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Abstract 2022-RA-1387-ESGO Figure 1 Overall survival (A) and disease-free survival (B) curves in patients according surgery modality (PDS or IDS-DDS) and existence of macroscopical residual disease (CC0 or CC1)

Conclusion There are no differences between PDS/CC1 and IDS/CC0 when compared in terms of OS or DFS. PDS can be considered when complete or minimal residual disease can be obtained.

2022-RA-1391-ESGO PERIOPERATIVE NON-INVASIVE ADVANCED HEMODYNAMIC MONITORING OF PATIENTS WITH PRIMARY OVARIAN CANCER UNDERGOING MULTIVISCERAL DEBULKING SURGERY

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Introduction/Background Ovarian sex cord-stromal tumours (SCTs) are a group of benign and malignant neoplasms that develop from different types of cells, mostly specialized in the production of steroid hormones. In contrast to the more common epithelial ovarian malignant neoplasms, most patients with malignant SCTs are diagnosed with early-stage disease. Histology is generally low grade, lymph node metastases are rare and prognosis is usually good.

Methodology To present a clinical case of an unexpected diagnosis of an adult granulosa cell tumour of the ovary with review of the literature.

Results A 37-year-old woman was admitted to the emergency department with abdominal pain. The patient did not have any relevant medical history. As a contraceptive method, she used the subcutaneous implant with etonogestrel. On physical examination, she had pain and tenderness on the right iliac fossa. The transvaginal ultrasound demonstrated a 6 cm ovarian cyst on the right side (with regular walls and anechoic content) but with decreased doppler flow. The blood work revealed light leucocytosis. Faced with a possible diagnosis of an adult granulosa cell tumour of the ovary, she underwent right adnexectomy and left salpingectomy. The anatomopathological examination of the surgical specimen confirmed that it was an adult granulosa cell tumour of the ovary. As the patient didn’t want any more children, she was latter submitted to total hysterectomy + contralateral oophorectomy and surgical staging.

2022-RA-1394-ESGO ADULT GRANULOSA CELL TUMOUR OF THE OVARY: AN UNEXPECTED DIAGNOSIS


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Introduction/Background Patients undergoing high-risk surgery show an increased haemodynamic instability and have an increased risk of morbidity and mortality. However, the available haemodynamic data concentrate only on the intraoperative period. The aim of this study is to characterize patients hemodynamically throughout the whole intra- and postoperative period non-invasively by thoracic electrical cardiometry (EC) for advanced cardiovascular assessment.

Methodology In a prospective, observational, monocentric study, EC measurements were obtained before surgery, during surgery, and repeatedly throughout the hospital stay in 30 patients with primary ovarian cancer undergoing multivisceral cytoreductive surgery. The inflammatory markers interleukine-6 (IL-6) and inter-cellular-adhesion-molecule-1 (ICAM-1) were analyzed perioperatively. Severe postoperative complications were classified according to the Clavien-Dindo classification and used as a binary grouping criterion (≥3 and <2 or no complications).

Results Throughout the perioperative course, patients showed a longitudinally reduced cardiac index (CI, p<0.0001), while the stroke volume index (SVI, p=0.0528) remained unchanged. Patients suffering from postoperative complications differed over the longitudinal perioperative course in the index of contractility (ICON, p=0.0435) and the systolic time ratio (p=0.0008), without showing differences in CI (p=0.3337). Also, the groups differed during the longitudinal perioperative course in IL-6 (p = 0.0343) and ICAM-1 (p=0.0398).

Conclusion Longitudinally over the perioperative time course CI showed a relevant decrease. Patients with postoperative complications differed from patients without complications in the markers of cardiac function, ICON and STR, as well as showing a lower SVI. These data show haemodynamic alterations during surgery in all patients and especially the association of alterations to complications during the postoperative course. Therefore, they are a first approach to improve noninvasive haemodynamic patient assessments and interdisciplinary perioperative care in the future.
Conclusion With the presentation of this case, the authors intend to emphasize that even in the face of ultrasound aspects of an adnexal mass suggestive of benignity, we must always bear in mind the possibility that we are facing a borderline or malignant tumor.

Introduction/Background Chemotherapy backbone for patients with high-grade advanced epithelial ovarian cancer (HG-AOC) is carboplatin and paclitaxel, followed by a maintenance therapy either with bevacizumab, a PARP inhibitor, or a combination of both which is defined by homologous recombination deficiency (HRD) and BRCA status.

Methodology Inclusion of patients with primary diagnosis of HG-AOC treated in a tertiary gynecologic center between 12/2019–12/2021. Offering germline testing is recommended by national guidelines and was conducted by using the True-Risk-Panel®. HRD status was measured using the Myriad myChoice® Test in patients with the indication for HRD testing.

Results HRD-testing was requested in 190 patients, and in 163 patients (85.8%) a HRD test result was available. HRD test result could not be reported in 27 patients due to an insufficient tumor yield. Median time to receive the HRD test result was 37 days (range, 8–97). In total HRD was present in 44.7% (73/163) based on GIS ≥ 42 in 42.9% and a tumor mutation in 3 cases (all with GIS<42). Germline testing results were available in 148 patients, and in 18 patients (12.2%) pathological germline mutations were detected. Of the 27 patients without sufficient HRD testing, HRCA germline testing results were available in 19 patients (70.4%), and pathological germline mutations were detected in 2 patients (7.4%).

Conclusion Implementation of HRD testing is feasible and results are available for treatment decisions in a timely manner for most patients. Prerequisite for HRD testing is enough tumor tissue, which should be taken at primary diagnosis of the disease as it is rather unlikely, that enough tumor tissue will be available later after chemotherapy initiation. Co-testing of HRD and BRCA-germline testing should be aimed for to enable optimal, and timely treatment decision on maintenance therapy also for patients in whom the HRD test will not be evaluable.

Abstracts

2022-RA-1402-ESGO
IMPLEMENTING HRD TESTING IN ROUTINE CLINICAL PRACTICE AMONG PATIENTS WITH PRIMARY HIGH-GRADE ADVANCED OVARIAN CANCER

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INDOCYANINE GREEN IN NEAR-INFRARED LIGHT FOR INTRA-OPERATIVE IMAGING OF RESIDUAL OVARIAN CANCER AFTER NEOADJUVANT CHEMOTHERAPY. INITIAL EXPERIENCE

Paul Kubelac, Vlad Catalin, Andrei Pasca, Maximilian Muntean, Vlad Gata, Dragos Moraru, Alex Oradan, Olga Sorinca, Eva Fischer-Fodor, Ovidiu Balaoescu, Bogdan Pop, Bogdan Fetiuc, Patriciu Achimas-Cadariu. Institute of Oncology ‘Prof. Dr. Ion Chicu’’, Cluj-Napoca, Romania

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2022-RA-1406-ESGO
A REVIEW OF OVARIAN CANCER IN NORTHERN IRELAND: A RETROSPECTIVE COHORT STUDY

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