PREDICTIVE VALUE OF 18F-FDG CYSTIC MALIGNANT TERATOMA IN A 33-YEAR-OLD WOMAN: A CASE REPORT

1Amiše Sulemanov, 1,2Denis Vinikov, 3,4Vadim Pokrovsky, 1Aigul Saduakassova, 1Medicine and Healthcare, Al Farabi Kazakh national university, Almaty, Kazakhstan; 2Peoples’ Friendship University of Russia (RUDN University), Moscow, Russian Federation; 3N.N. Blokhin National Medical Research Center of Oncology, Moscow, Russian Federation; 4Nuclear Medicine Department of the Diagnostic Center, Medical Centre Hospital of President’s Affairs Administration of the Republic of Kazakhstan, Nur-Sultan, Kazakhstan

Introduction/Background Epithelial ovarian cancer (EOC) is the most lethal gynecological malignancy, with relapse occurring in about 70% of advanced cases with poor prognosis. The aim of the study was to evaluate functional visceral fat activity (VAT) evaluated by 18F- fluorodeoxyglucose (18F-FDG) positron emission tomography/computed tomography (PET/CT) as a predictor of metastases in EOC.

Methodology We enrolled study protocols and PET/CT data of 398 CRC patients; 345 patients were subsequently excluded for various reasons. The remaining 53 patients with histologically confirmed adenocarcinoma, carcinoma and cystadenocarcinoma were then prospectively assessed and under-

Results In both adjusted for regression models and ROC analysis, 18F-FDG accumulation in RE (cut-off SUVmax 1.18; Se 64%; Sp 64%; AUC 0.669; p = 0.035) could predict later metastases in EOC patients, as opposed to age, sex, primary tumor location, tumor grade, and histology.

Conclusion Functional VAT SUVmax is significantly associated with later metastases in EOC patients and can be used as their predictor.

TEN STEPS ROBOTIC INTENSIVE STAGING FOR EARLY-STAGE OVARIAN CANCER

1Aniello Foresta, 1Riccardo Oliva, 1Camilla Certelli, 2Antonella Biscione, 2Andrea Rosati, 1Matteo Loverro, 3Giovanni Scambia, 2Anna Facotto, 3Valerio Gallotta. 1Catholic University of the Sacred Heart, Rome, Italy, Policlinico A. Gemelli, Rome, Italy; 2Department of Woman, Child and Public Health, Fondazione Policlinico Universitario A. Gemelli, IRCCS, Policlinico A. Gemelli, Rome, Italy

Introduction/Background One-third of the patients with ovarian cancer (OC) is diagnosed with FIGO stage I-II, and their five-year survival is up to 90% [1,2]. Adequate treatment of early ovarian cancer (EOC) depends on the correct stage of the patient [3,4]. The feasibility and safety of minimally invasive surgery (MIS) for EOC is known and can be offered to selected patients [5]. No relevant differences between robotic and laparoscopic approaches for EOC staging are described in Literature [6].

Methodology We report the case of a 54 years-old patient diagnosed with an 81 mm adnexal mass. DaVinci robotic system was used to perform surgery with four 8 mm trocars along the transverse umbilical line, and 10 mm trocar in Palmer’s point. The instruments we used were ProGrasp Forceps, fenestrated bipolar, and monopolar curved scissors. Here we aim to standardize the robotic technique for EOC staging in ten steps.

Results We have identified ten key steps to perform this procedure safely and effectively: Access to pelvic retroperitoneum; Identification of the ureter with development of pararectal and paravesical spaces; Closure of the uterine artery and section of ovarian pedicles and mobilization of adnexal mass with no-touch isolation technique; Development of rectovaginal and vesico-vaginal septum; Endobag extraction of surgical specimen; Access to lumbo-aortic retroperitoneum; Infiltration of the ovarian pedicle with indocyanine green then visualization and dissection of sentinel lymph node (LN); dissection of paracaval LN; dissection of inframesenteric LN; dissection of supramesenteric LN. Surgical time was 180 min and blood loss was 100cc without intraoperative complications. The patient was discharged on the 4th postoperative day without complications. Histology revealed a FIGO Stage IIIA G3 serous endometrioid ovarian carcinoma.

Conclusion Robotic staging of EOC in ten steps is a safe and feasible technique that must be performed by an experienced oncological surgeon in referral centers.
and they were unchanged. We took a biopsy of the other ovary. Histopathological findings confirmed that it was a malignant teratoma. One month after the operation, the patient developed abdominal pain and an ultrasound showed a cyst on the other ovary. We performed a second laparotomy and the whole abdomen was with meta changes. We did hysterectomy, omentectomy, and oophorectomy. She received six cycles of chemotherapy but unfortunately, the patient died after 7 months of primary treatment.

