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**

1Humaira Aziz, 2Rozilla Sadia Khan, 2Gilnaz Shafqat, 2Aliya Begum Aziz. 1Gynae-Oncology, Aga Khan University Hospital Karachi Pakistan; karachi, Pakistan; 2Obstetrics and Gynaecology, Aga Khan University Hospital, Karachi, Pakistan; 2Department of Radiology, Aga Khan University Hospital, Karachi, Pakistan

10.1136/ijgc-2022-ESGO.737

**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 55.3% (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

10.1136/ijgc-2022-ESGO.738

**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-BEvacizumAB-RUCAPARIB, SELECTED ACCORDING TO HRD STATUS, IN PATIENTS WITH ADVANCED (STAGE III B-C-IV) OVARIAN, PRIMARY PERITONEAL AND FALLOPIAN TUBE CANCER**

1Lucia Musacchio, 2Vanda Salutari, 3Sandro Pignata, 4Giorgio Valabrega, 5Laura Zavallone, 6Domenico Rosso, 7Maria Vittoria Carboni, 8Vincenzo Ghiannoni, 9Teresa Vaglio, 10Sandra Morra, 11Roberto Sorio, 12Salvatore Siena, 13Francesca Tronconi, 14Antonella Savarese, 15Giovanni Scambia, 16Domenica Lorusso, 17Sandro Pignata, 18Giorgio Valabrega, 19Laura Zavallone, 20Teresa Vaglio, 21Lucia Musacchio, 22Vanda Salutari, 23Sandro Pignata, 24Ospedale San Giovanni Nocera, Nocera Inferiore, Italy; 25Sant’Orsola Hospital, Bologna, Italy; 26Istituto Ortopedico Rizzoli, Bologna, Italy; 27Ospedale Niguarda Milano, Milan, Italy; 28Giovanni Scambia, 29Domenico Rosso, 30Domenica Lorusso, 31Santo Spirito Hospital, Rome, Italy; 32Carlo Filippo Hospital, Naples, Italy; 33Department of Surgery, Ospedale S. Maria della Misericordia, Perugia, Italy; 34Medical Oncology, Fondazione Policlinico Universitario Agostino Gemelli IRCCS, Rome, Italy; 35Fondazione Policlinico Agostino Gemelli IRCCS, Rome, Italy; 36Department of Gynecology and Oncology, Istituto Nazionale Tumori IRCCS Fondazione G. Pascale, Naples, Italy; 37Istituto di Radiologia, IRCCS, Turin, Turin, Italy; 38Medical Oncology, Ospedale S. Maria della Misericordia, Perugia, Italy; 39Fondazione Policlinico Agostino Gemelli IRCCS, Rome, Italy; 40Gabinetti Servizi, Rome, Italy; 41Department of Urology and Gynecology, Istituto Nazionale Tumori IRCCS Fondazione G. Pascale, Naples, Italy; 42Fondazione Policlinico Universitario “Cattinara”, Udine, Italy; 43Marche Polytechnic University, Ancona, Italy; 44Istituto Nazionale dei Tumori Regina Elena, IFO, Rome, Italy

10.1136/ijgc-2022-ESGO.739

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