

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

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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

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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

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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

women with newly diagnosed ovarian cancer (OC) regardless BRCA mutational status and in homologous-recombination deficiency (HRD) positive patients, respectively. However, despite the remarkable improvements in the therapeutic algorithm of OC disease over the years, the best first line treatment is still controversial.

**Methodology** MITO 25.1 is a multicenter, randomized open-label, phase II study comparing Carboplatin-Paclitaxel-Bevacizumab vs Carboplatin-Paclitaxel-Bevacizumab-Rucaparib vs Carboplatin-Paclitaxel-Rucaparib. Eligible patients, with histological confirmed high grade serous or endometrioid advanced OC, will be randomized in a 1:1 ratio according to HRD status.

**Results** *HRD negative patients:* ARM A: Carboplatin AUC 5 + Paclitaxel 175 mg/m<sup>2</sup> q 21 + Bevacizumab 15 mg/kg for 5 cycles (starting from cycle 2) followed by Bevacizumab 15 mg/kg q 21 for 17 cycles, ARM B: Carboplatin AUC 5 + Paclitaxel 175 mg/m<sup>2</sup> q 21 for 6 cycles followed by Rucaparib 600 mg BID q 28 for 24 cycles as maintenance *HRD positive patients:* ARM B: Carboplatin AUC 5 + Paclitaxel 175 mg/m<sup>2</sup> q 21 for 6 cycles followed by Rucaparib 600 mg BID q 28 for 24 cycles as maintenance: ARM C: Carboplatin AUC 5 + Paclitaxel 175 mg/m<sup>2</sup> q 21 + Bevacizumab 15 mg/kg for 5 cycles (starting from cycle 2) followed by Bevacizumab 15 mg/kg q 21 days for 16 cycles + Rucaparib 500 mg part BID q 28 for 24 cycles as maintenance

**Conclusion** The primary endpoint will be PFS. The secondary endpoints will be overall survival (OS), PFS2, adverse events according to CTCAE 5.0 and patient-reported outcome. Patients recruiting started in March 2021. To date, 159 of the 300 patients planned have been enrolled.

2022-RA-1542-ESGO

#### 'THINGS HAVE CHANGED'. LAPAROSCOPIC CYTOREDUCTION FOR ADVANCED AND RECURRENT OVARIAN CANCER: THE EXPERIENCE OF A REFERRAL CENTER ON 108 PATIENTS

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**Introduction/Background** To investigate the efficacy and safety of laparoscopic cytoreduction surgery for primary and recurrent ovarian cancer in a strictly selected group of patients.

**Methodology** From June 2008 to January 2020, FIGO stage IIIA-IV advanced ovarian cancer (AOC) patients were rigorously selected for laparoscopic primary (PDS), interval (IDS), or secondary debulking surgeries (SC). The primary endpoint was optimal cytoreduction, defined as residual tumor (RT) less than 1 cm. The secondary endpoints, safety and long-term results, were investigated every three months for the first two years, then every six months.

**Results** 108 patients with AOC were selected to undergo laparoscopic PDS (40 patients), IDS (44 patients), and SC (24 patients) surgeries. Optimal cytoreduction (RT=0) was

obtained in 96%, 89%, and 88% of patients after SC, IDS, and PDS, respectively. Early post-operative complications occurred in 19% of cases, with 7% requiring a reintervention. One patient died of respiratory failure in the immediate post-operative period. Late postoperative complications occurred in 15%, 7%, and 4% of cases following PDS, IDS, and SC. The recurrence rate observed was 37% after laparoscopic optimal cytoreduction with a median observation time of 25 months. The overall survival (OS) at three and five years was 84% and 67% after PDS, and 66% and 32% after IDS. Three-year disease-free survival (DFS) was 48% and 51% after PDS and IDS, respectively.

**Conclusion** Minimal invasive laparoscopic surgery for AOC is feasible in strictly selected patients with high rates of optimal cytoreduction, satisfactory peri-operative morbidity, and encouraging survival outcomes.

2022-RA-1551-ESGO

#### IMPACT OF AGE ON FIRST LINE TREATMENTS OF OVARIAN CANCER AND THEIR OUTCOMES: RESULTS FROM THE UNICANCER ESME OVR REAL-WORLD DATABASE

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**Introduction/Background** Older patients with advanced ovarian cancer (AOC) have a poor survival. EWOC-1 study showed that carboplatin AUC5 monotherapy (C) was associated with 2.79-fold worse survival compared to carboplatin-paclitaxel (CP) combination in frail older patients. MITO7 study provided exploratory data in favor of weekly CP (wCP) compared to standard CP (sCP) in patients aged  $\geq 70$  years. A post hoc study on ICON7 database argued for a higher benefit of bevacizumab (Bev) in chemo-resistant tumors. Confirming the data in a real life database is fundamental to confirm results observed in randomized trials when exploration questioned the frailty.

**Methodology** On the Unicancer ESME-OVR national database (NCT03275298) were analyzed in patients in first line FIGO stages III-IV high grade AOC the impact of age, chemotherapy regimens and Bev exposure on overall survival.

**Results** 4686 patients were included, 888 had bevacizumab ( $\geq 70$ : 253); 2583 had sCP ( $\geq 70$ : 570); 171 had C ( $\geq 70$ :