when procedure was not necessary. However, incidence of splenectomy and of the extirpation of non-regional bulky nodes is associated with increased PCI, a previously identified by us strong predictor of high-grade postoperatively complications.

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RARE CANCERS IN GYNECOLOGIC ONCOLOGY, ENGOT INITIATIVE FOR A EUROPEAN REGISTRY

Lorenzo Ceppi, Alice Bergamini, Elena Biagioli, Olesya Solheim, Antonio González-Martin, Nelleke Ottevanger, Els van Nieuwenhuysen, Annette Hasenburg, Karen Cadoo, Elena Ioana Bracu, Marcella Hall, Dirk Bauerschlag, Stefanie Aust, Roos Glasspool, Christianne Lok, Jacob Koraich, David Cibula, Sandro Pignata, Isabel Ray-Coquard, ENGOT Rare Tumors Group. Obstetrics and Gynecology, Grande Ospedale Metropolitano Niguarda, MaNGO, Milan, Italy; San Raffaele Hospital, MITO, Milan, Italy; Mario Negri Institute, MaNGO, Milan, Italy; Department of gynecological oncology, Norwegian Radiumhospital, Oslo University Hospital, NSGO, Oslo, Norway; Clinica Università di Navarra, GECO, Madrid, Spain; EORTC Gynaecological Cancer Group, EORTC Gynaecological Cancer Group, Netherlands; Gynaecologic Oncology, BGOG, Leuven, Belgium; Clinic for Women’s Health, Department of Gynecology and Obstetrics, Medical Center Johannes Gutenberg University, AGO, Mainz, Germany; St. James’s Hospital Dublin, Trinity St. James’s Cancer Institute, Cancer Trials Ireland, Dublin, Ireland; Charité Universitätsmedizin Berlin, Berlin, NOGGO, Germany; EAST AND NORTH HERTFORDSHIRE NHS TRUST, NCH, Northwood, UK; University Medical Center Schleswig-Holstein, AGO, Kiel, Germany; Medical University of Vienna, Department of Obstetrics and Gynecology, Comprehensive Cancer Center, A-AGO, Wien, Austria; Beatos West of Scotland Cancer Centre and Institute of Cancer Sciences, University of Glasgow, SOCTG, Glasgow, UK; Department of gynecological oncology The Netherlands Cancer Institute, Antoni van Leeuwenhoek hospital, DUGG, Amsterdam, Netherlands; Gebo Medical Center, Sackler School of Medicine, IJGO, Tel Aviv, Israel; Department of Obstetrics and Gynecology, General University Hospital in Prague, First Faculty of Medicine, Charles University, CECEG, Prague, Czech Republic; Department of Urology and Gynecology, Istituto Nazionale Tumori IRCCS Fondazione Pascale, MOTO, Naples, Italy; Centre Leon Bérard, Laboratoire RESHAPE U1290, Université Claude Bernard, GINECO, Lyon, France

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Introduction/Background Management of rare cancers is challenging due to limited data, experience, low referral rates to oncological centers, and the fact that most treatments can only be based on experts’ opinions. Many gynecologic malignancies are considered rare diseases due to their low incidence. The European Commission has highlighted the need for treatment standardization in rare cancers, suggesting the creation of international networks and registries. Our purpose is to create an international European registry for the collection of data on rare gynecologic cancers.

Methodology This is a multi-center, international, retrospective, and prospective observational study collecting data of patients with rare gynecological cancers in centers among the European Network of Gynecological Oncological Trial Group (ENGOT). In its initial development, the study includes patients with malignant germ cell tumors, sex-cord stromal tumors, and low-grade serous tumors of the ovary, and can be expanded to other rare gynecological cancers. The aim is to collect complete clinical, surgical, and pathologic data. The follow-up of patients will continue for up to 20 years. REDCap (Research Electronic Data Capture) web application will be used for data collection. A survey was conducted in order to assess interests and issues among the representatives of each ENGOT collaborative group. Periodical meetings were set up in order to update the ENGOT rare tumor working group on database development and share critical points.

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WHOLE-BODY DIFFUSION-WEIGHTED MRI (WB-DWI/MRI) FOR THE PREDICTION OF RESECTABLE DISEASE AT THE TIME OF SECONDARY CYTOREDUCTIVE SURGERY FOR RELAPSED EPITHELIAL OVARIAN CANCER

Sander Dumont, Vincent Vandecaveye, Raphaëlle Carmen Dresen, Els van Nieuwenhuysen, Thais Baert, Sterey Han, Patrick Neven, Patrick Berteloot, Frédéric Amant, Toon van Gorp. Department of Obstetrics and Gynecology, University Hospitals Leuven, Leuven, Belgium; Department of Radiotherapy, University Hospitals Leuven, Leuven, Belgium; Division of Translational MRI, Department of Imaging and Pathology, KU Leuven, Leuven, Belgium; Division of Gynaecological Oncology, Leuven Cancer Institute, University Hospitals Leuven, Leuven, Belgium

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Introduction/Background Current ESGO guidelines recommend secondary cytoreductive surgery (SCS) followed by chemotherapy in case of first recurrent epithelial ovarian cancer and a platinum-free interval (TFI) of >6 months as it is the best strategy to prolong progression free survival (PFS) and overall survival (OS). Two prediction models have been developed to improve patient selection for complete resection: AGO and iMODEL. Whole-body diffusion-weighted MRI (WB-DWI/MRI) is a powerful tool to predict resectable disease, however, it has not yet been integrated in the two prediction models. Our aim was to identify the best tool for prediction of resectable disease.

Methodology A retrospective cohort study was performed in the University Hospitals Leuven, a tertiary referral centre, using a database search identifying patients between January 2012 and December 2021. Inclusion criteria were: (a) first relapse after 6+ months TFIp, and (b) WB-DWI/MRI. AGO and iMODEL scores were calculated when MRI demonstrated resectable disease.

Results In total, 246 patients were included. Based on the WB-DWI/MRI, 124 (50.4%) underwent SCS. The performance of WB-DWI/MRI, AGO, and iMODEL score are summarized in Table 1. WB-DWI/MRI (without the use of any model) had the highest accuracy (89%) compared with the addition of AGO and iMODEL scores: 44.6% (p<0.001) and 80.2% (p=0.54), respectively. Adding the AGO or iMODEL score had a negative effect on both the sensitivity and specificity in predicting resectable disease.

Furthermore, when WB-DWI/MRI revealed resectable disease, these patients had a significantly longer median PFS: 42.9 months vs. 10.0 months (Hazard Ratio [HR]: 0.35; 95%CI 0.26–0.48) and median OS: 64.9 months vs. 31.4 months (HR: 0.36; 95%CI 0.25–0.53) for resectable versus non-resectable disease, respectively.