observation, surgical resection of nodules, administration of progesterone, selective estrogen receptor modulators, aromatase inhibitor and gonadotropin releasing hormone agonists. In postmenopausal women, BML could be mistaken for metastatic cancer.

Ovarian cancer

2022-RA-127-ESGO | **MESENTERIC RETRACTION IN OVARIAN CANCER ON ULTRASOUND**

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Introduction/Background Ovarian cancer is common in gynecologic oncology clinics. usually follow up of patients is done by CT after the chemotherapy. CT scan is very irritating for women especially if done every 6 months and using dye injection.

Methodology Therefore, we aimed here to present some of our work regarding using ultrasound in assessing the response of chemotherapy. the chemotherapy response score (CRS) is assessed by histopathology, but CT and ultrasound can be used. CRS 1 indicates no response to chemotherapy, CRS 2 indicates partial one and CRS 3 indicates complete response. we are reporting response in relation to the primary tumor and the metastasis. After surgery, score 3 should be confirmed by histopathology as there could be microscopic deposits. regarding ultrasound scoring, it can be done using some criteria including initial size, doppler signal, shape of the primary and the metastasis comparing them with response after chemotherapy 6–12 weeks and later on follow up. Further points are normalization of the ovarian size, regularity, adhesions of the ovary to the surrounding indicating previous infiltration and malignant adhesions, scoring of doppler signal, symmetry between both ovaries, necrosis and change in echogenicity and echotexture.

Results complete interval surgical debulking is common in CRS 3. Tumor marker measurement in addition is a useful marker for detecting disease progression after chemotherapy. The chemotherapy response is assessed on the primary tumor and the metastasis. The Doppler findings can be graded as 1–4.

Conclusion We aimed here to propose a way for assessing response for chemotherapy using ultrasound using the histopathological chemotherapy response score in a way to reach an agreement.

2022-RA-130-ESGO | **ULTRASOUND CHEMOTHERAPY RESPONSE ASSESSMENT IN OVARIAN CANCER**

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Introduction/Background Detection of ovarian malignancies is by transvaginal ultrasound. Currently, the first-line imaging #for staging and assessing disease response in ovarian cancer is computed tomography (CT) of the abdomen and pelvis. However, CT has limitations in mesenteric and small-bowel implants. Ultrasonography by an expert can evaluate the intra-abdominal spread of disease Because of the low cost and high availability. (1) we are describing 2 cases showing common signs on ultrasound to suspect retraction

Methodology Small bowel mesentery root involvement is of great clinical importance because achieving complete cytoreduction is unfeasible. laparoscopic evaluation is undertaken before surgery using the Fagotti score for the small bowel mesentery root. ultrasound can detect that lesion easily based on limited mobility of the intestine, cauliflower mass of the intestine, failure to identify the mesentery individually.

Results US was done revealed multiple implant over ileum & jejunum with mesenteric affection o the small intestine that was detected as limited mobility of the loops of the intestine in the ascites, cawliflower shaped closely packed intestinal loops and limited mobility of the cauliflower mass. Case 2: Ultrasound revealedimited mobility of the intestine on the right side (ileum) than on left side in relation to each other with cauliflower mass appearance with packed closely intestinal loops.

Conclusion Ultrasonography performed by an expert may be a strategy for evaluating the intra-abdominal spread which allows the accurate qualification of patients for PDS or IDS

2022-RA-173-ESGO | **ENDOMETRIOID BORDERLINE OVARIAN TUMOR: CLINICAL CHARACTERISTICS, PROGNOSIS AND MANAGEMENT**

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Introduction/Background Endometrioid Borderline Ovarian Tumor (EBOT) is a rare subtype of borderline ovarian malignancies. This study aimed to determine the prognosis of a series of EBOT.

Methodology A retrospective review of patients with EBOT treated in or referred to our institutions. A centralized histological review by a reference pathologist; data on the clinical characteristics, management (surgical and medical) and oncologic outcomes of patients were required for inclusion.

Results

Forty-eight patients were identified Median age was 52 years (range 14–89). Fourteen patients underwent a conservative surgery and 32 a bilateral salpingo-oophorectomy (unknown in 2 cases). Two patients had bilateral tumors. Forty-three patients had stage-I disease and 5 patients had a stage-II disease (10%). Stromal microinvasion and intraepithelial carcinoma was observed in 6 (12%) and in 13 (27%) patients respectively. Endometriosis was histologically associated in 12 patients (25%). Synchronous endometrial disease was found in 7 (24%) of 29 patients with endometrial histological evaluation.The median follow-up was 72 months (range 6–146 months). Two patients developed a recurrence after cystectomy in form of borderline disease (5%). No death related to EBOT occurred.

Conclusion Peritoneal restaging surgery should be performed if not realized initially, since 5% of EBOTS are diagnosed at stage II-III. Fertility-sparing surgery seems a safe option in selected patients. Because synchronous endometrial diseases including endometrial carcinoma are frequent, systematic hysterectomy (or endometrial sampling in case of fertility-sparing

surgery) is mandatory. Prognosis is generally excellent. Recurrence is a rare event (6%), but it can occur in the form of invasive disease.

