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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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).

Abstract 2022-RA-893-ESGO Table 1 Clinico-pathological characteristics of PMEOC patients by ethnicity

Characteristic, n (%)	Italy (n=125)	UK (n=116)	France (n=83)
Mean (SD) age at enrolment, years	60.3 (10.8)	57.9 (10.6)	61.4 (11.2)
FIGO stage III disease	103 (82)	68 (59)	54 (65)
FIGO stage IV disease	22 (18)	45 (39)	15 (18)
FIGO stage unknown	0	3 (3)	14 (17)
Tumour BRCAm (without known germline result)	61 (49)	3 (3)	45 (54)
Germline BRCAm	64 (51)	111 (96)	25/66* (38)
Upfront surgery	77 (62)	31 (27)	21 (25)
Interval surgery	42 (34)	59 (51)	37 (45)
No surgery	4 (3)	18 (16)	11 (13)
Missing/other	2 (2)	8 (7)	14 (17)

*Patients with germline BRCAm data available

Conclusion We have demonstrated that South Asian women under 40 appear to have a distinct high risk phenotype for PMEOC. Larger studies are required to confirm this as a novel risk factor and if confirmed work to elucidate biological causes is urgently needed.

2022-RA-894-ESGO ENDOMETRIOID OVARIAN CARCINOMA – REAL WORLD EVIDENCE FROM A LARGE TRANSATLANTIC TEAM INITIATIVE: FIRST RESULTS OF THE LEOPARD STUDY

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Introduction/Background According to the WHO2020 understanding endometrioid ovarian carcinoma (ENOC) is the second most frequent ovarian carcinoma histotype. However, most historical cohorts include a significant number of misclassified cases, possibly resulting in a rather clouded picture of this histotype. We aimed to establish a large cohort of validated ENOC allowing us to study cliniocopathological characteristics and evaluate therapeutic strategies applied on an international multicentre level.

Methodology After launching a transatlantic initiative, a cohort of 846 ENOC was assembled from 22 centers across Canada and Europe after central expert pathology review and immunohistochemical validation. A detailed chart review was performed by contributing centres including surgical and adjuvant therapy data.

Results At this time a complete data set is available from 595 patients. Median age at diagnosis was 55 years (28–94). 330 (55.5%) patients were diagnosed with FIGO stage I, 160 (26.9%) with stage II, 77(12.9%) with stage III and 16(2.7%) with stage IV disease. Grade distribution included 238(40.2%) G1, 240(40.6%) G2 and 112(19.0%) G3 tumors. In 193 (32.4%) patients a diagnosis of synchronous endometrial carcinoma was made. Surgical lymph node staging was performed in 308(51.8%) cases. Positive nodes were revealed in 26/308 (8.4%) cases, of which tumor spread beyond the pelvis was described in 20/26(76.9%) patients. All low-grade tumors were node-negative. Platinum-based chemotherapy was given in 60.2% stage I, 89.1% stage II, 91.8% stage III and 86.7% stage IV patients. 5-year disease specific survival was 95.7% in stage I, 87.2% in stage II, 56.6% in stage III and 15.8% in stage IV ($p<0.0001$).

Conclusion We were able to assemble a large multicentre ENOC cohort. The international LEOPARD team initiative stands to provide a solid picture of this unique histotype including a powerful statement on the value of lymph-node dissection and adjuvant chemotherapy. This type-specific approach will help to improve precision care for ENOC patients.

2022-RA-898-ESGO OVEREXPRESSION OF TMED9 IS IMPORTANT PROGNOSTIC BIOMARKER FOR EPITHELIAL OVARIAN CANCER

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Introduction/Background Transmembrane emp24 domain-containing protein 9 (TMED9) belongs to the TMED/p24 family which regulates the innate immune and protein transport via the ER-Golgi cargo pathway. Previous studies have reported that high expression of TMED9 contributes to diseases such as cancer. However, its role in epithelial ovarian cancer (EOC) has not been clarified yet. Therefore, we aim to evaluate the function, molecular mechanism, and clinicopathological significance of TMED9 in EOC.

Methodology The expression level of TMED9 was screened by RNA sequencing of 10 EOCs and normal epithelial