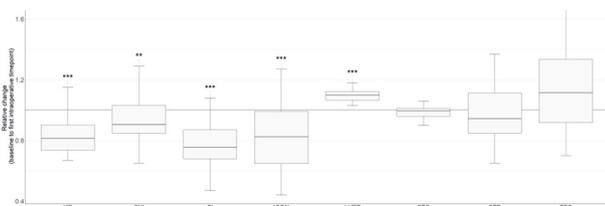


Methodology In a prospective, observational, monocentric study, haemodynamic measurements were obtained by the non-invasive methodology of thoracic electrical cardiometry (EC) in 29 patients with primary ovarian cancer undergoing multivisceral cytoreductive surgery. The change of haemodynamic parameters was analyzed from the day prior to surgery to the first intraoperative measurement by non-parametric longitudinal data analysis in a two-factorial experiment (dependent factor time).

Results Median age of patients was 59 [25-quartile 50; 75-quartile 61] years. 8 (28%) patients had a diagnosis of arterial hypertension, otherwise, no cardiovascular diseases were shown. The FIGO stages were in 22 (75%) patients above stage IIIc and 9 (31%) patients had more than 500 ml of ascites.

The relative change from the baseline to the first intraoperative timepoint showed a reduced heart rate (HR, median -19 [25-quartile -26%; 75-quartile -10%]%, $p < 0.0001$), stroke volume index (SVI, -9.5 [-15.3;3.2]%, $p = 0.0038$), cardiac index (CI, -24.5 [-32;-13]%, $p < 0.0001$) and the inotropic marker index of contractility (ICON, -17.5 [-35.3;-0.8]%, $p < 0.0001$).



Abstract 2022-RA-1347-ESGO Figure 1

Conclusion Substantial changes in HR, SVI, CI, and ICON occurred from the day prior to surgery to the first intraoperative measurement, indicating that patients without relevant cardiovascular morbidity showed reduced cardiocirculatory flow and cardiac function. Furthermore, these data indicate that pharmacological modulation might optimize haemodynamic care during high-risk gynaecological surgery.

2022-RA-1348-ESGO

ROLE OF COMPUTED TOMOGRAPHY (CT) SCAN BASED REPORTING SYSTEM 'PAUSE' TO PREDICT SURGICAL RESECTABILITY IN EPITHELIAL OVARIAN CANCER

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10.1136/ijgc-2022-ESGO.696

Introduction/Background A novel 'PAUSE' reporting system was devised for standardization of reporting of CT based PCI in peritoneal malignancies and, also to emphasize increased focus on areas which often make the difference between optimal and suboptimal cytoreduction. The aims of current study were to evaluate the efficacy of CT scan-based protocol i.e.

'PAUSE', in predicting the optimal and suboptimal cytoreduction in EOC, and also to assess the role of intraoperative use of telescope to improve surgical PCI.

Methodology A prospective observational pilot study recruited 30 women with EOC undergoing primary debulking surgery. The CECT was evaluated in accordance with the 'PAUSE' protocol to assess resectability. Surgical PCI was calculated before surgery and was revised using intraoperative telescope. Agreement was done using kappa statistics and Bland-Altman agreement analysis.

Results The agreement between CT-PCI and surgical PCI was of low degree. Higher CT-PCI scores correlated with suboptimal resection; disease in regions 1, 3, 9, 10, 11 and 12 was more predictive of surgical outcome. The overall sensitivity, specificity, PPV and NPV of PAUSE with regards to prediction of surgical resectability was 81.3%, 35.7%, 59.1% and 62.5%, respectively. Diagnostic accuracy of PAUSE was 60%. Amongst the components, the maximum accuracy to predict sub optimal CRS was of U1 lesions, small bowel and mesentery involvement (66.7%), followed by U2 and A (53.3% and 50% respectively). New lesions were identified in 6 (20%) patients in subdiaphragmatic areas and the lesser sac using intra operative telescope in open surgery.

Conclusion 'PAUSE' did not show statistical significance with surgical outcome with modest diagnostic accuracy. Most useful parameters for prediction of surgical resectability, were the presence of U1/U2 lesions and the involvement of small intestine and mesentery; Presence of ascites (A component) was least predictive; thus, should not be used as a sole criterion.

2022-RA-1349-ESGO

TREATED AS A SKIN CARCINOMA: RECURRENT, METASTATIC SQUAMOUS CELL CARCINOMA FROM A DEGENERATED MATURE TERATOMA OF THE OVARY

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10.1136/ijgc-2022-ESGO.697

Introduction/Background Non-epithelial ovarian cancers (NEOC) account for less than ten percent of all ovarian carcinomas. The most frequent histological subtype is mature teratomas (MT). This benign tumour can rarely (0.17–2%) degenerate into squamous cell carcinoma (SCC). In this rare clinical setting, no standard of care treatment exists and while early-stage disease can be managed by surgical debulking, advanced and recurrent disease tends to be refractory to established systemic treatments.

Methodology A 39-year-old patient, known for recurrent stage FIGO IC3 SCC associated with a MT NEOC, had a primary R2 surgery, followed by two cycles of carboplatinum-paclitaxel and bevacizumab. Due to rapid progression, the treatment was switched for a second-line gemcitabine bevacizumab association. After two cycles, liver, diaphragmatic and peritoneal progression was detected and a third-line treatment by pembrolizumab was initiated, with no effect after two, three-weekly, cycles. At the admission to our University Center, she suffered from severe right hypochondrial pain. Following