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 postoperative complications.

## 2022-RA-883-ESGO RARE CANCERS IN GYNECOLOGIC ONCOLOGY, ENGOT INITIATIVE FOR A EUROPEAN REGISTRY

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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 pathology 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.

**Results** The survey showed an interest in adopting the database in 94.4% of responders. The database has been developed, revised by a reviewers committee, and shared for data entry.

**Conclusion** National collaborative groups will participate independently in setting up a REDCap-based database with the same database structure. A central ENGOT coordination will ensure the appropriate data entry and registry management for future data analysis. This project will allow improving the knowledge of these rare cancers in Europe.

## 2022-RA-884-ESGO 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

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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 (TFIp) 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 significant 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.

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**Abstract 2022-RA-884-ESGO Table 1** Diagnostic tests of the different modalities in predicting resectable disease.

| Modality (95%CI) | Sensitivity | Specificity | PPV | NPV | LR+ | Accuracy |
|---|---|---|---|---|---|---|
| WB-DWI/MRI | 93.5% (87.1 – 97.4%) | 85.5% (78.5 – 90.9%) | 83.5% (77.1 – 88.4%) | 94.4% (89.1 – 97.2%) | 6.45 (4.29 – 9.71) | 89.0% (84.4 – 92.6%) |
| WB-DWI/MRI and positive AGO | 40.6% (30.9 – 50.8%) | 65.0% (40.8 – 84.6%) | 85.4% (75.5 – 91.8%) | 17.8% (13.3 – 23.7%) | 1.16 (0.61 – 2.20) | 44.6% (35.6 – 53.9%) |
| WB-DWI/MRI and low iMODEL | 90.1% (82.5 – 95.2%) | 30.0% (11.9 – 54.3%) | 86.7% (82.9 – 89.7%) | 37.5% (19.8 – 59.4%) | 1.29 (0.96 – 1.73) | 80.2% (71.9 – 86.9%) |

Abbreviations: CI: confidence interval; PPV: positive predictive value; NPV: negative predictive value; LR+: positive likelihood ratio

**Conclusion** WB-DWI/MRI was the most suitable modality for the prediction of resectable disease at the time of SCS. Adding AGO or iMODEL score did not improve prediction of operable disease in our centre.

## 2022-RA-891-ESGO PREOPERATIVE ASSESSMENT OF NON-RESECTABILITY IN PATIENTS WITH OVARIAN CANCER USING IMAGING (ISAAC STUDY) – AN INTERIM ANALYSIS

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10.1136/ijgc-2022-ESGO.584

**Introduction/Background** The aim of the European multicentric prospective study (ISAAC study, Imaging Study on Advanced ovArian cancer) was to test the non-inferiority of abdomino-pelvic ultrasound compared to computed tomography (CT) and whole-body diffusion-weighted magnetic resonance imaging (WB-DWI/MRI) in prediction of surgical outcome in patients with ovarian/tubal/peritoneal cancer.

**Methodology** All consecutive patients, with suspected ovarian cancer planned for surgery underwent preoperative prediction of non-resectability with ultrasound, CT and WB-DWI/MRI at 5 european centres. The prediction of non-resectability was based on the European Society of Gynecologic Oncology (ESGO) criteria of non-resectability. Findings were compared to the reference standard (surgical outcome).

**Results** The interim analysis looked at data of the first 59 patients enrolled between 01/2020 and 07/2021. They underwent ultrasound and CT (n=59), and WB-DWI/MRI (n=50). Among them, 83% (49/59) had advanced-stage and 17% (10/59) had early-stage ovarian cancer. Diagnostic laparoscopy only was performed in 12% (7/59) of the cases. In the remaining 88% (52/59) laparotomy was performed with no residual disease at the end of surgery (R0) in 75% (39/52), residual disease ≤1 cm in 10% (5/52) and residual disease >1 cm in 15% (8/52). The ultrasound imaging was non-inferior neither to CT (p-value =0.029) nor to WB-DWI/MRI (p-value = 0.036). Regarding the prediction of resectability, ultrasound obtained the best results with an AUC of 0.85, sensitivity of 91.3% and specificity of 85.7%. CT and WB-DWI/MRI had similar results regarding AUC and sensitivity (0.79 vs 0.78 and 88.6% vs 87.5%), with lower specificity for CT (68.8% vs 86%).

**Conclusion** This interim analysis represents the first prospective study documenting that ultrasound is not inferior to CT and WB-DWI/MRI in predicting the non-resectability of patients with ovarian cancer. ESGO criteria are easy to apply in preoperative imaging without a need for more complex scoring system.

## 2022-RA-893-ESGO IS ETHNICITY A RISK FACTOR FOR DIFFERENTIAL OUTCOMES IN MUCINOUS OVARIAN CANCER? EXPERIENCE FROM A UK GYNAECOLOGICAL ONCOLOGY CENTRE

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**Introduction/Background** Primary Mucinous Epithelial Ovarian Cancer (PMEOC) is a rare disease representing 3–4% of all ovarian cancers. PMEOC often presents early (65–80%) and has a good overall prognosis. Poor prognostic factors include infiltrative histological subtype, capsule rupture, and advanced stage. The Pan-Birmingham Gynaecological Cancer Centre (PBGCC) serves a large multi-ethnic population of 2 million people; 82.8% white ethnicity, 10.8% South-Asian ethnicity, 3.3% Black ethnicity, 2.4% Mixed ethnicity, 0.9% other ethnicity. We investigated whether ethnicity was a risk factor for differential outcomes in patients diagnosed with PMEOC.

**Methodology** Case notes of patients diagnosed with PMEOC at PBGCC between December 2005- February 2022 were retrospectively analysed. Data analysis was performed using Microsoft Excel.

**Results** All pathology was reviewed of the 160 cases identified to confirm PMEOC, 39 were excluded leaving 121 for data analysis. Patient ethnicities were: 17 (14%) South Asian, 85 (70%) white, 4 (3%) other, and 16 (13%) unknown. Age at diagnosis for the whole population was normally distributed with mean of 53.8 (±3) years. Age for non South Asian remained normally distributed with a mean of 55.7 (±3.1) years. However, a bimodal age distribution was noted in South Asian patients with two distinct groups- >40 and ≤ 40 years old with mean age at diagnosis being 55.4 (±4.1) and 25.1 (±8) years respectively. South Asian patients were more likely to be diagnosed with PMEOC ≤40 years old (p=0.01), stage 1C at diagnosis (p=0.03) and in women ≤40 more likely to have infiltrative histology (p=0.025).

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