

and fertility-sparing surgery ( $p=0.001$ ) but not with the tumor histology ( $p=0.215$ ).

**Conclusion** The study delineated two different patient profiles related to the tumor pattern of growth. The exophytic pattern was associated with the presence of invasive and non-invasive peritoneal implants, an advanced FIGO stage, without impact on DFS. Identification of the BOT pattern during preoperative workup could be useful for better surgical planning.

#### 2022-RA-1527-ESGO RELIABILITY OF IOTA ADNEX MODEL IN BORDERLINE OVARIAN TUMORS, A SINGLE CENTER STUDY

<sup>1</sup>Humaira Aziz, <sup>2</sup>Rozilla Sadia Khan, <sup>3</sup>Gulnaz Shafqat, <sup>2</sup>Aliya Begum Aziz. <sup>1</sup>*Gynaecology, Aga Khan University Hospital Karachi Pakistan, Karachi, Pakistan;* <sup>2</sup>*Obstetrics and Gynaecology, Aga Khan University Hospital, Karachi, Pakistan;* <sup>3</sup>*Department of Radiology, Aga Khan University Hospital, Karachi, Pakistan*

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**Introduction/Background** The discrimination of borderline ovarian tumor (BOT) is challenging. Ultrasonography (US) is the most essential imaging modality for distinguishing ovarian masses but depends on the experience of radiologists. In 2014, the IOTA group carried out the assessment of different neoplasia's in the Adnex Model. It was used to discriminate benign, BOTs, stage I, stage II-IV invasive ovarian cancer, and secondary metastatic cancer. This study aims to evaluate the efficacy of the Adnex model in the determination of BOTs.

**Methodology** This was a retrospective study, medical records of histopathologically proven cases of BOTs were included from the year 2009 to 2021. The ultrasound and clinical findings were entered in an online Adnex calculator. These results were used to calculate the absolute risk predicting the probability of mass being as BOT.

**Results** A total of 22 cases of BOT were included. Efficacy in terms of sensitivity of the Adnex model for preoperative diagnosis of BOTs was 18.2% [95%CI: 7.31–38.52]. Performance of the Adnex model based on absolute risk (AR) improves with a selection of a more inclusive cut-off value, varying from 4.5% (1/22) correctly classified case of BOT with the cut-off 20%, 18.2% (4/22) with the cut-off 10% and up to 55.5% (12/22) classified cases of BOT with cut off value of 3%. Similarly, relative risk (RR) was also used to classify the BOT, but only 4 (18.2%) cases were identified correctly.

**Conclusion** More encompassing cut-off values allow the model to differentiate BOTs better. The calculation based on RR or AR with a cut-off value of at least 10% should be used when evaluating BOTs. The IOTA Adnex model did not perform well in predicting cases of BOTs that were histopathologically proven in terms of sensitivity.

#### 2022-RA-1528-ESGO CARCINOID TUMORS OF THE OVARY, A RARE NEOPLASM: DESCRIPTION OF CASES AND REVIEW OF LITERATURE

Marta Heras García, Rosa María Álvarez López, Silvia Hernández Bonilla, Eugenia Jareño Dorrego. *Hospital Santa Cristina, Madrid, Spain*

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**Introduction/Background** Ovarian carcinoid tumors are rare neoplasms that account for 0.8–1.2% of all ovarian cancer. In 15% of cases there is a mature teratoma on the contralateral

ovary. Suspicion prior to surgery is rare, since its clinical presentation does not differ from other types of ovarian cancer unless there is carcinoid syndrome. Accurate diagnosis is difficult and needs for immunohistochemistry. Treatment is based on surgical resection, since the role of chemotherapy remains unclear. Their prognosis is excellent when diagnosed at early-stage, but long-term surveillance is necessary since late recurrence is possible.

**Methodology** Five patients diagnosed of ovarian carcinoid at Hospital Santa Cristina in Madrid, Spain are included. Four patients were diagnosed of primary ovarian carcinoid tumor and one patient was diagnosed of ovarian metastases of an appendicular carcinoid tumor.