MIRNA-125B EXPRESSION IN EPITHELIAL OVARIAN CANCER

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Introduction/Background Most (70%) epithelial ovarian cancers (EOCs) are diagnosed late. Non-invasive biomarkers that facilitate early disease detection are needed. The microRNAs (miRNAs) represent a new class of biomarkers whose expression is aberrant in various human cancers and miRNA-125B has been shown to be overexpressed in EOC. This study was conducted to investigate plasma miRNA 125b as a diagnostic biomarkers in EOC.

Methodology A pre -surgical venous blood sample of all patients with clinically diagnosed ovarian tumors and likely to undergo surgery was drawn. After histopathological confirmation of benign or malignant epithelial ovarian tumor of surgically resected specimen, patients were enrolled into the study and their blood sample were further analysed for miRNA-125b expression. Patients with epithelial ovarian cancer on histopathological examination were defined as cases and those with benign pathology report served as controls. Commercial kit were used to isolate RNA including miRNA from serum samples. The RNA were then be reverse-transcribed into cDNA using cDNA synthesis kit as per the manufacturer's protocol. The Ct values of housekeeping U6 snRNA and test mir-125b were used to calculate the delta Ct (ΔCt) values between test and reference genes in both controls and cases. Delta delta Ct ($\Delta\Delta$Ct) values between controls and cases were based on difference in ΔCt values between the two sets. This was used to calculate the exponential difference based on 2-$\Delta\Delta$Ct. The values were normalized and expressed in terms of fold expression relative to controls.

Results We enrolled 20 cases of Epithelial ovarian cancer and 20 cases of benign epithelial ovarian tumor. Real time relative quantification analysis showed more than 12 fold increase in serum miR-125b expression among epithelial ovarian cancer patients than the corresponding benign counterparts.

Conclusion Circulating miRNA-125b has the potential to become a novel biomarker for early diagnosis and prognosis prediction of epithelial ovarian cancer.

A VALIDATION STUDY OF TWO PRE-OPERATIVE PREDICTIVE MODELS IN THE TREATMENT PLANNING OF ADVANCED OVARIAN CANCER

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Introduction/Background In advanced ovarian cancer (AOC) optimal cytoreductive surgery, <1 cm visible disease (VD), is associated with improved survival. Survival rates in patients with a suboptimal cytoreduction are equivocal. Surgery can be extensive and associated with significant morbidity and mortality. Tumour resectability and patient co-morbidity affect treatment planning. Pre-operative predictive models may provide an objective measure to aid this decision-making process. This study aimed to externally validate the ability of two pre-operative predictive models (Sudan et al 2014, 2017) to determine the likelihood of suboptimal cytoreductive surgery (>1 cm VD) and any residual disease in the treatment of AOC in a London teaching hospital.

Methodology Between January 2018- June 2020, 236 patients were treated for AOC in a London Teaching Hospital. 145 had cytoreductive surgery. 6 had incomplete records and were excluded. Suidan et al (2014, 2017) model's resectability score 1 (RS1) (suboptimal cytoreduction) and resectability score 2 (RS2) (any residual disease) were used to score patients against clinical and radiological criteria. Receiver operating characteristic (ROC) curve analysis was used to determine the accuracy of models.

Results The optimal cytoreductive surgery rate was 88.28% (n=128). 80.69% (n=117) had no visible disease. Both RS1 and RS2 models predicted surgical outcomes. RS1 AUC 0.862 (95% CI: 0.8189 to 0.9067, P<0.0001), RS2 AUC 0.869 (95% CI 0.8263 to 0.9126, P<0.0001).

Conclusion In our centre, Suidan et al's RS1 and RS2 models were able to predict cytoreductive outcomes. Predictive models may help determine patient suitability for cytoreductive surgery in AOC treatment.

A RETROSPECTIVE STUDY OF OVARIAN CANCER AMONG ELDERLY – EVALUATION AND PROGNOSIS

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Introduction/Background Half of epithelial ovarian cancer (EOC) are diagnosed above age 65. Women over 70 have higher morbidity and mortality. Our real-life retrospective study evaluates elderly with EOC.

Methodology Women above 70 were classified as 'elderly' (N=233) (71–93), and bellow 70 – 'control cohort' (N=755) (24–70). Treatment schedule used (6–8 cycles) were 3-weekly regimen (PC-3W) – carboplatin AUC-6 + Paclitaxel 175 mg/m^2 on day 1 of a 21-day cycle, and weekly regimen (PC-1W) – carboplatin AUC-2 + paclitaxel 80 mg/m^2 on days 1, 8, and 15 of a 28-day cycle

Results When comparing elderly to control median overall survival (mOS) was 41.26 (33.05–63.87) vs. 69.78 (50.07–75.01) months respectively (p<0.0001). No statistical differences were shown when comparing toxicities except for grade 2 anemia – 36.49% vs. 19.67% respectively (p<0.0001) and grade 2 alopecia – 44.81% vs. 60.52% respectively (p<0.0001). The use of PC-1W vs. PC-3W was 44.29% vs 47.14% in the elderly compared to 39.03% vs. 60.3% in the control (p<0.0001). Among the elderly mOS