Abstract 2022-RA-761-ESGO Figure 1  A – MRI scan, the arrows indicate neoplastic lesions of the anterior abdominal wall and pelvis minor, B – defect of the anterior abdominal wall, C – state after application of modified Ramirez surgical technique, D – state after onlay hemia mesh implantation

Conclusion Incidence of ovarian cancer under the age of 40 is very rare. Endometriosis as a benign disease affecting approximately 10–15% of the female population of reproductive age may pose a risk of malignant transformation in 0.7–1% of cases. Endometriosis-related ovarian neoplasms (ERONs) develop mainly from the endometrial epithelium of ovarian cysts. In contrast, in women already diagnosed with ovarian cancer, endometriosis foci are present in up to 30% of cases. Histology of endometriosis-associated ovarian cancer is mainly clear cell carcinomas (40–55%) and only less than 10% are serous carcinomas. Patients with low-grade serous ovarian cancer have a limited response to chemotherapy (approximately 2.3%), thus surgery is the most important element of treatment. The presented case showed that oncological vigilance should be maintained even in young women with symptoms suggestive of endometriosis.

Introduction/Background In the COVID-19 era, surgery waiting list is longer and gynecological-oncological units are forced to delay oncological surgery, especially suspected early-stage cancers, like ovarian cancer (OC). The aim of this study is to evaluate the impact of delay on the oncological outcomes of these patients.

Methodology Retrospective analysis of all women with early OC treated in the 1st Department of Obstetrics & Gynecology AUTh at ‘Papageorgiou’ Hospital, from 2012 – 2019. Delay was calculated as the time interval between the day of first examination in the outpatient clinic and the day of surgery, and a cut-off point at 6 weeks was set. Patient and tumor characteristics, treatment options and follow-up information were collected. Primary outcomes were postoperative complication and survival rates.

Results 72 patients met the inclusion criteria. Based on the 6-week cutoff point, patients were divided into two groups: 38 underwent surgery up to 6 weeks (group A) and 34 over 6 weeks (group B). There was no statistical difference in the age, BMI or comorbidities between the two groups, but patients in group A had higher pre-operative CA125 level and patients in group B had a significantly higher blood loss during surgery (300 vs. 200cc, p=0.0348). However, no difference was detected in the post-operative complications rate (Clavien – Dindo Classification), hospital stay, ICU admittance and surgery duration. Concerning survival rates, there was no statistical difference in disease-free (p=0.792) and overall survival (p=0.507).

Conclusion Delaying surgery for suspected early OC over 6 weeks seems to be relatively safe, with no impact on the mortality, morbidity and recurrence rate of these patients. However, it is very important to carefully evaluate our OC patients in the pre-operative setting with all available imaging modalities [CT, MRI, Ultrasound (IOTA Score)].