**Results** 2 patients were premenopausal and presented unilateral mass suspicious of teratoma, so they underwent unilateral adnexectomy, with postoperative diagnosis of ovarian carcinoid tumor stage IA. Long-term follow-up evidenced contralateral cyst > 10 years after treatment, so both patients required adnexectomy, with no presence of disease recurrence. 2 patients were postmenopausal. The first had an ovarian mass that suggested teratoma, so she underwent bilateral adnexectomy plus hysterectomy; postoperatively she presented heart carcinoid syndrome, and required surgical correction. The second patient had suspicion for peritoneal carcinomatosis, so she underwent complete cytoreductive surgery. Both were stage IA. The fifth patient had an ovarian recurrence of an appendicular carcinoid. All patients diagnosed of primary ovarian carcinoid were free of disease when data were collected.

**Conclusion** Ovarian carcinoids represent a rare entity that requires surgery and is often diagnosed postoperatively. Prognosis is excellent when diagnosed at early-stage, but survival is low if carcinoid tumor is advanced-stage or metastases from a non-ovarian origin. Late relapses are possible.

#### 2022-RA-1540-ESGO MITO 25.1: A RANDOMIZED, MOLECULAR DRIVEN PHASE II TRIAL OF CARBOPLATIN-PACLITAXEL-BEVACIZUMAB VS CARBOPLATIN-PACLITAXEL-BEVACIZUMAB-RUCAPARIB VS CARBOPLATIN-PACLITAXEL-RUCAPARIB, SELECTED ACCORDING TO HRD STATUS, IN PATIENTS WITH ADVANCED (STAGE III B-C-IV) OVARIAN, PRIMARY PERITONEAL AND FALLOPIAN TUBE CANCER

<sup>1</sup>Lucia Musacchio, <sup>2</sup>Vanda Salutati, <sup>3</sup>Sandro Pignata, <sup>4</sup>Giorgio Valabrega, <sup>5</sup>Laura Zavallone, <sup>6</sup>Gennaro Cormio, <sup>7</sup>Anna Maria Mosconi, <sup>2</sup>Serena Giolitto, <sup>2</sup>Elena Giudice, <sup>8</sup>Caterina Ricci, <sup>9</sup>Claudio Zamagni, <sup>10</sup>Camilla Nero, <sup>2</sup>Maria Vittoria Carbone, <sup>2</sup>Viola Ghizzoni, <sup>11</sup>Roberto Sorio, <sup>12</sup>Salvatore Siena, <sup>13</sup>Francesca Tronconi, <sup>14</sup>Antonella Savarese, <sup>2</sup>Giovanni Scambia, <sup>2</sup>Domenica Lorusso. <sup>1</sup>*Fondazione Policlinico Universitario Agostino Gemelli IRCCS, Rome, Italy;* <sup>2</sup>*Fondazione Policlinico Agostino Gemelli IRCCS, Rome, Italy;* <sup>3</sup>*Department of Urology and Gynecology, Istituto Nazionale Tumori IRCCS Fondazione G. Pascale, Naples, Italy;* <sup>4</sup>*Istituto di Candiolo, IRCCS, Turin, Turin, Italy;* <sup>5</sup>*Department Medical Oncology, Infermi Hospital, Biella, Italy;* <sup>6</sup>*Interdisciplinary Department of Medicine, Bari, Italy;* <sup>7</sup>*Medical Oncology, Ospedale S. Maria della Misericordia, Perugia, Italy;* <sup>8</sup>*Fondazione Policlinico Agostino Gemelli IRCCS, Rome, Italy;* <sup>9</sup>*Policlinico Sant'Orsola Malpighi, Policlinico Sant'Orsola Malpighi, Italy;* <sup>10</sup>*Fondazione Policlinico A. Gemelli IRCCS, Rome, Italy;* <sup>11</sup>*CRO Aviano, Aviano, Italy;* <sup>12</sup>*Ospedale Niguarda Milano, Milan, Italy;* <sup>13</sup>*Marche Polytechnic University, Ancona, Italy;* <sup>14</sup>*Istituto Nazionale dei Tumori Regina Elena, IFO, Rome, Italy*

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**Introduction/Background** Poly (ADP-ribose) polymerase (PARP) inhibitors alone and in combination with Bevacizumab have shown significant clinical benefit as maintenance therapy in