matched analysis was performed to balance predictive factors of MI-SCS.

Results Overall, 276 cases were identified (62 MI-SCS and 214 LPT), and a complete gross resection (CGR) was achieved in 262 (94.9%) patients. At multivariate analysis, predictive factors for MI-SCS were NACT (p=0.007), site of recurrence (p=0.031), and number of lesions (p=0.001) (Table).In the propensity-matched population (39 MI-SCS and 78 LPT), CGR was similar for both groups (39 MI-SCS vs 72 LPT; p=0.082). Early post-operative complications were significantly higher in the LPT-SCS (33.3%) than in the MI-SCS (10.3%) group (p=0.004). Only one (2.6%) patient experienced a grade≥3 early post-operative complication in the MI-SCS compared to 13 (16.7%) patients in the LPT cohort (p<0.001).The median follow-up period was 32 months (range18–92) in the propensity-matched population. The median post-recurrence survival (PRS) was 81 months in the MI-SCS group and not reached in the LPT Group (p=0.111).

Abstract 2022-RA-820-ESGO Table 1 Logistic regression for prediction of MI-SCS

Abbreviations: MI-SCS: minimally invasive secondary cytoreduction surgery; BMI: body mass index; PFI= platinum free interval; PDS= primary debulking surgery; NACT= Neoadjuvant chemotherapy; PET-CT: positron emission tomography.

Conclusion Patients with single or oligometastatic recurrences can be offered MI-SCS, mainly if localized in the lymph-nodes and/or if they received NACT at primary diagnosis. MI-SCS is associated with favourable perioperative outcomes with no statistically significant differences in terms of PRS with respect to open approach.

2022-RA-821-ESGO **DR., PHD STUDENT**

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Introduction/Background Predicting borderline ovarian tumors can be challenging. Despite a favorable prognosis, these patients should not be treated as benign disease as comprehensive surgical staging is needed. In Denmark, RMI is the gold standard for predicting malignancy and referral to PET/CT. We evaluated ultrasound features in accordance to IOTA terminology and risk of malignancy using the ADNEX model.

Methodology Patients ≥18 years with ovarian lesions were prospectively included at Dept. of Gynecology, Rigshospitalet, Denmark. Gynecologists described lesions using IOTA terminology in a template (EPIC). Clinical decisions were not based on IOTA scores.

Results N=47 patients with histologically verified borderline ovarian tumors were included (89.4% stage I, 10.6% stage II-III). Median age was 54 years (range 21 – 82). RMI was >200 in 29 (61.7%) and <200 in 18 (38.3%). PET/CT was performed in 36 (79.6%) and concluded malignancy suspicion in 18 (FDG-uptake in 15, suspicious CT in 3). Thus, malignancy was suspected in 18 (38.3%) and benign disease in 29 (61.7%) women preoperatively. A total of 10 (21.3%) women underwent secondary staging surgery. The majority were classified multilocular solid (53.2%) or multilocular (23.4%), and less often unilocular solid (21.3%) and unilocular (2.1%). Papillary projections were present in 59.6%, and 38.3% had ≥4. The largest diameter of lesion was >100 mm in 57.4%. Cystic content was anechoic in 46.8%, low level in 32.0%, ground glass in 10.6%, and mixed in 10.6%. Color score >1 was seen in 55.3%. A total of 41/47 (87.2%) had a malignancy risk >10% using the ADNEX model. All 6/47 (10.6%) with malignancy risk <10% were uni-/multilocular lesions (<10 locules), 2 with diameter >100 mm.

Conclusion Accurate diagnosis of borderline is essential for planning appropriate management. Ultrasound pattern recognition is a valuable clinical observation. The ADNEX model identified a malignancy risk above 10% in almost 90% of the population.

2022-RA-822-ESGO **RISK REDUCING SURGERY IN OVARIAN CANCER**

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Introduction/Background The study evaluated the risk of ovarian cancer in women with BRCA 1–2 mutations. BRCA 1–2 are tumor-suppressor genes involved in DNA homologous recombination and ovarian cancer development

Methodology From 2016 to may 2022, all risk reducing surgery (RRSO) which included salpingo-oophorectomy was performed in all patients carrying BRCA1 and BRCA 2 mutation.

Results We collected 172 women. The median age of BRCA 1 mutated patients was 51 aged (range 30–73 years), whereas the median age of BRCA 2 mutated patients was 53 (range 36–70). One hundred and three patients had previous history of breast cancer. Among the 172, 145 (85%) underwent risk reducing salpingo-oohorectomy (RRSO) though a laparoscopic minimally invasive approach. 12 (7%) underwent laparoscopic RRSO and contextual hysterectomy, 3 (2%) underwent RRSO through a laparotomic approach and 10 (6%) laparotomic