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.

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

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.

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.