matched analysis was performed to balance predictive factors of MI-SCS.

Results Overall, 276 cases were identified (62 MI-SCS and 214 LPT), and a complete gross resection (CGR) was achieved in 262 (94.9%) patients. At multivariate analysis, predictive factors for MI-SCS were NACT (p=0.007), site of recurrence (p=0.031), and number of lesions (p=0.001) (Table). In the propensity-matched population (39 MI-SCS and 78 LPT), CGR was similar for both groups (39 MI-SCS vs 72 LPT; p=0.082). Early post-operative complications were significantly higher in the LPT-SCS compared to 13 (16.7%) patients in the LPT cohort (p=0.004). Only one (2.6%) patient experienced a grade ≥3 early post-operative complication in the MI-SCS compared to 13 (16.7%) patients in the LPT cohort (p<0.001). The median follow-up period was 32 months (range 18–92) in the propensity-matched population. The median post-recurrence survival (PRS) was 81 months in the MI-SCS group and not reached in the LPT Group (p=0.111).

Abstract 2022-RA-820-ESGO Table 1 Logistic regression for prediction of MI-SCS

| Predictors | MI-SCS (n=39) | LPT (n=78) | PRS
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Univariate</td>
<td>Multivariate</td>
<td>Univariate</td>
<td>Multivariate</td>
</tr>
<tr>
<td>P-value</td>
<td>P-value</td>
<td>P-value</td>
<td>P-value</td>
</tr>
<tr>
<td>NACT</td>
<td>0.002</td>
<td>0.002</td>
<td>0.002</td>
</tr>
<tr>
<td>LPT</td>
<td>0.004</td>
<td>0.004</td>
<td>0.004</td>
</tr>
<tr>
<td>Recurrence</td>
<td>0.002</td>
<td>0.002</td>
<td>0.002</td>
</tr>
<tr>
<td>Number of lesions</td>
<td>0.002</td>
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</table>

Conclusion Patients with single or oligometastatic recurrences can be offered MI-SCS, mainly if localized in the lymph-nodes and/or if they received NACT at primary diagnosis. MI-SCS is associated with favourable perioperative outcomes with no statistically significant differences in terms of PRS with respect to open approach.

Methodology Patients ≥18 years with ovarian lesions were prospectively included at Dept. of Gynecology, Rigshospitalet, Denmark. Gynecologists described lesions using IOTA terminology in a template (EPIC). Clinical decisions were not based on IOTA scores.

Results N=47 patients with histologically verified borderline ovarian tumors were included (89.4% stage I, 10.6% stage II-III). Median age was 54 years (range 21–82). RMI was >200 in 29 (61.7%) and <200 in 18 (38.3%). PET/CT was performed in 36 (79.6%) and concluded malignancy suspicion in 18 (FDG-uptake in 15, suspicious CT in 3). Thus, malignancy was suspected in 18 (38.3%) and benign disease in 29 (61.7%) women preoperatively. A total of 10 (21.3%) women underwent secondary staging surgery. The majority were classified multilocular solid (53.2%) or multilocular (23.4%), and less often unilocular solid (21.3%) and unilocular (2.1%). Papillary projections were present in 59.6%, low level in 32.0%, ground glass in 10.6%, and mixed in 10.6%. Color score >1 was seen in 46.8%, low level in 32.0%, ground glass in 10.6%, and mixed in 10.6%. Color score >1 was seen in 55.3%. A total of 41/47 (87.2%) had a malignancy risk >10% using the ADNEX model. All 6/47 (10.6%) with malignancy risk <10% were uni-/multilocular lesions (<10 locules), 2 with diameter >100 mm.

Conclusion Accurate diagnosis of borderline is essential for planning appropriate management. Ultrasound pattern recognition is a valuable clinical observation. The ADNEX model identified a malignancy risk above 10% in almost 90% of the population.

Introduction/Background The study evaluated the risk of ovarian cancer in women with BRCA 1–2 mutations. BRCA 1–2 are tumor-suppressor genes involved in DNA homologous recombination and ovarian cancer development.

Methodology From 2016 to may 2022, all risk reducing surgery (RRSO) which included salpingo-oophorectomy was performed in all patients carrying BRCA1 and BRCA2 mutations.

Results We collected 172 women. The median age of BRCA 1 mutated patients was 51 aged (range 30–73 years), whereas the median age of BRCA 2 mutated patients was 53 (range 36–70). One hundred and three patients had previous history of breast cancer. Among the 172, 145 (85%) underwent risk reducing salpingo-oophorectomy (RRSO) though a laparoscopic approach. 12 (7%) underwent laparoscopic RRSO and contextual hysterectomy, 3 (2%) underwent RRSO through a laparotomy approach and 10 (6%) laparotomy.

2022-RA-821-ESGO

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2022-RA-822-ESGO

RISK REDUCING SURGERY IN OVARIAN CANCER

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