#385 PATIENT SATISFACTION WITH ULTRASOUND, CT AND WB-DWI/MRI FOR PREOPERATIVE OVARIAN CANCER STAGING: A MULTICENTER PROSPECTIVE SURVEY

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Introduction/Background In addition to the diagnostic accuracy of imaging methods, patient-reported satisfaction with imaging methods is important. The aim is to report patients' experience with ultrasound, whole-body computed tomography (CT) and whole-body diffusion-weighted magnetic resonance imaging (WB-DWI/MRI) for preoperative ovarian cancer staging.

Methodology 144 patients with suspected ovarian cancer at four institutions in two countries (Italy, Czech Republic) underwent ultrasound, CT and WB-DWI/MRI for staging purposes between January 2020 and November 2022. After having undergone all three examinations, the patients filled in a questionnaire evaluating their experience in five domains: overall experience, preparation before the examination, duration of examination, noise during the procedure, radiation load of CT, surrounding space. Pain perception, examination-related patient perceived adverse events, and preferred method were also noted.

Results Ultrasound was the preferred method by 49% (70/144) of responders, followed by CT (38%, 55/144), and WB-DWI/MRI (13%, 19/144). CT was the preferred method regarding overall experience and duration of examination. Ultrasound was preferred concerning preparation before examination, noise and surrounding space. The poorest experience in all domains was reported for WB-DWI/MRI, which was also associated with the largest number of patient reported adverse events (e.g. dyspnea). Patients reported higher levels of pain during the ultrasound examination than during CT and WB-DWI/MRI ($P<0.001$): 78% (112/144) reported no pain or mild pain, 19% (27/144) moderate pain, and 3% (5/144) reported severe pain (pain score >7 of 10) during the ultrasound examination. We did not identify any factors related to patients' preferred method.

Conclusion Ultrasound was the imaging method preferred by most patients despite being the most painful when compared with CT and WB-DWI/MRI.

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#452 NOVEL LAMP – BASED BIOASSAY ON ELECTRODE CHIPS FOR DETECTION OF HR-HPV IN CERVICAL LIQUID – BASED CYTOLOGY

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Introduction/Background Cervical cancer is predominantly caused by persistent infection with high-risk human papillomavirus (HPV), especially HPV16 and HPV18 subtypes. Hence, HPV testing in combination with cytology is becoming a part of screening programs. Current commercial tests are relatively expensive, and novel HPV testing assays are thus being developed, which would be inexpensive, rapid and reliable.

Methodology Electrochemical detection techniques technique can be faster, cheaper, and simpler alternatives to standard analytical techniques. Recently, we successfully developed an electrochemical (EC) DNA biosensor for detection of HPV16 and HPV18 genotypes (R. Sebuyoya et al., Biosens. Bioelectron. X, 2022, 12, 100224.). We showed the capability of a biosensor using gold screen-printed electrodes (AuSPEs) for direct detection of DNA from HPV16/18. We used LAMP isothermal amplification instead of PCR to readily amplify HPV DNA, followed by coupling of LAMP products with the capture probe immobilized at the surface of the AuSPE and with final EC detection.

Results We showed that the designed primers and probes had excellent selectivity and specificity by comparing HPV-positive and HPV-negative cancer cell lines. In order to evaluate the applicability of our biosensor in clinical settings, we applied the AuSPE-based biosensor to fifteen clinical samples with and without HPV16/18 infection at different stages of a disease and compared EC results to PCR as a gold standard. Results showed that for HPV16, the sensitivity of our assay was 86% and specificity was 100%, while for HPV18 the sensitivity of our assay was 100% and specificity was 90%.

Conclusion Our data suggested a great capability of the developed biosensor to detect cervical oncoviruses from the two most common oncogenic HPV types, HPV16 and HPV18.

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#497 OVARIAN BILATERAL TUMOUR, ASCITES, PERITONEAL CARCINOMATOSIS, BONE METASTASIS, HYDROTHORAX CAUSED BY BREAST CANCER WITH NO EVIDENCE OF PRIMARY TUMOUR – CASE CEPORT

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Introduction/Background Accurately diagnosing abnormal ovarian mass is crucial to determine the scope of surgical intervention and adjuvant therapy. The proportion of metastatic ovarian tumours ranges from 5% to 30%. Gastrointestinal (GI) tract followed by breast and female reproductive organs