previous transvaginal ultrasound performed by gynaecologists or radiologists. Patients with a diagnosis of BOT by histopathological findings were included. Descriptive analyses were performed.

**Results** Of 18 patients diagnosed with BOT, with a mean age of 39 (±) 17 years, 11 (73%) were premenopausal, their median CA 125 was 115 (±) 32 U/mL. The mean maximum diameter of the lesion was 54 (±) 72 mm, 9 (60%) were described as unilocular solids, 5 (33%) as multilocular solids and 1 (7%) as unilocular. In addition to the classic criteria such as vascularization in the papilla found in 15 (83%) of the cases, we found novel characteristics such as: a low level of echogenicity content in 14 (78%) and a pattern of microcystic tissue resembling a group of small bubbles in 12 (67%) of these tumors. Furthermore, when these three characteristics were positive, the tumors were diagnosed by histopathology as being of serous origin.

**Conclusion** This study proposes additional characteristics that are of interest for the approach and diagnosis of BOT by ultrasound.

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**Abstracts**

**2022-RA-1704-ESGO**  DIAGNOSTIC ACCURACY OF THE IOTA ADNEX MODEL FOR BORDERLINE OVARIAN TUMORS

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Introduction/Background The aim of this study was to perform a diagnostic accuracy evaluation of the International Ovarian Tumor Analysis (IOTA) – Assessment of Different NEoplasias in the adnexa (ADNEX) model for the diagnosis of borderline ovarian tumours (BOT).

Methodology A retrospective study of patients who underwent gynaecological surgery between 2012 and 2022 with a previous transvaginal ultrasound at a tertiary referral university hospital with a specific gynaecological oncology unit. Sociodemographic data, ultrasound information, and pathological findings were retrieved from the patient’s medical records. The IOTA ADNEX model was used to estimate the probability of benignancy or malignancy (borderline, stage I, stages II-IV, or metastatic) with a threshold of 10%. Definitive pathology was the reference standard used. Descriptive statistics and bivariate analysis were performed.

Results A total of 737 patients underwent surgery and had a pathology report. The IOTA ADNEX model identified 586 (77.6%) masses as benign and 171 (22.4%) as malignant. Of those identified as malignant, 64 (37.4%) were classified as BOT. These women had a mean age of 39 (±) 17 years, 11 (73%) were premenopausal, their median CA 125 was 115 (±) 32 U/mL. The IOTA ADNEX model had a sensitivity, specificity, PPV, NPV, LR(+), and LR(-) of 70%, 93%, 95%, 2.28, and 0.40, respectively for the diagnosis of BOT.

Conclusion This diagnostic accuracy study showed that the IOTA ADNEX model has good sensitivity in diagnosing BOT in our center. However, its regular performance in the likelihood ratio could suggest the need to incorporate additional variables in the ultrasound findings.

**2022-RA-1705-ESGO**  HOW TO DIFFERENTIATE BETWEEN TRUE POSITIVES AND FALSE POSITIVES IN THE DIAGNOSIS OF BORDERLINE OVARIAN TUMORS

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Introduction/Background Currently, the diagnosis of borderline ovarian tumors (BOT) by ultrasound is a challenge. Our study proposes how to differentiate between true positives (TP) and false positives (FP) in the diagnosis of BOT.

Methodology A retrospective study of patients who underwent transvaginal ultrasound with a diagnosis of adnexal mass and a subsequent surgery between 2012 and 2022 at a tertiary referral university hospital with a gynaecological oncology unit. The IOTA ADNEX model was used to estimate the probability of benignancy or malignancy, with a cut-off of 10% for malignancy. Pathology was the reference standard used. Descriptive statistics and bivariate analysis were performed.

Results For a total of 757 patients, the IOTA ADNEX model identified 171 (22.4%) masses as malignant, of which 64 (37.4%) were classified as BOT. 18 (28%) masses were confirmed as TP by histopathology and 46 (72%) as FP. Its usual ultrasound characteristics were similar with the particularity of having a greater number of papillae and blood vessels in papillary projections in the TP. Therefore, additional sonographic features, such as the presence of a low level of echogenicity content and a pattern of microcystic tissue resembling a cluster of tiny bubbles, were evaluated. These characteristics were relevant in most of the TP. Regarding the FP, histopathology showed that 40% were serous cystadenofibrome, 20% ovarian tube abscess, 10% Low-grade serous carcinomas, among others.

Conclusion Our findings show how some usual and novel features in ultrasound are necessary for an adequate differentiation of BOT.

**2022-RA-1712-ESGO**  INCONCLUSIVE OVARIAN TUMOURS BY IOTA SIMPLE RULES AND APPLICATION OF O-RADS MRI SCORES IN A TERTIARY REFERRAL CENTRE

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Introduction/Background The purpose of this study was to evaluate the Ovarian-Adnexal Reporting and Data System Magnetic Resonance Imaging (O-RADS MRI) score for risk stratification of sonographically indeterminate adnexal masses.

Methodology Thirty-four patients with sonographically indeterminate adnexal mass according to Simple Rules were enrolled between March 2020 and March 2021. Subjective impression