**Conclusion** Although malignant teratoma is very rare caution should always be exercised in treating these tumors and the dilemma remains as to which is the best option in primary treatment as it is most often young women who want to preserve their fertility. Can elevated alpha-fetoprotein levels help us predict the potential malignant transformation of ovarian cystic teratomas?

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**ROLE OF RADIOTHERAPY IN PLATINUM SENSITIVE OLIGOMETASTATIC RECURRENT OVARIAN CANCER: A VALID ALTERNATIVE TO DELAY SYSTEMIC TREATMENT**

1. Giulio Bonaldo, 2Roberta Lazzeri, 3Stefano Durante, 4Giulia Conzo, 5Mariateresa Lapresa, 6Gabriella Parma, 7Maria Teresa Achilli, 8Alessia Abosi, 9Ilaria Betella, 10Annalisa Garbi, 11Luigi Antonio de Vitis, 12Gabriella Schiavardi, 13Giovanni Damiano Aletti, 14Vanna Zanagnolo, 15Angelo Maggioni, 16Nicoleto Colombo, 17Francesco Multinu. 1Department of Gynaecologic Oncology, 2European Institute of Oncology, 3IEO, 4IEO, 5Department of Radiation Oncology, 6European Institute of Oncology, 7IEO, 8IRS, 9Department of Oncology and Hemato-Oncology, 10University of Milan, 11Surgery, University of Milan-Bicocca, Milan, Italy; 12Faculty of Medicine and Surgery, University of Milan-Bicocca, Milan, Italy

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**IMPLEMENTATION OF MACHINE LEARNING IN A CARE PATHWAY FOR ADVANCED EPITHELIAL OVARIAN CANCER: A NATIONAL CANCER INSTITUTE EXPERIENCE**

1. Adrien Boschker, 2Nour Khebeik, 3Franck Caynayst, 4Ali Hammoudi, 5Stephanie Becour, 6Houssein El Hajj, 7Carlos Martínez-Gomez, 8Fabrice Narducci, 9Delphine Hudry. 1Department of Gynecologic Oncology, 2Oscar Lambret Center, Lille, France; 3Information Systems Department, 4Oscar Lambret Center, Lille, France; 5Medical Information Department, Oscar Lambret Center, Lille, France

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**INCIDENCE OF PELVIC HIGH-GRADE SEROUS CARCINOMA AFTER ISOLATED STIC DIAGNOSIS: A SYSTEMATIC REVIEW OF THE LITERATURE**

Marco Johannes Battista, Valerie Catherine Lintz, Marcus Schmidt, Annette Hasenburg, Katharina Anic. Department of Obstetrics and Gynecology, University Hospital Mainz, Germany, Mainz, Germany

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**Introduction/Background** Serous tubal intraepithelial carcinoma (STIC) is a precursor lesion of pelvic high-grade serous carcinoma (HGSC). Information on treatment and outcome of isolated STIC is rare. Therefore, we reviewed systematically the published literature to determine the incidence of subsequent HGSC in the high- and low-risk population and to summarize the current diagnostic and therapeutic options.

**Methodology** A systematic review of the literature was conducted in MEDLINE-Ovid, Cochrane Library and Web of Science articles published from February 2006 to July 2021. Patients with an isolated STIC diagnosis with clinical follow-up were included. Study exclusion criteria for review were the presence of synchronous gynaecological cancer and/or concurrent non-gynaecological malignancies.

**Results** 3031 abstracts were screened. 112 isolated STIC patients out of 21 publications were included in our analysis with a pooled median follow-up of 36 (interquartile range (IQR): 25.3–84) months. 71.4% of the patients had peritoneal washings (negative: 62.5%, positive: 8%, atypic cells: 0.9%). Surgical staging was performed in 28.6% of all STICs and did not show any malignancies. 14 out of 112 (12.5%) patients received adjuvant chemotherapy with Carboplatin and Paclitaxel. Eight (7.1%) patients developed a recurrence 42.5 (IQR: 33–72) months after isolated STIC diagnosis. Cumulative incidence of HGSC after five (ten) years was 10.5% (21.6%). Recurrence occurred only in BRCA1 carriers (seven out of eight patients, one patient with unknown BRCA status).

**Conclusion** The rate of HGSC after an isolated STIC diagnosis was 7.1% with a cumulative incidence of 10.5% (21.6%) after five (ten) years. HGSC was only observed in BRCA1 carriers. The role of adjuvant therapy and routine surveillance remains unclear, however, intense surveillance up to ten years is necessary.