

Result(s)* 8 OCs occurred during 1277 women screen years; 2 occult OCs at RRSO (both stage 1a), 6 screen-detected OCs (3 prevalent; stage 2a, 3a and 3c, 3 incident; stage 1a, 3b and 4b). 4 of 6 (67%) screen-detected OCs were diagnosed at stages <3c. 7 of 8 (87.5%) screen-detected cancers were completely cytoreduced. There were no interval cancers. Modelled sensitivity, specificity, PPV and NPV for OC were 87.5% (CI, 47.3–99.7), 99.9%(99.9–100), 75%(34.9–96.8) and 99.9% (99.9–100) respectively. Economic modelling indicated that surveillance would be cost-saving within the UK National Health Service.

Conclusion* OC surveillance for women declining RRSO in a 'real-world' setting is feasible and equally effective as in research trials, resulting in successful downstaging with likely clinical benefit and healthcare cost savings. Whilst RRSO remains the recommended management for BRCA-carriers, ROCA-based surveillance is a viable interim option for those who defer such surgery.

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PREOPERATIVE FDG PET/CT VS CECT IN ADVANCED OVARIAN CANCER

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Introduction/Background* Ovarian cancer is the leading cause of death from gynecologic cancer in the developed countries. (1)

Multimodality imaging approach with ultrasound, CT, MRI or PET/CT is often needed during the diagnosis and prior to the treatment. In AOC, a lot of studies have been done in order to demonstrate a better accuracy in staging advanced disease. Some studies showed PET/CT to be more accurate than traditional CT and MRI imaging, detecting LN metastases, extraabdominal disease and assessing equivocal findings in conventional imaging. (2–6)

Besides, a greater number of distant metastases will be found when using PET/CT as preoperative staging tool and many patients will be upgraded. (7–9).

The aim of this study was to compare the efficacy between preoperative PET/CT and ceCT findings according with the final pathology report in patients that underwent surgery for EOC treatment.

Methodology The study is a retrospective unicentric national observational study reviewing data of patients diagnosed with epithelial ovarian cancer that were operated as part of the treatment between July 2018 and February 2021, both included. PET/CT with ceCT started to be used routinely at hour hospital in 2018 for EOC patients. At our institution, the PET/CT is independently evaluated by two imaging specialists: a nuclear medicine doctor (PET-CT) and an expert radiologist in gyn malignancies who evaluate only the CT images.

Result(s)* 56 patients were included in the final analysis. Sensitivity and specificity for PET/CT and CT were: 85% and 94.3% vs 80% and 94.3% in the ovarie; 38.1% and 91.2% vs 23.8% and 97.1% in the rectum; 50% and 86.7% vs 30% and 95.6% in the pelvic nodes; 33.3% and 97.1% vs 33.3%

and 97.1% in the diaphragm; and 25% and 97.7% vs 25% and 100% in the small bowel mesentery.

When calculating PCI and comparing it to the surgery PCI, PET/CT showed a better intraclass correlation coefficient (0.856) than CeCT (0.751).

Conclusion* Both techniques showed a poor sensitivity and a very good specificity when comparing findings to surgery in the different anatomical places. However, when estimating PCI before surgery, PET/CT showed a better correlation with surgery than CeCT.

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OVA-LEAK: PROGNOSTIC SCORE FOR COLO-RECTAL ANASTOMOTIC LEAKAGE IN PATIENTS UNDERGOING OVARIAN CANCER SURGERY

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Introduction/Background* In advanced ovarian cancer surgery, there is rather limited published evidence, drawn from a small sample, providing information about risk factors for anastomotic leak.

Methodology In our previous work, Twelve pre-/intraoperative variables were analysed as potential independent risk factors for anastomotic leak. A predictive model was created to establish the risk of anastomotic leak for a given patient.

Result(s)* The validation of our proposed predictive model will emerge from the collaborative research performed by 12 centers: 6 from Spain, 2 from United Kingdom, 1 from Italy, 1 from France and 2 from Germany.

Conclusion* Due to the low incidence of AL in ovarian cancer patients, a restrictive stoma policy based on the presence of risk factors should be the actual recommendation. The AL risk for each patient can be predicted by our multivariate model.

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CHARACTERISTICS OF BRAIN METASTASIS IN OVARIAN CANCER PATIENTS

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Introduction/Background* Brain metastasis (BM) are uncommon among ovarian cancer (OC) patients. Their frequency, risk factors and clinical repercussions are not well described. We assessed OC patients who developed BM, the role of BRCA status and survival implications.

Methodology We retrospectively evaluated 927 consecutive OC patients treated at our center in 2002–2020.

Result(s)* 28/927(2.9%) were diagnosed with BM and compared to non-BM cohort. Median age was 60 in both groups, stage III-IV at diagnosis was more common among BM group (96.4% vs. 84.8%, p=0.0065) while platinum sensitivity was similar(92.3% in BM vs. 80.8% in non-BM, p=0.2193). 658 patients tested for BRCA, 33.6%(n=221) were mutation carriers(BRCA+). Of the patients with BM, 13/22 tested were carriers. BRCA+ was significantly higher in the BM group (59.1% vs. 32.9%, p=0.0123). The rate of BM was higher in the BRCA+ compared to BRCA- group(5.8% vs. 2.1%,