Introduction/Background We recently developed an anatomo-surgical classification for ovarian cancer (OC) metastases in the liver area consisting in 5 different types (Type-1:Glisson’s, Type-2: Ligamentous, Type-3: Gallbladder, Type-4: Hepatic hilum, Type-5: Liver parenchymal). This study aims to evaluate whether this classification is able to identify patients at greater risk of intra and postoperative complications and with increased surgical complexity.

Methodology All epithelial advanced-OC patients who underwent primary or secondary surgery with perihepatic liver involvement were retrospectively retrieved. Patients were classified according to our published anatomo-surgical classification and further clustered into four major Classes: Class-I or ‘Peritoneal’ (including Type 1, 2, 3), Class-II or ‘Hepatoceliac lymph-nodes’ (Type-4), Class-III or ‘Parenchymal’ (Type-5) and Class IV or Mixed (≥2 classes).

Results 615 patients were identified, and Class I resulted as the most commonly represented (337 cases, 54.8%). The distribution of surgical complexity score (SCS) was superimposable among classes (p=0.239) while operative time and estimated blood loss were significantly longer/higher in Class IV (p<0.001). Intraoperative transfusions were more frequent in Class IV (30.4%) and less reported in Class-III (11.9%) (p=0.004); vascular injuries were significantly grouped in Class II (8%) (p=0.009). Class II and IV were more frequently associated to severe postoperative complications (p=0.008). Moreover, specific complications were found in each Class: perihepatic collection and intrahepatic abscess in Class-III (respectively p=0.003, p>0.001); pleural effusion, sepsis, anemia and ‘other complications’ in Class IV (respectively: p=0.002, p=0.004, p=0.03, p=0.03). At Multivariate analysis SCS 3 and macroscopic residual tumor were identified as risk factors for severe postoperative complications (respectively: OR: 3.922, p=0.003 and OR: 1.748, p=0.048). Conversely, Class-I and III resulted to be at decreased risk for severe postoperative complications compared to Class IV.

Conclusion Our classification represents a useful and reliable tool, able to stratify patients with OC metastases in the liver area in Classes with different surgical outcomes and different postoperative complication profile.

Abstract 2022-RA-1459-ESGO Figure 1

Conclusion Malignant struma ovarii is a rare ovarian tumor, which is only diagnosed by pathology reports after surgery. There is controversy regarding its management, and it should be individualized.

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Clinical behavior of high-grade ovarian cancer (HGOc) patients with non contributive GIS results (NA) by Myriad

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Introduction/Background Platinum sensitivity and homologous recombination deficiency (HRD) are predictive biomarkers for PARP inhibitors (PARPi) benefit in HGOC patients. The only