and they were unchanged. We took a biopsy of the other ova-
rium. Histopathological findings confirmed that it was a malignan-
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 hys-
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?

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

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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 concur-
rent 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.

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

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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
development of a care pathway for advanced epithelial ovarian
cancer (EOC) using artificial intelligence, in a National Com-
prehensive Cancer Institute.

Methodology A multidisciplinary team defined the key steps of the
EOC pathway. Valuable indicators were defined based upon
national and international guidelines. The software was
taught 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 EOC 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 EOC were easily available,
and confirmed the intermediate center status with 72 to 117
cytoreductive surgeries per year. Adverse events were prospec-
tively 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.

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

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**Introduction/Background** Ovarian cancer (OC) represents the most lethal gynaecological malignancy, with approximately 80% of advanced OC patients experiencing a recurrence after primary treatment. The role of radiotherapy in recurrent OC has been recently explored. The aim of this study was to assess the efficacy of advanced radiotherapy at the time of the 1st platinum-sensitive oligometastatic recurrence.

**Methodology** Patients with epithelial OC undergoing primary treatment at the European Institute of Oncology, Milan, from January 2010 to April 2019 were retrospectively identified. Among those, patients treated with stereotactic or intensity-modulated radiotherapy (IMRT) alone at the time of 1st platinum-sensitive oligometastatic recurrence were included. Patients with encephalic or vertebral recurrence were excluded. Response rate (based on RECIST 1.1 criteria), predictor of treatment response, and survival outcome were evaluated with appropriate statistical analysis.

**Results** In total, 31 patients meeting inclusion criteria were included. Of them, 18(58.1%) had a complete response, 7 (22.6%) a partial response, and 6 (19.3%) a progressive disease [1(3.2%) both in-field and out-of-field, 5(16.1%) out-of-field]. Among them, 30(96.8%) had a subsequent relapse, of which 22(73.3%) were treated with chemotherapy while the remaining 8(26.7%) underwent further radiotherapy or thermoablation. The median interval between radiotherapy and the subsequent recurrence requiring chemotherapy was 16 months (range 4–126), with 18(58.1%) patients having a subsequent recurrence requiring chemotherapy after 12 months or more. Upon univariate analysis, median platinum-free interval before radiotherapy in patients with complete/partial response was longer than in patients with progressive disease (23 vs. 11 months, p=0.06), although the association did not meet the conventional level of statistical significance.

**Conclusion** In our experience, radiotherapy alone represents a valuable option in the treatment of 1st oligometastatic platinum-sensitive recurrent epithelial OC, providing a good response rate and allowing to extend the platinum-free interval. Further studies are required to confirm our results and identify predictors of treatment response.

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**Abstract 2022-RA-1029-ESGO**

**COMPARISON OF O-RADS AND IOTA ADNEX MODEL CRITERIA WITH PATHOLOGY RESULTS IN ADNEXIAL MASSES**

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**Introduction/Background** International Ovarian Tumor Analysis-Adnex Model (IOTA Adnex Model) and Ovarian-Adnexal Reporting and Data System (O-RADS) have been developed for the diagnostic accuracy of adnexal masses in the preoperative period. This study aimed to evaluate O-RADS and IOTA Adnex Model scores of patients who had surgery for an adnexal mass and interpret the roles of scores in management.

**Methodology** The study consists patients who had surgery for an adnexal mass in Ankara City Hospital Gynecology and Obstetrics Hospital between 2019–2021 and met the inclusion criteria. Demographic characteristics, ages, parities, menopause statuses, ultrasonographic morphologies of the patients were recorded. IOTA Adnex Model and O-RADS scores calculated based on these data.

**Results** This study consisted of 413 patients whom 295 benign and 118 malign patients. Mean of CA 125 of the benign patients were 15,2 (2-3096) unit/ml and mean of CA 125 of the malign patients were 72,5 (5–9820) unit/ml. According to the ROC analysis for CA 125 in postmenopausal patients; AUC:0,847 (%95 CI, 0,79–0,9), cut-off: 34,8 unit/ml, sensitivity:%70,8 and specificity:%83,8. In the premenopausal group; AUC: 0,727 (%95 CI, 0,65–0,80), cut-off:180,5 unit/ml, sensitivity :%32,1 and specificity:%92,7 (p<0,001). Sensitivity and specificity of the IOTA Adnex Model and O-RADS were found%78,8-%48,3 and%97,9–93,5 respectively for the distinction of the malignancy (p<0,001). There is moderate agreement between IOTA Adnex Model and O-RADS(k = 0,53).

**Conclusion** IOTA Adnex Model shows similar specificity but better sensitivity than O-RADS for the distinction of the malignancy. In case of increasing sensitivity without decreasing specificity and clarifying the ultrasonographic features for the physicians who will apply the model, IOTA Adnex Model can be used widely as a ultrasonography-based risk stratification model in adnexal masses.