Peritoneal carcinosis index, body mass index, moderate to severe renal failure, weight loss, ASA score and histological type were associated with the occurrence of VTE at the diagnosis of ovarian cancer. VTE predictive nomogram created in this population had good internal agreement (AUC = 0.81, CI95% 0.73 – 0.89).

Conclusion The incidence of VTE is high during ovarian cancer management, with many asymptomatic events. The impact of VTE is unfavorable on OS. The use of a nomogram could allow an earlier screening and thus improve the management and prognosis of patients. These results raise the question of systematic screening and its modalities in this population.

Introduction/Background Omental tumoral transformation is frequently encountered in advanced stage ovarian cancer. Depending on the progression of the disease, in certain cases adjacent organs might be invaded and therefore, the chances of decreasing the completeness of cytoreduction are higher.

Methodology In the current paper we report the cases of 18 patients diagnosed with omental cake originating from ovarian cancer.

Results In two cases total omentectomy was associated with total hysterectomy and bilateral adnexectomy, peritoneectomy and lymph node dissection, in other two cases total colectomy was also associated, in one case a large enterectomy was associated while in another case partial cystectomy was imposed (figure 1). In the other 12 cases a massive invasion of the underlying loops was encountered and therefore the intervention was limited to a omental biopsy, the patients being further deferred to the oncology services in order to be submitted to neoadjuvant chemotherapy.

Conclusion In conclusion, a significant number of cases presenting omental cake might not be candidates for per primam cytoreduction and might need neoadjuvant chemotherapy.