of corner while suturing. Two delayed absorbable sutures with double ended needle are used for the technique.

Results Patient had optimal debulking surgery and the postoperative course was uneventful. She received adjuvant chemotherapy and is disease free for 24 months.

Conclusion Surgical skill development is crucial for reducing postoperative morbidity and to achieve optimal debulking. Due to increased use of staplers for bowel anastomosis in recent decades, hand sewn bowel anastomosis is not practiced regularly. However, hand sewn anastomosis is cost effective and is especially useful in resource limited or emergency setting. 'Double O' technique is simpler to use and eliminates many technical nuances described in traditional hand-sewn anastomosis. The technique helps the gynecological oncology surgical trainee to learn and retain the steps due to its simplicity and also helps to overcome the fear of suturing corners in bowel anastomosis during the learning curve.

2022-RA-275-ESGO COMPARISON OF PATIENTS WITH TRUCUT BIOPSY, ACID CYTOLOGY WITH FINAL PATHOLOGY RESULTS FROM PATIENTS OPERATED WITH PREDIAGNOSE OF OVARIAN CANCER

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Introduction/Background Ovarian cancer ranks 4th among the deadliest cancers in women and has the highest mortality rate among all gynecological malignancies. In women who are believed to have ovarian cancer but have poor performance status or have advanced disease believed to be beyond the scope of primary cytoreductive surgery and whose pathology cannot be obtained before staging surgery, NACT can be given to patients with acid cytology and/or tru-cut biopsy referral. Our aim is to determine the accuracy, adequacy, safety and reliability of these minimally invasive interventional procedures.

Methodology This is a retrospective analysis of 63 patients with a prediagnosis of ovarian cancer in our hospital between 2014 and 2021, who underwent ultrasound-guided acid cytology and tru-cut biopsy, and also had postoperative final pathology results.

Results When the pathology results of the patients who received acid cytology, tru-cut biopsy, acid cytology and tru-cut biopsy at the same time were compared with the postoperative final pathology results, it was seen that the PPV was 100% in all groups. It was revealed that the sensitivity of acid cytology was 64%, the specificity was 100%, the NPV was 12%, and the accuracy of the test was 65%. The sensitivity of the Tru-cut biopsy was 91%, the specificity was 100%, the NPV was 42%, and the accuracy of the test was 92%. In the case of both procedures, the sensitivity was calculated as 93% and the accuracy of the test was calculated as 93%. There were no false positive cytology and biopsy results that could lead to unnecessary NACT therapy in the study. 97 minimally invasive procedures were performed under ultrasound guidance.

Abstract 2022-RA-275-ESGO Table 1

	Sensitivity	*Specificity*	*PPV*	*NPV*	*Accuracy*
Acid cytology	%64	%100	%100	%12	%65
Tru-cut biopsy	%91	%100	%100	%42	%92
Acid cytology + tru-cut biopsy	%93	YOK	%100	YOK	%93

Conclusion Minimally invasive procedures can be safely applied to patients with low complication and high accuracy rates, since they provide NACT in patients who are thought to be candidates for interval surgery.

2022-RA-276-ESGO VALUE OF SURGICAL CYTOREDUCTION FOR SUBSEQUENT OVARIAN CANCER RELAPSE IN PATIENTS PREVIOUSLY TREATED WITH CHEMOTHERAPY ALONE AT 1ST-RELAPSE: A SUBANALYSIS OF THE DESKTOP III/ ENGOT-OV20 TRIAL

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Introduction/Background The DESKTOP III trial has demonstrated a significant survival benefit in AGO-score positive patients who underwent complete cytoreduction at 1st relapse compared to those treated with chemotherapy alone. The question whether eligible patients who missed the opportunity of potentially life prolonging surgery at 1st relapse would benefit from surgery at the time of their second relapse, remains open.

Methodology We evaluated separately the patients who were randomized in the standard, non-surgical arm of the DESKTOP III trial who then subsequently underwent cytoreductive surgery at a subsequent relapse at investigator's discretion.

Results The median progression-free survival (PFS) counted from randomization of 201 patients in the control arm of DESKTOP III was 14.0 months. 171 (85%) had progressive or relapsing disease and 32 of 171 (19%) underwent cytoreductive surgery. Patients' median age at this subsequent surgery was 63 years (range: 46 – 78). Complete tumor resection was