

**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
<b>WB-DWI/MRI</b>	93.5%	85.5%	83.5%	94.4%	6.45	89.0%
	(87.1 – 97.4%)	(78.5 – 90.9%)	(77.1 – 88.4%)	(89.1 – 97.2%)	(4.29 – 9.71)	(84.4 – 92.6%)
<b>WB-DWI/MRI and positive</b>	40.6%	65.0%	85.4%	17.8%	1.16	44.6%
	(30.9 – 40.8)	(40.8 – 75.5)	(75.5 – 13.3)	(13.3 – 0.61)	(0.61 – 35.6)	
<b>AGO</b>	50.8%	84.6%	91.8%	23.7%	2.20	53.9%
<b>WB-DWI/MRI and low</b>	90.1%	30.0%	86.7%	37.5%	1.29	80.2%
	(82.5 – 95.2%)	(11.9 – 54.3%)	(82.9 – 89.7%)	(19.8 – 59.4%)	(0.96 – 1.73)	(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

<sup>1</sup>Patrícia Pinto, <sup>2</sup>Valentina Chiappa, <sup>3</sup>Juan Luiz Alcazar, <sup>4</sup>Dorella Franchi, <sup>5</sup>Antonia Carla Testa, <sup>6</sup>Lil Valentin, <sup>1</sup>David Cibula, <sup>1</sup>Daniela Fischerová. <sup>1</sup>Gynecologic Oncology Center, Department of Obstetrics and Gynecology, First Faculty of Medicine and General University Hospital, Charles University, Prague, Czech Republic; <sup>2</sup>Gynaecologic Oncology, National Cancer Institute of Milan, Milan, Italy; <sup>3</sup>Obstetrics and Gynecology, Clínica Universidad de Navarra, Pamplona, Spain; <sup>4</sup>Preventive Gynecology Unit, Division of Gynaecology, European Institute of Oncology IRCCS, Milan, Italy; <sup>5</sup>Woman and Child Health, Fondazione Policlinico Universitario A. Gemelli, IRCCS, Università Cattolica del Sacro Cuore Roma, Rome, Italy; <sup>6</sup>Obstetrics and Gynecology, Skåne University Hospital Malmö, Lund University, Malmö, Sweden

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**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

<sup>1</sup>Tejumola Olaoye, <sup>2</sup>Kamama Subba, <sup>3</sup>Raji Ganesan, <sup>3</sup>Anthony Williams, <sup>3</sup>William Boyle, <sup>1</sup>Janos Balega, <sup>1</sup>Jason Yap, <sup>1</sup>Kavita Singh, <sup>1,4</sup>Sudha Sundar. <sup>1</sup>Pan-Birmingham Gynaecological Cancer Centre, Pan-Birmingham Gynaecological Cancer Centre City Hospital, Birmingham, UK; <sup>2</sup>Birmingham Women's Hospital- Gynaecology, Birmingham Women's and Children's NHS Foundation Trust, Birmingham, UK; <sup>3</sup>Birmingham Women's Hospital Department of Histopathology, Birmingham Women's and Children's NHS Foundation Trust, Birmingham, UK; <sup>4</sup>Institute of Cancer and Genomic Sciences, University of Birmingham, Birmingham, UK

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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).