genotypes, Arg/Arg, Arg/Pro and Pro/Pro in the study population (26%, 60% and 14% respectively) conformed with the Hardy-Weinberg equilibrium. There was no statistically significant difference (p = 0.155) in the frequency of proline allele between the cases and controls {odds ratio of 1.5 (95% CI 0.83- 2.73)}. However among the women with endometriosis the proline allele frequency was 36.7% in stage IV and 50% in stage III compared to 25% and 16.7% respectively in stages II and I.

Conclusions: In this group of Sri Lankan women, p53 codon 72 polymorphism was not associated with endometriosis although a higher frequency of proline allele was observed in advanced stages of the disease.