A RANDOMISED CLINICAL TRIAL INVESTIGATING OLAPARIB, DURVALUMAB AND AN ANTICANCER VACCINE, UV1 AS MAINTENANCE THERAPY IN PATIENTS WITH RECURRENT OVARIAN CANCER. ENGOT-OV56-NSGO-CTU-DOVACC

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Abstract 2022-RA-1271-ESGO Figure 1 Flow chart of the study population

Introduction/Background To assess the accuracy of pathological diagnosis at ultrasound (US)-guided biopsy versus surgery in patients with primary advanced tubo-ovarian carcinoma. Feasibility, adequacy, and safety of the procedure were also evaluated.

Methodology Consecutive women with pre-operative suspicious advanced tubo-ovarian carcinoma presenting at our hospital between July 2019 and September 2021 were enrolled. Feasibility was defined as the number of cases in which US-guided biopsy was possible according to tumour characteristics (morphology and site). Adequacy was defined as the possibility of a conclusive diagnosis in the sample collected. Safety was defined on the number of major complications.

Results 278 patients were eligible for the study. 158 were enrolled, while 120 were excluded due to logistic reasons or patient refusal (figure 1). US-guided biopsy was feasible in 30 (19%) patients. The samples obtained in the remaining 128 cases were all adequate (100%), and no major complications were noted. 26 (20%) patients started neoadjuvant chemotherapy on the bases of the diagnosis obtained by US, whereas 102 (80%) patients underwent surgery. Accuracy of US-guided biopsy versus surgery was 94% (96102), with 6 false negative cases at US (6%). Site (pre-vesical peritoneum) and size (8 mm) of the nodules resulted as major predictive factors for US-guided biopsy failure. US-guided biopsy correctly identified 86 primary invasive tubo-ovarian carcinomas and 10 metastatic tumours.

Conclusion US-guided biopsy is a feasible, safe, and accurate method to provide histologically diagnosis in suspicious advanced tubo-ovarian cancer patients.