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### THE PROGNOSTIC ROLE OF BETA-CATENIN IN PATIENTS WITH ADVANCED STAGE SEROUS OVARIAN CANCER

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**Introduction/Background\*** Serous ovarian cancer is the most common sub-type of epithelial ovarian cancer and is the leading cause of cancer-related death among gynecologic cancer patients. Beta-catenin plays a vital role in the genesis of certain types of cancers. Its implications in the survival and prognosis of patients with serous ovarian cancer is not yet fully understood. The aim of the study was to analyze the association between beta-catenin expression, as well as certain other clinical and pathohistological characteristics of serous ovarian cancers, with the overall patient survival in advanced stage cases.

**Methodology** We conducted immunohistochemical analysis in tumor specimens from 40 patients to determine the expression of beta-catenin. We analyzed the relationship between beta-catenin expression and the FIGO disease stage and the tumor grade. We used Kaplan-Meier statistics to analyze the prognosis.

**Result(s)\*** We detected increased expression of beta-catenin in patients with FIGO Stage III or IV ( $p=0.0003$ ). We did not detect a statistically significant association between beta-catenin expression and tumor grade ( $p=0.817$ ). The positive expression of beta-catenin was associated with shorter average survival ( $p=0.034$ ). There was no statistically significant relationship between beta-catenin expression and other pathohistological tumor features.

**Conclusion\*** Beta-catenin expression is associated with poorer prognosis in patients with serous ovarian cancer.

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### DIAGNOSTIC ACCURACY OF INTRAOPERATIVE FROZEN SECTION IN THE ASSESSMENT OF ADNEXAL TUMOURS

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**Introduction/Background\*** Intraoperative frozen section (IFS) is considered a relevant procedure to categorize adnexal lesions as benign, borderline or malignant. The aim of this study is to determine the accuracy of IFS performed in our tertiary referral centre by assessing its correlation with definitive histopathologic diagnosis.

**Methodology** This retrospective study included 89 patients with adnexal tumours, who consecutively underwent surgery and intraoperative histopathological examination in our Institution between 2017 and 2020. IFS was compared to definitive histopathological diagnosis and sensitivity, specificity, positive predictive value, negative predictive value and accuracy of IFS were determined according to malignancy status, with a 95% confidence interval (CI).

**Result(s)\*** Mean patient age was 56.3 years (SD 14.3) and 53.9% (48/89) were post-menopausal. IFS indicated benign

### Abstract 1042 Table 1 - IFS diagnostic value according to status of malignancy

Statistical value (%)	Benign (CI 95%)	Borderline (CI 95%)	Malignant (CI 95%)
Sensitivity	94.8 (85.6-98.8)	75.0 (45.8-94.5)	76.47 (50.1-93.2)
Specificity	83.9 (66.3-94.6)	92.2 (83.8-92.1)	95.8 (88.3-99.1)
Positive predictive value	91.67 (83.1-96.1)	60.0 (39.4-77.6)	81.3 (58.1-93.1)
Negative predictive value	89.7 (74.0-96.4)	96.0 (89.9-98.4)	94.5 (88.0 – 97.6)
Accuracy	91.0 (83.1-96.0)	89.9 (81.7-95.3)	92.1 (84.5-96.8)

tumours in 60 cases (67.4%), borderline in 12 (13.5%) and malignant in 17 (19.1%). Definitive histopathologic assessment diagnosed benign tumours in 58 cases (65.2%), borderline in 15 (16.9%) and malignant in 16 cases (18%). Concordance between IFS and definitive histopathologic diagnosis was found in 77 cases (86.5%). Overall accuracy of IFS was 92.1% for malignant tumours, 91.0% for benign and 89.9% for borderline.

**Conclusion\*** In our series of patients, in agreement with previously published data, IFS was an important tool in the assessment of adnexal masses, allowing an adequate surgical staging of invasive malignancies. With low positive predictive value, IFS presented limitations in the diagnosis of borderline tumours.

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### THE DEVELOPMENT OF AN INTERNATIONAL REGISTRY WITH IMPLEMENTATION OF A DELPHI PROCESS AROUND THE ROLE OF HIPEC IN OVARIAN CANCER

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**Introduction/Background\*** The role of HIPEC in ovarian cancer has been the subject of significant debate. The publication of the OVIHIPEC trial has provided evidence to support the use of HIPEC in the interval cytoreduction setting with a complete or near partial macroscopic resection<sup>1</sup>.

It is clear from many of the recent surgical trials in advanced and recurrent ovarian cancer that the international gynaecological oncology community has not been successful in implementing standardised surgical approaches to advanced ovarian cancer cytoreductive surgery (CRS). This includes the role, accreditation and operational protocols for HIPEC.

**Methodology** Our aim was to ascertain the global interest of centres practising CRS for ovarian cancer and HIPEC of contributing to an International Data Registry with a view to implement a Delphi process to address these vital issues in ovarian cancer surgery. A SurveyMonkey invitation was distributed to centres already involved within the Peritoneal Surface Oncology Group International (PSOGI) database. Invitation was voluntary and consent obtained to become involved with the registry. A short 5 question survey was initially issued to assess referral levels and accreditation requirements.