PREDICTIVE VALUE OF 18F-FDG ACCUMULATION IN VISCERAL FAT ACTIVITY TO DETECT EPITHELIAL OVARIAN CANCER METASTASES

Amil Suleimanov, 1,2Denis Vinnikov, 1,3Vadim Pokrovsky, 1Agul 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;

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 metastases in EOC patients, as opposed to age, sex, primary location, tumor grade, and histology. We also identified the best areas under the curve (AUC) for SUVmax with the corresponding sensitivity (Se) and specificity (Sp).

Results In both adjusted for regression models and ROC analysis, 18F-FDG accumulation in RE (cut-off SUVmax L1.8; 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

Aniello Foresta, 1Riccardo Oliva, 1Camilla Certelli, 1Antonella Biscione, 1Andrea Rosati, 1Matteo Lovo, 2Giovanni Scambia, 2Anna Fogacci, 2Valerio Galletta. 1Catholic University of the Sacred Heart, Rome, Italy, Policlinico A. Gemelli, Roma, Italy; 2Department of Woman, Child and Public Health, Fondazione Policlinico Universitario A. Gemelli, IRCCS, Policlinico A. Gemelli, Roma, 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 8 cm 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 uterine 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.

CYSTIC MALIGNANT TERATOMA IN A 33-YEAR-OLD WOMAN: A CASE REPORT

Vesna Krsic, 1Jovan Krsic, 3Jovan Milojevic, 1Bijana Jocic Pivac, 1Dragomir Jovanovic, 3Milena Zamurovic, 1Oglobin, University clinic GAK Narodni front, Belgrade, Serbia; 2Military Academy Belgrade, Serbia, Belgrade, Serbia; 3ObGYN department General hospital Lazaravic, Belgrade, Serbia

Introduction/Background Cystic teratoma is the most common ovarian neoplasm but the malignant form is very rare and it accounts for 1%. It consists of well-differentiated derivatives of germ cell layers (i.e., ectoderm, mesoderm, and endoderm) developing as hair, muscle, teeth, or bone.

Methodology 33-years old woman was admitted to our hospital because she noticed that her stomach had grown. She had occasional abdominal pain and constipation for several years. We did a detailed gynecological examination. Ultrasound examination with an abdominal probe showed that it was a tumor 15 cm in diameter, which consisted partly of hyper, partly hypochoic content. The other blood parameters were within normal limits. Tumor marker Ca 125 was within normal limits as CEA, but the value of alpha-fetoproteins was elevated.

Results We decided to do a laparotomy and removed the tumor completely. We checked other internal genitals organs
and they were unchanged. We took a biopsy of the other ova-
rium. 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 hyst-
terectomy, 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 pre-
serve their fertility. Can elevated alpha-fetoprotein levels help
us predict the potential malignant transformation of ovarian
cystic teratomas?

**Abstracts**

**2022-RA-1014-ESGO**

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

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

10.1136/ijgc-2022-ESGO.616

**Introduction/Background** Serous tubal intraepithelial carcinoma (STIC) is a precursor lesion of pelvic high-grade serous carci-
noma (HGSC). Information on treatment and outcome of iso-
lated 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 con-
ducted in MEDLINE-Ovid, Cochrane Library and Web of Sci-
ence of 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 concurren
t 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 perito-
eal 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.

**2022-RA-1022-ESGO**

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

Adrien Boscher, Nour Khebeik, Franck Craynest, Ali Hammoudi, Stephanie Becourt, Houssein El Haji, Carlos Martinez-Gomez, Fabrice Narducci, Delphine Hudry. Department of Gynaecologic Oncology, Oscar Lambret Center, Lille, France; Information Systems Department, Oscar Lambret Center, Lille, France; Medical Information Department, Oscar Lambret Center, Lille, France

10.1136/ijgc-2022-ESGO.617

**Introduction/Background** Nowadays, the knowledge of quality indicators may enable physicians to adapt the patients’ care
to current standards and recommendations. Thus, the implementa-
tion of machine learning in a care pathway can be observed as
an asset. The objective of this work was to describe the develop-
ment of a care pathway for advanced epithelial ovarian cancer
(AEOC) using artificial intelligence, in a National Compre-
hensive Cancer Institute.

**Methodology** A multidisciplinary team defined the key steps of the AEOC pathway. Valuable indicators were defined based
upon national and international guidelines. The software was
educated to extract items of interest from the patient’s elec-
tronic medical record. Automatic alerts are controlled by the
medical referents. Data are automatically updated daily.

**Results** Gradually, 17 AEOC keys steps and 21 indicators were
selected. From January 2018 to April 2022, 403 patients were
identified in the Turquoise pathway. The median delays were:
from first call to first medical appointment, 6 days; from first
appointment to laparoscopic diagnostic procedure, 12 days;
from first appointment to start of primary chemotherapy if
indicated: 33 days. Our center is a European Society of
Gynaecological Oncology (ESGO) accredited center for ovarian
cancer: the ESGO indicators for AEOC were easily available,
and confirmed the intermediate center status with 72 to 117
cytoreductive surgeries per year. Adverse events were prospecti-
vely recorded, with a 8% rate of surgical complications after
cytoreductive surgery. Twelve to 18% of patients were
included in clinical trials. The SARS-CoV-2 pandemic impact
was clearly identified with an increased number of neoadju-
vant chemotherapy.

**Conclusion** The use of artificial intelligence has enabled the
construction of a critical care pathway with real time feedback
that’s helps to target the best quality of medical and surgical
care. In the future, appointments will be streamlined to
enhance the patients’ treatment course.

**2022-RA-1028-ESGO**

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

Giulio Bonaldo, Roberta Lazzeri, Stefano Durante, Giulia Corrado, Mariateresa Lagnesa, Gabriella Parma, Maria Teresa Achilliare, Alessia Aloisi, Ilaria Betella, Annalisa Garbi, Luigi Antonio de Vitis, Gabriella Schiavoni, Giovanni Damiano Aletti, Vanna Zanagnolo, Angelo Maggioni, Nicoletta Colombo, Francesco Multinu. Department of Gynaecology, European Institute of Oncology, IEO, IRCCS, Milan, Italy; Department of Radiation Oncology, European Institute of Oncology, IEO, IRCCS, Milan, Italy; Department of Oncology and Hemato-Oncology, University of Milan, Milan, Italy; Faculty of Medicine and Surgery, University of Milan-Bicocca, Milan, Italy

10.1136/ijgc-2022-ESGO.618