

**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.

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

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**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<sup>®</sup>. HRD status was measured using the Myriad myChoice<sup>®</sup> 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 results was 37 days (range, 8–97). In total HRD was present in 44.7% (73/163) based on GIS  $\geq$  42 in 42.9% and a tumor BRCA mutation in 3 case (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, BRCA 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.

**2022-RA-1405-ESGO** **INDOCYANINE GREEN IN NEAR-INFRARED LIGHT FOR INTRA-OPERATIVE IMAGING OF RESIDUAL OVARIAN CANCER AFTER NEOADJUVANT CHEMOTHERAPY. INITIAL EXPERIENCE**

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**Introduction/Background** Interval debulking surgery (IDS) has similar outcomes and less morbidity in comparison with primary debulking in advanced ovarian cancer, however, there is controversy regarding the selection of chemotherapy-resistant clones. Complete resection (CR) is an essential prerequisite and near-infrared surgery (NIS) combined with various techniques for highlighting malignant foci is striving to achieve true CR. This study investigated the role of Indocyanine Green (ICG) for identifying residual malignant foci during IDS.

**Methodology** Patients that agreed and underwent IDS were included between 2020–2022. A bolus of ICG was administered and suspect peritoneal samples in NIR (defined by ICG hyper-/hypointensity in comparison with background ICG using Zeiss Pentero 800) were excised.

**Results** Fifteen patients were included, with a median age at diagnosis of 56 years (range 38–71). Fourteen patients (93.33%) had a high-grade serous carcinoma and most cases (73%) were FIGO stage III. All patients underwent 4 to 7 cycles of neoadjuvant platinum based chemotherapy. Forty per cent of regimens associated Bevacizumab. Six patients (40%) had a BRCA mutant variant and the median interval between neoadjuvant chemotherapy and IDS was 42 days (range 20–78 days). A total number of 39 suspect additional peritoneal samples were analyzed, with 41% confirming malignant foci. Positivity for malignant foci was confirmed on 4 out of 13 (30%) ICG hyperintense areas and 12 out of 26 (46%) ICG hypointense areas (OR 1.93, 95%CI 0.47–7.88).

**Conclusion** The use of ICG was associated with an increase in the resection of samples with residual malignant foci. Overall, hypointense ICG areas had a higher positivity rate for malignant foci in comparison with hyperintense ICG areas (46% vs. 30%), which could be interpreted in the context of dynamic changes in the tumor microvasculature or different patterns of tumor remodeling following neoadjuvant chemotherapy, that needs to be validated in larger cohorts.

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

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**Introduction/Background** In Northern Ireland (NI) an average of 211 women are diagnosed with ovarian cancer each year with a median age at diagnosis of 65. Ovarian cancer is not a single disease but is comprised of distinct subtypes with a considerable variation in outcomes. In 2018 a funded ovarian