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IMPLEMENTATION AND FEASIBILITY OF PROPHYLACTIC BILATERAL SALPINGECTOMY AT BENIGN, MINIMALLY INVASIVE (VAGINAL AND LAPAROSCOPIC) HYSTERECTOMY IN STYRIA (AUSTRIA)

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Objectives Numerous societies, including the Austrian Society of Obstetrics & Gynecology (OEGGG) in 2015, have recommended prophylactic bilateral salpingectomy (PBS) at the time of benign gynecologic surgery with the intent of ovarian cancer risk reduction. We evaluated implementation and feasibility of PBS at benign, minimally invasive hysterectomy in public hospitals in the Austrian province of Styria in 2014 vs. 2018 (before and after the official recommendation in 2015).

Methods We reviewed surgical consent forms and operative notes of patients undergoing vaginal or laparoscopic hysterectomy for benign indications in Styria in 2014 and 2018. Ethics approval was obtained.

Results 1256 benign, minimally invasive hysterectomies were identified (580 in 2014, 676 in 2018). 68% of patients were consented for PBS in 2014 and 94% in 2018 ($P < 0.05$). The PBS rate in consented patients was 88% in 2014 and 83% in 2018 (n.s.). In 2018 PBS was completed more often at laparoscopic than at vaginal hysterectomy (95% vs. 74%, $P < 0.05$). Age and parity were the major influencing factors for success of PBS.

Conclusions PBS at minimally invasive hysterectomy was widely performed in Styria even before the official recommendation in 2015, and increased thereafter to 83% overall in 2018. PBS was accomplished somewhat more often at laparoscopic than at vaginal hysterectomy.

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RADIOLOGICAL RESPONSE TO NEOADJUVANT CHEMOTHERAPY AS INDICATOR OF OPTIMAL CYTOREDUCTION IN ADVANCED OVARIAN CANCER

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Objectives The extent of tumor cytoreduction (residual tumor volume) is the most important prognostic factor in advanced ovarian cancer (AOC). Neoadjuvant chemotherapy (NACT) followed by interval debulking surgery (IDS) is an option in cases where optimal cytoreduction is not possible in upfront surgery. Despite that NACT did not raise the survival rate, it still showed increased cytoreduction rate, decreased surgical morbidity and good progression-free interval. The purpose of this study is to determine the role of imaging in the prediction of the extent of cytoreduction after NACT.

Methods The 37 patients with AOC were included in the study. They were operated in our center after the administration of NACT. Evaluation of the response to NACT was done with CT/MRI after 3–4 cycles of NACT.

Results NACT was administered in 3 or 4 cycles of Paclitaxel/Carboplatin protocol. Patients were diagnosed in FIGO stage III (29; 78,4%) or IV (8; 21,6%). Cytological (26; 70,3%) or histopathological (9; 29,7%) confirmation of malignancy was done prior chemotherapy. According to imaging, 32 subjects (86,5%) achieved a partial response (PR) to chemotherapy, 4 of them (11,8%) obtained complete response (CR) and one retained stable disease (2,7%). Out of those subjects with PR, 19 (59,4%) had optimal debulking, while 13 (40,6%) had a suboptimal debulking procedure. All 4 of the patients with CR had complete debulking, while one with SD had suboptimal debulking.

Conclusions Imaging evaluation of response to NACT is a valid method to assess surgical resectability and select patients appropriate for complete cytoreduction.

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THE DIAGNOSTIC ACCURACY OF HUMAN EPIDIDYMIS PROTEIN 4 (HE4) FOR DISCRIMINATING BETWEEN BENIGN AND MALIGNANT PELVIC MASSES: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Objectives There is an unmet need to improve accurate detection of malignancy in patients with pelvic masses. Our objective was to obtain summary estimates of HE4 accuracy for diagnosing malignancy and to compare performance with CA125, in different clinical settings.

Methods We searched PubMed, Ovid and Scopus using terms for 'pelvic masses' and 'HE4', to identify studies that evaluated HE4 for diagnosing malignant ovarian masses. Screening, data extraction and quality assessment were done independently by two authors. We performed meta-analysis of HE4 and CA125 accuracies using a random-effects bivariate logit-normal model.

Results In the 17 eligible studies, OC prevalence ranged from 15% to 71%. All studies seemed to have recruited patients in specialized settings. A meta-analysis of 7 HE4-studies resulted in a mean sensitivity and specificity (95% CI) of 79.4% (74.1%-83.8%) and 84.1% (79.6%-87.8%), for cut-off values of 67–72 pmol/L. Based on 8 studies, the mean sensitivity and specificity of CA125 was 81.4% (74.6%-86.2%) and 56.8% (47.9%-65.4%), respectively, at a cut-off of 35U/mL. Given a 40% OC prevalence, the positive predictive value (PPV) for HE4 was 76.9% (71.9%-81.2%) versus 55.6% (50.2%-60.9%) for CA125. At a 15% prevalence, the negative predictive value (NPV) was 95.8% (95% CI: 94.4%-96.7%) and 94.4% (95% CI: 92.3%-96.0), respectively.

Conclusions HE4 had higher specificity and similar sensitivity compared to CA125. At high prevalence in specialized settings, PPV is higher for HE4. At low prevalence in general settings, NPV of HE4 is similar to CA125. Prevalence and